



# 2017: a very big year

*new partnerships, new programs,  
new policies, and new leadership*

We were ranked fourth on *US News & World Report's* Best Hospitals list; seventh in Diversity Inc's Top 10 Hospitals; we were included in the Human Rights Campaign's LGBT Healthcare Quality Index; MGH topped the list of Indeed.com's best hospitals to work for; and we were fifth among largest employers in *The Boston Globe's* Top Places to Work for 2017.

**W**hat a year! Stories of political controversy, devastating storms, gun violence, and sexual harassment dominated headlines in 2017. Beginning with Donald Trump taking office on January 20th, followed by the Women's March the very next day—the largest, coordinated, world-wide protest in history. We're still dealing with the consequences of Trump's executive order banning entry to the United States from seven predominantly Muslim countries. Special counsel, Robert Mueller, was appointed to investigate possible Russian meddling in the 2016 US Presidential election.

We were horrified by the events in Charlottesville, when a white-supremacist march led to the tragic deaths of three innocent people. Shooting sprees in Las Vegas and Sutherland Springs, Texas, were the deadliest mass-shootings in American history.

The #Me Too movement went viral triggering an avalanche of sexual harassment and sexual assault charges that rocked the motion-picture industry and corporate America, and led to numerous ethics investigations and resignations on Capitol Hill.

Hurricanes Harvey, Irma, and Maria dealt hammering blows to Texas, Florida, Puerto Rico, and the Virgin Islands; they're now considered the most damaging storms ever to hit our shores, and that includes Hurricane Katrina.



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

We saw NFL players take a knee during the playing of the national anthem to protest racial injustice and police brutality.

We saw (but didn't look directly at) the first total solar eclipse in 99 years visible at various times throughout the day across the entire country.

Big Papi, aka David Ortiz, joined an elite club (of only 11 players that includes the likes of Ted Williams and Carl Yastrzemski) when his jersey was retired at Fenway Park in June.

And who could forget our incredible New England Patriots led by quarterback, Tom Brady, who turned almost certain defeat into the greatest football comeback of all time to win their fifth Super Bowl title.

Yes, 2017 was an eventful year, and that doesn't even include anything that happened right here at MGH. We were ranked fourth on *US News & World Report's* Best Hospitals list; seventh in Diversity Inc's Top 10 Hospitals; we were included in the Human Rights Campaign's LGBT Healthcare

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Quality Index; MGH topped the list of Indeed.com’s best hospitals to work for; and we got an ‘A’ on the Leapfrog Hospital Safety report card. MGH was fifth among largest employers in *The Boston Globe’s* Top Places to Work for 2017.

We recently hosted two very successful site visits from Magnet appraisers and Joint Commission surveyors who spent time here on the main campus and at satellite locations. They were extremely impressed by our inter-professional teamwork and had high praise for our delivery of patient- and family-focused care.

We made great strides in advancing our Partners 2.0 initiative with cross-institutional tiger teams working to actualize innovative ideas, like the highly successful in-house Partners nurse agency; the electronic, virtual patient-observer program; a re-vamped approach to required training; and a comprehensive look at ways to reduce employee injuries.

HAVEN celebrated its 20th anniversary of providing support and services to survivors of intimate abuse; and The Institute for Patient Care celebrated its 10th anniversary of innovative programming and initiatives supporting professional development and excellence in patient care.

We opened a new physical and occupational therapy gym on White 6. We re-designed the operations associate role to better meet unit-based needs. We were a driving force behind the new Patient-Family Discriminatory Behavior Policy. And we raised the bar on suicide precautions and prevention.

Nursing & Patient Care Services welcomed Suzanne Algeri, RN, to the role of associate chief nurse, filling the vacancy cre-

ated when Kevin Whitney, RN, became chief nurse and senior vice president for Patient Care at Newton-Wellesley Hospital. Chris Kirwan was named director of Medical Interpreters, taking over for long-time leader, Anabela Nunes. In addition to Speech-Language Pathology, Carmen Vega-Barachowitz, CCC-SLP, took over leadership of the Chaplaincy, now called the department of Spiritual Care. And of course, Debbie Burke, RN, was named the new senior vice president for Patient Care, taking my place when I stepped down January 1st. Like I said, what a year. And that’s just the beginning...

*Physical and Occupational Therapy* began offering Saturday hours in the Wang Ambulatory Care Center and at MGH Waltham. Occupational therapy initiated a program to standardize the assessment and treatment of cognition that resulted in an algorithm to guide discharge planning, optimizing independence and safety while minimizing the risk of re-hospitalization. Physical Therapy developed the Neurology Residency program to provide post-professional clinical training. Two residents were admitted to the program, which will be reviewed for accreditation by the American Board of Physical Therapy Residency and Fellowship Education in April.

*Respiratory Care* worked with the Medical and Surgical ICUs to develop ventilator guidelines for patients with acute respiratory distress syndrome and for the application of lung recruitment maneuvers followed by a decremental PEEP (positive end

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## The Annual Report Issue

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This annual report reminds me that together, we've touched the lives of millions of patients and families, here at MGH and around the world. We've influenced the way care is delivered, we've reached out to under-served populations who need our help and expertise, and we've advocated for positive change locally, at the state level, and in Washington, DC.

expiratory pressure) trial. They established guidelines for the mechanical ventilation of patients requiring extra-corporal membrane oxygenation. The department instituted a P100 measurement for patients on mechanical ventilators as a guide for modifying ventilator support, and they continue their work to reduce respiratory-equipment-related pressure injuries.

*Social Work*, with the generous support of a corporate donor, renovated the Beacon House Annex for patients and families needing short-term, affordable lodging. One mental health specialist deployed with the Disaster Medical Assistance Team after the hurricanes in Florida. Social workers continue to collaborate with inter-professional colleagues in the care of patients with substance-use disorders, expanding their programs to Obstetrics and Oncology. And preparations are intensifying as they approach the March, 2018, implementation of the Medicaid Accountable Care Organization.

*Speech, Language & Swallowing Disorders* continued to expand their pediatric feeding and swallowing services with more than 600 patient visits under the auspices of The Center for Feeding & Nutrition. Speech pathologists helped develop a multi-disciplinary thickening committee to make collaborative decisions around thickening liquids for pediatric patients with swallowing disorders. In Chelsea, speech pathologists developed a Spanish-language group called, Los Pollitos, combining caregiver education with child-focused, direct therapy. The service deepened its involvement in the care of brain-tumor patients with their presence in the OR monitoring language function during conscious craniotomies and providing cognitive and language services post-operatively.

*Spiritual Care*, formerly the Chaplaincy, changed its name to be more in step with secular terminology and better reflect the increasing religious and spiritual pluralism in the world. The new name also reflects the definition of spirituality used in the field, which is, "...the dynamic aspect of human life that relates to the way persons (individuals and community) experience, express, and/or seek meaning, purpose, and transcendence, and

the way they connect to the moment, to self, to others, to nature, to the significant, and/or the sacred. Spirituality is expressed through beliefs, values, traditions, and practices." And the change to Spiritual Care is more welcoming and in line with the hospital's Diversity and Inclusion statement.

*Medical Interpreters* teamed up with pediatric hospitalists to increase utilization of interpreters for patients and families with limited English proficiency. They joined the Volunteer Department in hosting Volunteer Interpreter Rounds to raise awareness about IPOP's and VPOP's available free of charge 24 hours a day. Patients and families were given cards in their own languages explaining their rights; the cards prompt a call for an interpreter when presented to a provider. This was a very successful initiative and will soon be expanded hospital-wide.

*The Volunteer Department* had a big year with more than 1,300 volunteers contributing 93,000 hours. The Beacon Program provided 48,000 patient escorts; the Gray Family Waiting Area served more than 25,000 families; 12 pet handlers brought joy and comfort during nearly 15,000 pet-therapy visits; and the book cart made 47,000 visits to inpatient units. The department expanded its partnership with the MGH Down Syndrome Clinic, resulting in another volunteer with Down syndrome joining the team. Every week more than 150 volunteers assist with discharges, greeting, and way-finding. And the department launched its Point One initiative in partnership with the Service Excellence Department to enhance first impressions upon entering the hospital.

*Case Management* collaborated with the ED on initiatives such as, Home Hospital, the Partners Mobile Observation Unit, and transferring patients to NWH, to alleviate capacity and introduce alternative pathways to avoid admission. Case managers increased the number of patients benefiting from the skilled nursing facility waiver program (removing the requirement for three inpatient days before transfer for ACO patients) and they created a patient-friendly video for patients considering the waiver. They partnered with other dis-

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The stories and passages in this issue of *Caring* don't begin to capture all that we did this year. I can't help but think of my husband, Paul. He loved this hospital and the work that we do. He took such joy in seeing you all rise to meet challenge after challenge. This report would make him very happy.

ciplines to develop a multi-pronged approach for preventing re-admission, including a new case-manager role that follows high-risk patients for 30 days after discharge. Case managers increased the percentage of patients receiving care from Partners Health Care at Home. In collaboration with the Substance Use Disorders team, they developed a program with local skilled nursing facilities increasing post-acute options for substance use disorder patients. The Clinical Documentation Program expanded, achieving an increase and more accurate case mix index (which impacts revenue and accuracy of quality reporting); they reached the case-mix-index goal within the first two months.

*The Ladies Visiting Committee Retail Shops* underwent a major renovation this year, making the premises more handicapped-accessible and customer-friendly to enhance the shopping experience for all. The Retail Shops now offer sales events at Partners Assembly Row every month, providing something different at each event, such as, taste sampling from Stonewall Kitchen, jewelry, floral arrangements, and holiday gifts. Employees and visitors are very happy to have the opportunity to shop at the MGH Retail Shop at their location.

*The Institute for Patient Care* had a successful year with the *Knight Simulation Program* collaborating to create specialized programs to help staff on Ellison 16 and White 7 prepare to care for oncology patients. Staff mentored graduate nursing students in their capstone projects, shared scholarly works, and led 60 sessions of 13 programs reaching 452 attendees. *MGH Cares About Pain Relief* educated hundreds of clinicians on best practices in pain-management. Its monthly publication updated thousands of professionals on changes in the field, including: 20 governmental reports and regulatory changes; 105 research studies; and 50 systematic reviews/clinical practice guidelines. Patient-satisfaction pain scores rose this past year to the highest recorded at MGH, approaching the national 75th percentile. *The Ethics Program* brought together clinicians from many disciplines for three important presentations at the Harvard Medical School Center for Bioethics Clinical Ethics Con-

sortium: "Withdrawing Life-Sustaining Treatment After Cardiac Surgery: When is it ethical?"; "Cultural Differences and Choices that Cause Moral Concern"; and "Ethical Concerns About Ending ECMO When the Patient is Awake and Dying." *The Clinical Affiliations Program* supported 2,169 students in group placements and hosted 366 undergraduate and graduate students in preceptorships or research projects with MGH staff. Preceptors and hosting units were offered credit vouchers to offset the cost of individual courses and degree programs at some of our partner institutions. *The Global Nursing Education* program hosted 29 visitors from seven countries with 107 of our colleagues sharing their expertise for a total of 231 days of clinical observation, leadership consultation, and didactic programs. The *Credentialing* program launched the advanced practice nurse and physician assistant credentialing website offering information for new and re-credentialing candidates along with forms, policies, and regulatory updates. In 2017, we had 182 newly credentialed advanced practice nurses and physician assistants and 384 re-credentialed.

*The Knight Nursing Center* earned the Certificate of Distinction from the American Nurses Credentialing Center, an acknowledgment of their hard work and dedication to life-long learning. For more on the work of the Knight Center, see page 16.

Since 2016, *The Munn Center* has been working diligently to advance our model of evidence-based practice. Four evidence-based practice projects have resulted in changes to hospital policies or procedures in regard to: skin-care guidelines; the use of dextrose gel to manage neonatal hypoglycemia; determining appropriate length of feeding tubes in pre-term infants; and verifying feeding-tube placement before feeding pre-term infants. This year, several unit-based teams were convened and are investigating effective approaches to prevent thrombosis in central venous catheters, and the effect of in-situ simulation training on teamwork and communication during bedside emergencies. For more on the work of the Munn Center, see page 17.

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# The foundational beliefs that guide our practice

—by Marianne Ditomassi, RN, executive director, Nursing and PCS Operations

In the fall of 1996, when Jeanette Ives Erickson, RN, assumed leadership of Nursing & Patient Care Services, one of her first official acts was to bring the leaders of Nursing and the health professions together to articulate our vision, values, guiding principles, professional practice model, and strategic plan moving forward. These governing philosophies, reviewed and updated over the years to ensure they reflect current practice and prevailing

knowledge, have served as the foundation of our professional practice. In the new year, as the baton is passed to our new senior vice president and chief nurse, Debbie Burke, RN, this foundation will provide a solid bridge for the future of Nursing & Patient Care Services.

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*Nursing & Patient Care Services Vision and Values: the picture of the future we seek to create and the actions we take, consistent with our mission, to achieve the vision.*

As nurses, health professionals, and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day. We believe in creating a healthy environment—an environment that is safe, has no barriers, and is built on a spirit of inquiry—an environment that reflects a diverse, inclusive, and culturally competent workforce representative of the patient-focused values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth every day by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure our practice is caring, innovative, scientific, empowering, and based on a foundation of leadership and entrepreneurial teamwork.

*Nursing & Patient Care Services Guiding Principles: the beliefs that guide our actions*

- We are ever-alert for opportunities to improve patient care; we provide care based on the latest research findings
- We recognize the importance of encouraging patients and families to participate in the decisions affecting their care
- We are most effective as a team; we continually strengthen our relationships with one another and actively promote diversity within our staff
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of MGH
- We never lose sight of the needs and expectations of our patients and families as we make clinical decisions based on the most effective use of internal and external resources
- We view learning as a life-long process essential to the growth and development of clinicians striving to deliver quality patient care
- We acknowledge that maintaining the highest standards of patient-care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community at large.

### 2017 Nursing & Patient Care Services Strategic Plan:

our annual road map of priorities. Below are the goals identified as part of our 2017 strategic planning process.

#### Goal 1: Optimize eCare

Outcomes: ongoing coaching and training provided to hard-wire best practices in documentation and on-boarding new staff. Increased utilization of dashboards and reports, pulling key data from eCare, due to ongoing review and refinements.

#### Goal 2: Reduce costs

Outcomes: initiatives implemented to reduce costs and enhance efficiencies included a critical review and elimination of non-value-added required training; education of clinicians regarding the cost of products to inform optimal utilization and minimize waste; development of a unit-based supply-management program for special purchases; and re-design of the operations associate

role to unit coordinator to better reflect workflow post-eCare implementation.

#### Goal 3: Design and re-design programs

Outcomes: led and participated in the launch of new Partners Agency for nurses; Implemented new technology-based patient-observer program; and re-designed on-boarding program reducing number of days.

#### Goal 4: Embrace diversity

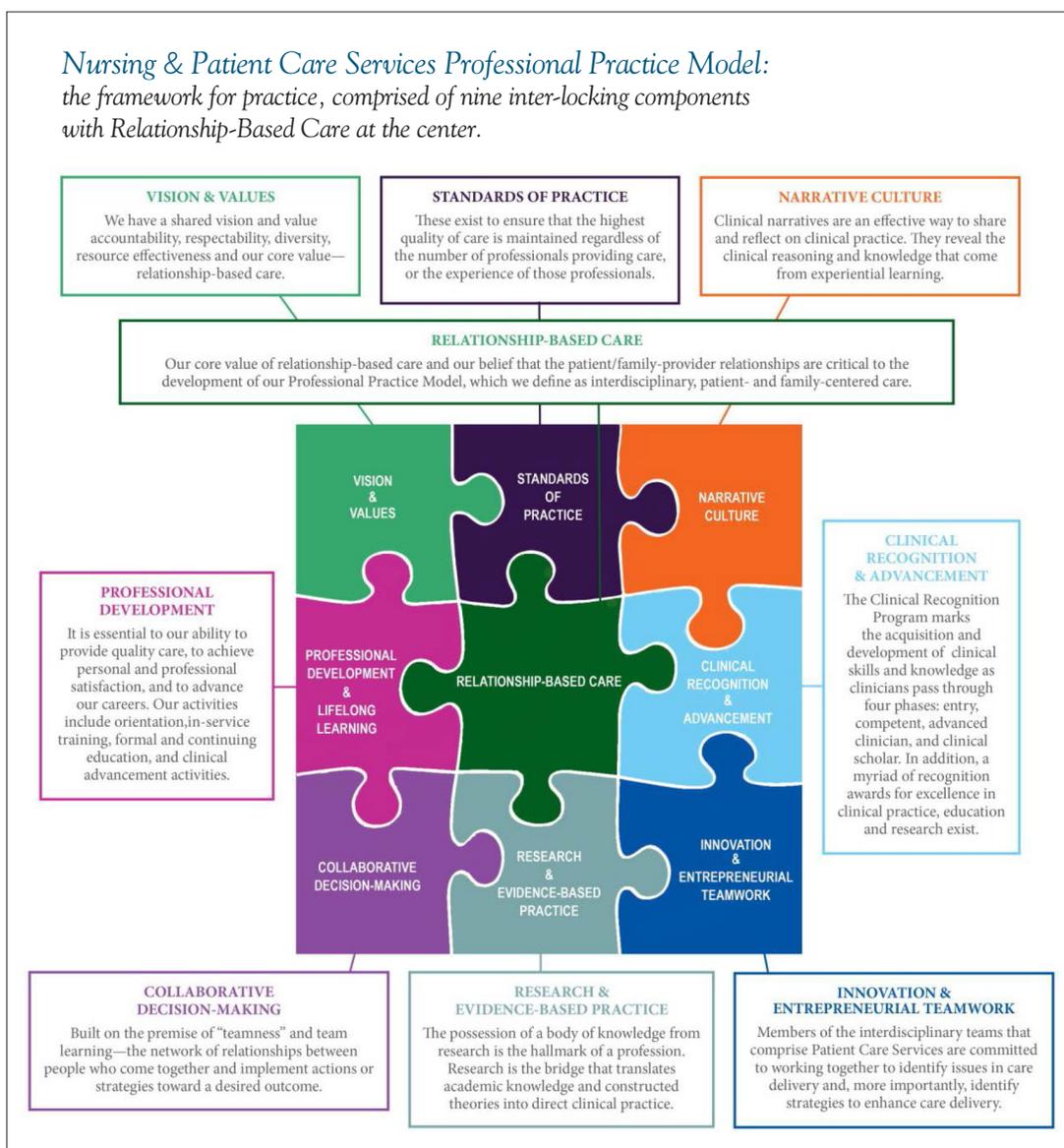
Outcomes: participated in development and implementation of hospital's Diversity Committee tactics and activities; responded to diversity-related world events with town halls and articles in *Caring*.

#### Goal 5: Workforce—Keep MGH as an employer of choice

Outcomes: continued to provide and expand opportunities to develop resiliency through:

- Conflict-resolution training
- Stress-reduction strategies training
- Management of Aggressive Behavior (MOAB) training
- Unit-based support groups facilitated by Spiritual Care Department

### Nursing & Patient Care Services Professional Practice Model: the framework for practice, comprised of nine inter-locking components with Relationship-Based Care at the center.



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# Ives Erickson steps down after 21 years at helm of PCS

## *Burke named new chief nurse and senior vice president*

On Monday, October 16, 2017, MGH president, Peter Slavin, MD, formally announced that a successor had been found to fill the position of senior vice president for Patient Care and chief nurse when Jeanette Ives Erickson, RN, stepped down. That person was our own Debbie Burke, RN, then associate chief nurse. The following column appeared in the November 2, 2017, issue of *Caring Headlines*, co-written by Burke and Ives Erickson.

### *Jeanette Ives Erickson*

Effective January 1, 2018, associate chief nurse, Debbie Burke, RN, will be taking over as senior vice president for Patient Care and chief nurse, and I could not be more thrilled. Like many of you, I've known Debbie for more than 20 years and have admired and respected her as a person, as a nurse, and as a committed and effective leader.

One of the many wonderful things about Debbie taking over as senior vice president and chief nurse is that I *know* she's ready. I vividly recall a few years ago when Debbie was working toward her DNP, she let me know she was ready for bigger challenges. Those who know me know that mentoring and succession planning are high priorities of mine, so I was only too happy to work with Debbie to help chart a career path and guide her development.

A key function of leaders is helping others learn and grow so they can fulfill their own professional goals and aspirations. While it's good for the individual, it's also critical to the success of an organization to have a pipeline of accomplished, experienced professionals who can step up to lead. My own career has been influenced by generous and

knowledgeable mentors, so it was important to me to give back by mentoring others. And mentoring Debbie has been a joy.

Throughout her career at MGH, Debbie has worked as a staff nurse, clinical teacher, nurse manager, and of course as associate chief nurse for women and children, mental health, the MGH Cancer Center, and Community Health Nursing. In each of those roles, Debbie brought innate compassion and humanity to the work. And in each of those roles, she excelled because of her passion, commitment, and eagerness to learn—all qualities of an exceptional leader.

Perhaps what makes me happiest about Debbie's selection as my successor is that we share the same values. We both love MGH; we both understand the importance of inter-professional collaboration; and we both treasure the friendship and dedication of our colleagues. I have the utmost confidence in Debbie's ability to lead Nursing and Patient Care Services, and I will do everything in my power to ensure a smooth and seamless transition. Please help me welcome Debbie to her new role.

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I've known Debbie for more than 20 years and have admired and respected her as a person, as a nurse, and as a committed and effective leader. One of the many wonderful things about Debbie taking over this role is that I *know* she's ready.

# 2017

## New Leadership (continued)

### *Debbie Burke*

I can't tell you what an honor it is to have been selected the next senior vice president for Patient Care Services and chief nurse. I'm truly humbled. As you can imagine, these past few weeks have been a whirlwind. It's been so gratifying to receive texts, phone calls, and e-mails of congratulations and to feel so warmly welcomed to this new role.

Since coming to MGH in 1981, I've had the pleasure of working alongside many of you, and I look forward to building on those long-standing relationships and cultivating new ones. And of course, I've had the privilege of working with Jeanette, especially in the last 15 years in my role as associate chief nurse. I've been learning from her for a long time. I feel fortunate to have had the benefit of her wisdom and insight. And as she generously reminds me, she's not going anywhere—she's simply 'stepping aside'—so I'll continue to have access to her knowledge and wealth of experience. I don't know how I could be any luckier.

I know there are probably questions about the transition, the time line, how things will change, *if* things will change. What I can tell you is this: Jeanette has assembled a talented executive team. Patient Care Services is stronger than ever. While I have many ideas for the future, I don't foresee a need to make any immediate changes or alter our existing structure. Because of Jeanette's visionary leadership, staff throughout Nursing & Patient Care Services are empowered and satisfied. We have strength, experience, and expertise at all levels.

Between now and January 1st, I plan to wrap up as much of my current work as possible. Of course, we'll need to begin the process of finding a new associate chief nurse to take my place. And you'll be seeing me at a lot more meetings as I



Senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN (left), and her newly named successor; associate chief nurse, Debbie Burke, RN, in 'their' office on Bulfinch 2.

(Photo by Sam Riley)

start to learn the full extent of my new responsibilities.

What I want you to take away from this message is that we're in a good place, literally and figuratively. We work at one of the greatest hospitals in the world, and we employ the best people on the planet. I'm

excited to take on this new role. I'm energized to work with all of you. And I'm ready to tackle the challenges and opportunities that lie ahead. Thank-you for the kindness and encouragement you've shown me already; I hope I can count on your continued support.

# Magnet and Joint Commission visits

—by Marianne Ditomassi, RN, executive director, Nursing and PCS Operations and Magnet program director, and Judi Carr, RN, staff specialist, PCS Office of Quality & Safety

**A**ppraisers from the American Nurses Credentialing Center came to MGH November 6–9th, for our quadrennial Magnet re-designation site visit. They visited patient-care areas and had meetings at various MGH locations to, ‘verify, clarify, and amplify’ the substantial written evidence submitted in June.

At the wrap-up meeting, before a large crowd in O’Keeffe Auditorium, senior vice president for Patient Care, Jeanette Ives Erickson, RN, thanked the MGH community for what they do every day to make this hospital the world-class institution it is. Said Ives Erickson, “I’m grateful to all of you for leading the way in patient care, advancing our mission, and elevating the level of collaboration in this hospital. Magnet appraisers shared great feedback about our inter-disciplinary approach to care.”

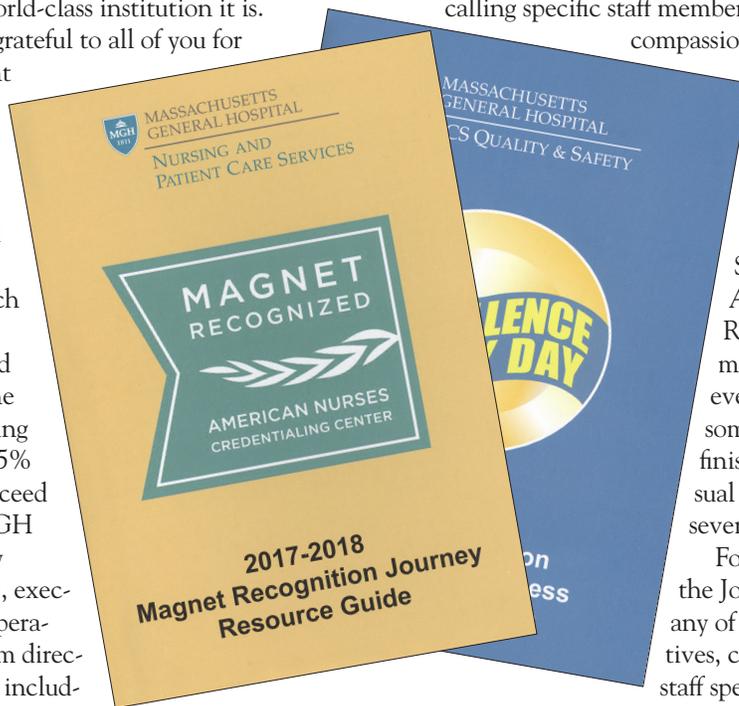
Appraisers commented on how well presented the MGH evidence was, noting that only approximately 5% of Magnet applicants proceed directly to a site visit. MGH evidence was prepared by Marianne Ditomassi, RN, executive director for PCS Operations and Magnet program director, and a team of writers includ-

ing: Chris Annese, RN; Meg Bourbonniere, RN; Mandi Coakley, RN; Brian French, RN; Amy Giuiliano; Antigone Grasso; Janet Madden, RN; Nancy Raye, RN; Patti Shanteler, RN; and Mary Ellin Smith, RN. Additional evidence was prepared by Gaurdia Banister, RN; Tricia Crispi, RN; Ann Marie Dwyer, RN; and Peggy Shaw, RN. All documents were specially formatted in a website custom-designed by Jess Beaham and Georgia Peirce.

Also in November, Joint Commission surveyors arrived at MGH for our triennial site visit. For five days, surveyors observed our practice as clinicians from all disciplines provided safe, patient-focused care. Surveyors often came to morning meetings with anecdotes of the prior day’s interactions, recalling specific staff members as they described the compassionate, knowledgeable, and proficient encounters they’d observed.

This was our first survey using the Joint Commission’s new scoring methodology, the SAFER Matrix (Survey Analysis for Evaluating Risk), which provides more meaningful survey data as every finding is represented somewhere on the grid. The finished matrix gives us a visual display of the volume and severity of each finding.

For more information about the Joint Commission survey or any of our improvement initiatives, contact Judi Carr, RN, staff specialist, at 617-643-3006.



# eCare a major focus for PCS Informatics in 2017

—by Ann Marie Dwyer, RN, director, PCS Informatics

The team visited pilot units once a month to talk to staff about their experience with eCare. These visits gave the team an opportunity to identify and address problems, submit recommendations, and provide education to enhance clinicians' experience.

Following the successful implementation of eCare in April, 2016, Patient Care Services embarked on a period of stabilization and optimization. eCare continues to evolve, but clinicians report improved communication and better access to patient information as a result of being linked into an enterprise-wide documentation system. Working with colleagues at MGH and at the Partners level, we've made a concerted effort to improve clinicians' experience using the electronic system. We have also enhanced our ability to retrieve and utilize data in order to improve patient outcomes.

The PCS Informatics team has continued to use Super User Huddles as a bi-directional forum to raise eCare issues and disseminate changes in functionality and their potential impact on workflow. The participation of nurses, healthcare professionals, and unit leadership has been key to the success of this process. Numerous MGH clinicians have served as subject-matter experts on Partners eCare Expert Panels to help inform decisions related to software functionality. Some of the improvements we've realized as a result of those expert panels include: streamlined patient observer documentation; safer patient-controlled analgesia (PCA) pump documentation; more accurate unit-level quality metrics; and a reliable alert to initiate the nurse-driven protocol for catheter-associated urinary-tract-infection (CAUTI) prevention.

The PCS Informatics Committee continues to provide an inter-disciplinary forum by which to share best practices and discuss challenges related to eCare. Informatics champions serve as eCare resources to colleagues bringing concerns and suggestions forward to the committee. Many topics that originated at Informatics Committee meetings have made their way to the Partners level, including work-flow recommendations to address phases of care and a bar-code scanning issue that was traced to a problem with the scanners. The committee also had a productive brainstorming session to generate ideas to be sent to Apple headquarters for remediation.

PCS Informatics, several PCS informatics champions, and members of the MGH eCare support team collaborated to pilot a unit rounding program on four patient care units. The team visited the pilot units once a month for three months to talk to staff about their experience with eCare. These visits gave the team an opportunity to identify and address problems, submit recommendations for enhancement, and provide education to enhance clinicians' experience. The eCare unit rounding pilot was extremely successful, so eCare unit rounding will be rolled out to all inpatient units beginning in January, 2018.

For more information on the work of the PCS Informatics team, contact Ann Marie Dwyer, RN, director, at 617-724-3561.

# Voice of the patient informs culture of Excellence

—by Liza Nyeko, program director, MGH Center for Quality & Safety

**MGH** strives to create a culture of excellence that is pervasive, distinctive, and, “guided by the needs of our patients and families.” Patients and families inform our practice with feedback they provide via surveys, letters, HCAHPS results, patient & family advisory councils, and in many other ways.

Much of the feedback is positive, such as comments like: “Everyone was very welcoming; it felt like home”; “Everyone was kind and concerned. It exceeded my ex-

pectations. I was nervous and scared, but everyone I came in contact with made me feel at ease.”

Data collected through our ongoing Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys was overwhelmingly positive this past year for both inpatient and ambulatory settings. Many programs and initiatives are in place to ensure continued success, including our ongoing focus on medication communication, staff responsiveness, quiet at night (in the inpatient setting), provider explanations and knowledge of medical history, access to routine appointments, and information about wait times (in the outpatient setting).

Our annual Service Excellence Awards and Excellence in Action Program formally recognize individuals and teams for their exemplary efforts in striving to foster an optimal patient experience.

Patients and family members gave voice to a number of issues through their participation on seven patient & family advisory councils. They shared feedback and first-hand information about their experiences with provider communication, medication ad-

ministration, educational materials, patient engagement, shared decision-making, perioperative care, patient safety awareness, and many other topics.

MGH continuously strives to improve its care and services. As one patient wrote, “Give them a 100+. The way I feel, they deserve Excellent.”

For more information about our service excellence programs, contact Mary Cramer, chief experience officer, at 617-724-7503.

Ambulatory Experience C/G-CAHPS	CY2016	CY2017 Top-box %	Change CY 2016 vs CY2017 YTD
Provider Show Respect	92.4	92.6	↑ 0.2
Provider Listen Carefully	89.9	90.2	↑ 0.3
Recommend Provider	88.6	89.3	↑ 0.7
Provider Explain	88.4	88.8	↑ 0.4
Staff Courteous	86.7	87.2	↑ 0.5
Provider Spend Enough Time	86.1	86.7	↑ 0.6
Rating of Provider	83.0	83.9	↑ 0.9
Provider Knows Medical History	81.4	82.2	↑ 0.8
Helpful Staff	73.8	75.1	↑ 1.3
Follow up with Test Results	74.6	74.8	↑ 0.2
Got Routine Care Appointment	73.6	74.3	↑ 0.7
Got Urgent Care Appointment	72.9	73.2	↑ 0.3
Provider Discuss Prescription Medications	68.3	68.6	↑ 0.3
Got Answer Regular Hours	65.1	65.0	↓ -0.1
Wait Time Within 15 Minutes	55.9	58.2	↑ 2.3
Informed of Wait Time	46.3	47.8	↑ 1.5

Inpatient Experience HCAHPS	CY 2016 Top-Box %	CY 2017 YTD* Top-Box %	Change CY 2016 vs CY2017 YTD
Discharge Information	91.9	93.0	↑ 1.1
Recommendation of Hospital	89.8	91.0	↑ 1.2
Doctor Communication	82.6	84.6	↑ 2.0
Nurse Communication	83.0	84.4	↑ 1.4
Overall Hospital Rating	81.9	83.2	↑ 1.3
Pain Management	72.8	74.2	↑ 1.4
Room Cleanliness	71.2	72.0	↑ 0.8
Staff Responsiveness	64.9	67.6	↑ 2.7
Communication about Medications	65.8	67.0	↑ 1.2
Care Transitions	61.0	62.7	↑ 1.7
Quiet at Night	49.9	52.8	↑ 2.9

# Diversity and inclusion major focus of 2017

—by Deborah Washington, RN, director, PCS Diversity Program

Requests for a specific type of provider based on race, ethnicity, religious creed, gender, sexual orientation, gender identity, age, disability, veteran/military status, or immigration status, will not be accommodated.

**A**s a hospital and as the disciplines comprising Nursing & Patient Care Services, we are engaged in an ongoing, complex dialogue on racism, homophobia, health inequities, and other social issues that impact our work life and the communities we serve. This past year, we renewed our pledge to Stand Against Racism with candid conversations and an exchange of ideas on important issues.

In collaboration with the MGH Diversity Committee, our new Patient-Family Discriminatory Behavior Policy was created, stating that requests for a specific type of provider based on race, ethnicity, religious creed, gender, sexual orientation, gender identity, age, disability, veteran/military status, or immigration status, will not be accommodated.

A survey designed to elicit opinions related to diversity was conducted to inform future programming. Leaders of the Partners Diversity & Inclusion Committee offered the first diversity ‘summit’ to look at ways we can all be diversity change agents. Along with our partner organization, AARP Massachusetts, we saw the CARE Act go into law in November. The CARE Act supports family caregivers when their loved ones become hospitalized and as they transition home.

Understanding that care is moving into the community, MGH Nursing worked with the Robert Wood Johnson Diversity Steering Committee to explore ways to promote a culture of health in local neighborhoods. This new partnership has led to deeper understanding of affordable housing, the sanctuary movement, and social determinants of health for immigrant and impoverished populations. Our testimony at the State House supported an appropriate allocation of resources.

Through our participation in the Falls Prevention Commission, we have input into recommendations to the state legislature on the value of a Diversity Dashboard and its role in creating more equitable care among communities. Through the Future of Nursing Campaign and professional nursing organizations, we have an opportunity to take part in the national discussion on diversity through open webinars and other presentations.

Our own diversity efforts remain a national model with mentoring of minority professionals and guidance for minority job-seekers a mainstay of our diversity program. Our celebration of Black History Month, Purim, Pride Week, Ramadan, the winter holidays, and other social and cultural observances reinforce our message of diversity and inclusion.

We continue to collaborate with the ED Diversity & Inclusion Committee, the Department of Psychiatry’s Size Diversity Committee looking at weight stigma, the Health Equity and Quality Committee looking at increasing diversity-related data, and MGH patient & family advisory committees looking at ways to combine diversity and spiritual care. And of course, staff continue to find Cultural Rounds helpful in un-bundling patient-care issues and team-building.

The dialogue around diversity is increasing in scope and complexity. If we’ve learned anything in our years as a diversity leader, it is that open communication makes all things better.

For more information about our PCS Diversity Program, contact Deborah Washington, RN, director, at 617-724-7469.

# Collaborative governance

*working together to ensure patients and families receive the safest, highest quality care*

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

**T**o fully appreciate how successful collaborative governance was this past year, you need only have attended the 5th annual SAFER Fair in October to see how each of the collaborative governance committees contributed to making MGH a safer, more efficient organization.

*The Policy, Procedure and Products Committee* changed its name to the Clinical Practice Committee to better reflect the scope of its work. Champions reviewed more than 40 procedures, gave feedback on new products, and took on the issue of cost-containment by focusing on the amount of supplies discarded after patients are discharged (which can cost from \$35,000 to more than \$100,000 per month). By raising awareness and building new work processes, champions anticipate a decrease in financial and environmental costs.

After much consideration, the Diversity Committee made the decision to change its name to the *Committee on Diversity and Inclusion* to better reflect the focus and spirit of their work. Champions felt strongly that inclusion helps attract diverse talent, encourages participation, fosters innovation, and leads to more successful and integrated teamwork. Diversity advocate, Verna Myers once shared, “Diversity is being invited to the party. Inclusion is being asked to dance.” Champions have worked hard to educate and partner with others to ensure that everyone at MGH is asked to dance.

*The Ethics in Clinical Practice Committee* continued to educate and encourage all members of the MGH community to complete Health Care Proxy forms and discuss their end-of-life wishes with their families. Champions shared ethically challenging patient-care scenarios at meetings to gain wisdom and insight into the challenges staff face. Champions hosted an educational booth in the Main Corridor for National Healthcare Decision Day where they shared information on Medical Orders for Life Sustaining Treatment (MOLST), which became law in 2014.

While eCare has been live at MGH for almost two years, clinicians are still learning many of its more intricate capabilities. *Informatics Committee* champions have worked hard to resolve issues brought forward by clinicians, such as ways to clarify medication-administration orders, documentation standards, phases of care, and signed and held orders.

*The Patient Education Committee* continued to meet the needs of patients, staff, and the community in ensuring easy access to evidence-based, plain-language materials, and providing instruction on the teach-back method to enhance patients’ understanding of and adherence to treatment plans. Champions held journal club meetings, published articles in *Caring Headlines*, and hosted their annual Health Literacy booth during Health Literacy Month. They welcomed Blum visiting scholar, Stacy Robinson, president and co-founder of Communicate Health, who spoke about, “Health Literacy in the Digital Age: Implications for Patient-Centered Care.”

*continued on next page*

This is a small sampling of the work of collaborative governance, which continues to place the authority, responsibility, and accountability for patient care with clinicians at the bedside.

*The Patient Experience Committee* continued their work to improve the patient experience and support clinicians. Recognizing an opportunity to support families dealing with the loss of a loved one, they worked with the Parking Office to have parking fees waived for grieving families. Champions shared how using certain eCare functions, such as the Huddle Report, can improve caregiver communication and enhance the patient experience.

*The Quality and Safety Committee's* commitment to creating an environment where everyone feels comfortable speaking up for safety was reinforced by their new video that tells real-life stories of MGH staff doing just that. Champions took up the important issue of suicide-prevention, helping identify and mitigate the risk of patients harming themselves while in the hospital. They initiated 'safety moments' at their meetings to share any safety concerns or best practices they encounter.

*The Research and Evidence-Based Practice Committee* continued to educate staff and integrate the Johns Hopkins Evidence-Based Model into MGH practice. Champions reviewed journal articles and presented research at journal club meetings. They continued their *Did You Know* poster campaign including one on, "Preventing sacral pressure injury with prophylactic foam dressings."

*The Staff Nurse Advisory Committee* gave valuable input to consultants handling the search to find a successor for senior vice president for Patient Care, Jeanette Ives Erickson, RN, and provided valuable feedback on the peer-review process and roll-out of new technology in support of the Patient Observer Program.

This is a small sampling of the work of more than 300 champions who participate in collaborative governance, which continues to place the authority, responsibility, and accountability for patient care with clinicians at the bedside.

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

### Nursing & Patient Care Services Collaborative Governance Committee Structure



# The Knight Center

*committed to life-long growth and professional development*

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

In 2017 and every year, the Knight Center is committed to promoting life-long professional development with cutting-edge educational programming, continuing education credits, and helping nurses prepare for Massachusetts license renewal.

**2017** will be remembered as a year of change and accomplishment for the Knight Center for Clinical & Professional Development. As part of the 2016-2018 strategic plan, the Knight Center administered a comprehensive learning needs assessment to nurses at all levels of the organization, as well as patient care associates and advanced practice nurses. The PLEN (Professional Learning Environment for Nurses) assessment was modeled after the Staff Perception Survey; nurses were asked how prepared they felt in certain situations. The results were evaluated by Knight Center staff and used to design educational offerings for the following year.

Data was used to identify trends, and again this year, it revealed staff's preference for educational offerings in shorter segments, with interactive components, and a combination of self-directed and 'in-person' options. Accordingly, the Knight Center launched Nursing Education on Demand, 10-15-minute video presentations by clinical experts on a variety of topics.

Building on the success of the nurse residency model and in collaboration with educators throughout Partners, the Knight Center helped design a central on-boarding experience for the new Partners-BFT Travel Nurse Program. They hosted nurse residencies in Oncology and Critical Care, overhauled the on-boarding process for Nursing, assisted with re-designing the operations associate role to unit coordinator, and helped prepare for the Magnet site visit.

Working with the Lunder-Dineen Health Alliance and MGH Global Health, Knight Center staff traveled to Tanzania to facilitate a two-week seminar on preceptor development, and the Center's work continued in support of Jiahui International Hospital in Shanghai.

Based on recommendations of a Partners 2.0 tiger team, the Knight Center began implementing a new model of required training that included a thorough examination of compliance training and mandatory education and their relationship to safe, effective patient care.

The inaugural Jean Ridgway Tienken MGH School of Nursing Class of 1945 Certification Scholarship was awarded to five staff nurses at this year's annual Certified Nurses Day Grand Rounds in March.

The Knight Center sponsored a number of occasion-specific events such as the Excellence Every Day Kick-Off Rally in anticipation of the Magnet and Joint Commission site visits, and a series of IV Push Medication in-services in response to the IV-fluid shortage.

In 2017 and every year, the Knight Center is committed to promoting life-long professional development with cutting-edge educational programming, continuing education credits, and (this year) helping nurses prepare for Massachusetts license renewal in 2018.

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

# The Munn Center for Nursing Research

—by Dorothy Jones, RN, director emeritus, The Munn Center for Nursing Research

**T**he Yvonne L. Munn Center for Nursing Research enjoyed another eventful year. In the spring, executive director of The Institute for Patient Care, Gaurdia Banister, RN, became the first recipient of the newly installed Connell-Jones Endowed Chair in Nursing and Patient Care Research (see page 28). The chair is made possible through the continuing generosity of the Connell Family.

More than 40 posters were entered in this year's Research Day Poster Display during Nurse Week. The Munn Awards, Doctoral Forum, and nursing research grant opportunities, including the Connell Nurse Research Scholars Awards, continue to support the research of novice and experienced nurses.

Mentoring by doctorally prepared nurse scientists and scholars continued to en-

hance new research possibilities. The first Jeanette Ives Erickson Nursing Research Award was presented to Kim Francis, RN. Diane Carroll, RN, was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame. And Jane Flanagan, RN, was inducted into the American Academy of Nursing.

Partnerships with nurse scholars around the world and the appointment of more than 80 external faculty as nurse scientists in the Munn Center promote research opportunities, foster the dissemination of nursing knowledge, and inform patient-care outcomes.

For more information about the work of the Munn center, call Gaurdia Banister, RN, executive director, The Institute for Patient Care, at 617-724-1266.



Scenes from Research Day Poster Display, and bottom right: Kim Francis, RN, receives the inaugural Jeanette Ives Erickson Nursing Research Award.

# Quality & Safety

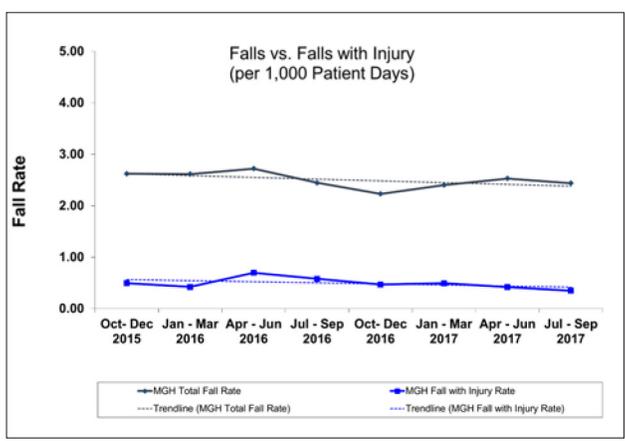
*performance-improvement driven by staff engagement and sharing best practices*

—by Colleen Snyderman, RN, director, PCS Office of Quality & Safety

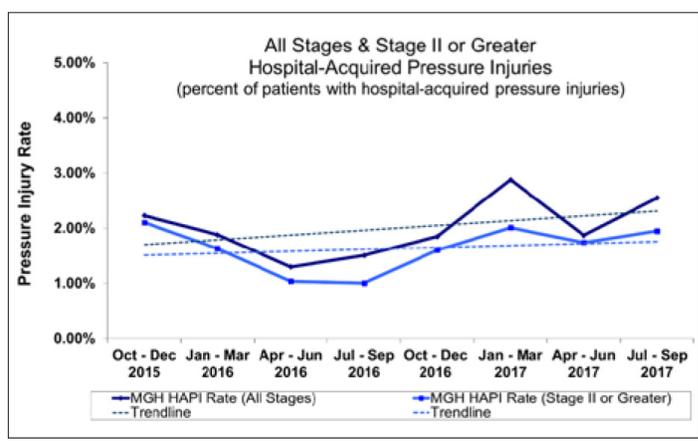
## Quality

One method of measuring the quality of care is through the use of clinical-quality, nurse-sensitive indicators. Tracking this data supports decision-making about performance-improvement initiatives, research, and evidenced-based practices, policies, and procedures. Performance-improvement is a key component of our Excellence Every Day philosophy and our readiness plans for both Magnet and The Joint Commission. Nursing & PCS leadership work with staff to identify specific tactics to improve unit-level

performance. The Office of Quality & Safety collaborates with leaders biennially around performance-improvement plans to determine their relevance to clinical effectiveness and patient-satisfaction efforts. The following graphs represent recent performance of Nursing & PCS for each nurse-sensitive indicator. More information about nurse-sensitive indicators is available on the Excellence Every Day portal page (<http://www.mghpcs.org/rr/>).



- The Falls Prevention Committee, invigorated by plans to launch staff training in 2018 on an updated fall-prevention program, focused on risk-assessment, interventions, and patient-engagement
- Conducted more than 40 root-cause analyses of fall-safety events to identify common themes
- Anatomy of a Safety Event focused on fall-prevention

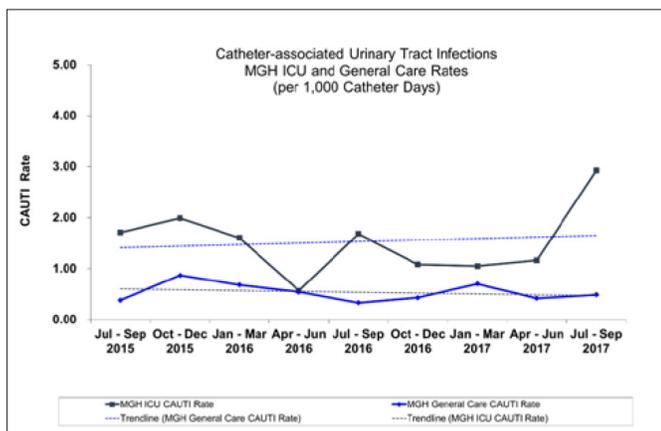


- Safety reporting for pressure injury was streamlined
- Continued to expand the use of Dolphin mattresses to decrease pressure injury in critically ill patients

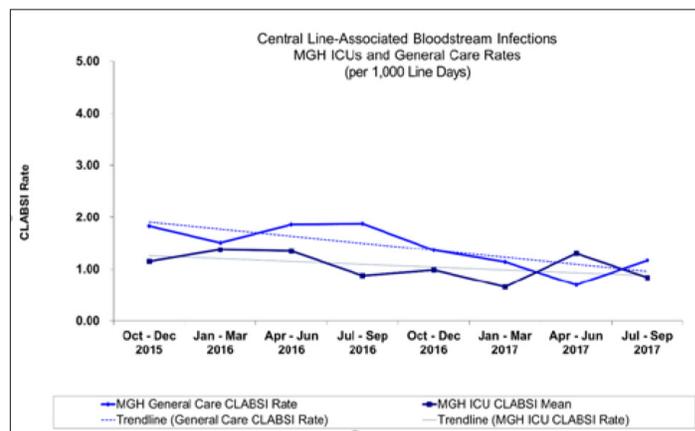
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# 2017

## Quality & Safety (continued)



- Expanded adoption of the Nurse-Driven Protocol for Foley Catheter Removal
- Nursing leadership eCare dashboard updated to reflect real-time monitoring of urinary catheters



- Nursing leadership eCare dashboard updated to reflect real-time monitoring of central lines
- IV Academy and follow-up sessions engaged unit champions in central- and peripheral-IV practice-improvements

## Safety

Our efforts to advance our culture of safety were front and center this past year. Speaking up for safety is a crucial part of any safety culture because it allows individuals and organizations to learn from one another. PCS staff spoke up for safety this year by generating more than 6,400 safety reports. The PCS Quality & Safety Committee produced a *Speak Up for Safety* video highlighting numerous staff members throughout PCS who lead and/or participate in improvement efforts in their departments. The video is being shown during on-boarding and promotional sessions.

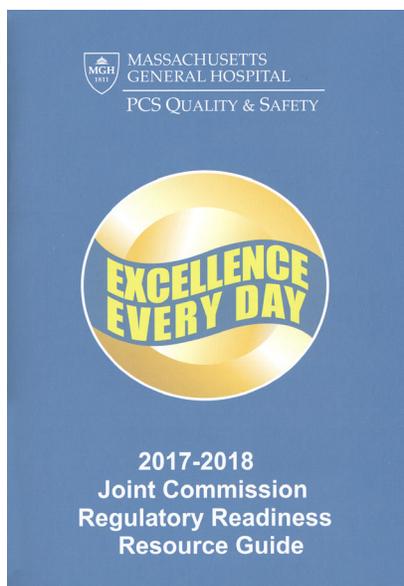
In September, the Safety Culture Survey was distributed; the results are currently being reviewed, and we look forward to sharing those results with you.

A strong safety culture embraces transparency, the sharing of information, and learning from safety events and reports. The Anatomy of a Safety Events series was created to show staff how safety events are analyzed and the impact of filing a safety report. The series is based around sharing clinical

narratives and exploring the path that safety report takes once they're filed. Sessions begin with a re-counting of the safety event and proceed through the triaging process, investigation of the event, and immediate actions taken. Clinicians and a panel of experts share their insights as well as any changes that were made as a result of the safety event. Sessions conclude with action steps taken such as communications, education, changes in policy, practice, or procedures, as well as awareness campaigns. In 2017, the PCS Office of Quality & Safety sponsored Anatomy of a Safety Event sessions that focused on: medication-labeling issues, suicide-prevention, and patient falls.

Nationally, suicide rates are on the rise, and suicide-prevention is a National Patient Safety Goal. The Suicide Prevention Task Force focused on raising awareness around providing a safe environment for patients at risk for attempting suicide. The task force developed a suicide checklist for nurses and observers in settings across the continuum of care. The policy was revised to update nurse-

*continued on next page*



# 2017

## PRACTICE ALERT

### Scanning IV fluid is an important safety measure

In hurry? How similar do these solutions look?



#### KEY POINTS

- Patient safety depends on accurate patient identification which helps enhance accuracy
- IV fluids are medications
- The wrong solution *can* harm your patient
- Scanning will alert you when the solution does not match the solution that was ordered

#### The bottom line:

Every new bag of IV fluid should be scanned.



to-nurse and nurse-to-observer hand-offs, ligature-risk mitigation, and HealthStream training.

This past year, a number of Practice Alerts (information disseminated as a result of safety events) and Practice Updates (new information about existing practices) were distributed related to: suicide checklists, medication safety, ZOLL defibrillator use, application of heat, the IV-fluid shortage, two signatures for blood-bank samples, and activation of the Rapid Response Team. These alerts and updates can now

be accessed on the Excellence Every Day portal page: <http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp>

For more information about the programs and services provided by the PCS Office of Quality & Safety, call 617-643-0435.

MASSACHUSETTS GENERAL HOSPITAL  
PCS QUALITY & SAFETY

**THE ANATOMY OF A SAFETY EVENT SERIES**

**THE WISDOM OF EXPERIENCE:  
ADVANCING PRACTICE THROUGH SAFETY NARRATIVES**

Learning Culture

Improving Systems

Advancing Safety Culture

**Jean Gifford, RN, BSN  
Blake 11**

**2 Nurses, 2 Stories.  
Their stories changed *their* practice... Here.**

By identifying potential breakdowns and sharing them to prevent harm. Wisdom narratives are one way to advance our practice.

Pre-Registration required: by clicking on the link below.

**Nurses Week – Wednesday**  
1:30pm - 2:30 pm – O’Keefe  
Contact hours will be available.

Registration Center for Clinical and Professional Development at Massachusetts General Hospital, an accredited approver by the American Nurses Association (OH-239, 10/17/2017OH). Completion include attendance at the entire event and submission of a conflict of interest to disclose.

CARE OF THE PATIENT ON SUICIDE PRECAUTIONS (nonbehavioral inpatient units)	
ELEMENTS	
<b>Initial Actions</b>	Notes
Order the suicide precaution bundle (any prescriber can order)	
* 1:1 observation (family cannot act as observers).	
* Provide handoff: between caregivers and observers	
* Place patient in safe pajamas (no ties), contact Materials Management at x6-9144 to obtain	
* Psychiatry and Social worker consult, if needed/recommended	
<b>Safety Monitoring</b>	Notes
Do not leave patient unattended at any time (including in bathroom and/or shower). Patient always must be in sight	
Alert clinical staff if unable to visualize patient and/or patient attempts to hurt self or flee	
Patient room signage — “Check with Nurse Before Entering”	
Check any items brought in by visitors and communicate that dangerous items must be taken home. For illegal items (weapons, illegal drugs, etc.), call Policy & Security at x6-2121.	
* Patient restricted to unit. If patient requires medical care that cannot be provided on unit, staff members accompany patients and provide constant observation. Bring hospital phone for emergency communication. Receiving area notified patient is on suicide precautions.	
<b>Environmental Monitoring</b>	Notes
* Search belongings in the presence of Police and Security or ask Police and Security to conduct the search. Remove environmental hazards if not medically necessary, which may include but are not limited to:	
• scissors/pull cutters (risk of cutting)	
• hospital gloves	
• plastic bags (including trash and patient belongings bags)	
• IV poles, bags and tubing not in use	
• electrical cords/telemetry wires when not medically necessary	
• headphones	
• extra sheets, towels and the pajamas	
• anything small enough to swallow, e.g. paper clips, pin tack, toothpaste	
• medical equipment/supplies that may pose risk when not medically necessary	
• sharps box	
• glass and vases	
• pens and pencils	
* use paper dietary tray and plastic utensils, no cans, metal utensils, plastic cups, plastic lids or breakable dishes.	
* scan environment around patient and continue to remove any new risks	
* If able, provide a private room and do not place patient's room near exit	
<b>Discharge Information</b>	Notes
Use discharge teaching/education documents ( <i>Suicidal Thoughts</i> ) found in EPIC for patient and family	
Patient may not be discharged, including AMA, unless suicide precautions are discontinued	
<b>Emergency Management of Patient Attempting Harm</b>	Notes
DO NOT PLACE SELF AT RISK. Wait for security to intervene with patient	
Call for “HELP” press panic button at bedside, page “Dr. Johnson” which is code to alert Police and Security of a dangerous situation and/or call security at x6-2121, and page patient’s MD and Psychiatry consult MD	
If patient is trying to leave, do not block patient, but try to keep patient in sight. DO NOT PUT HANDS ON PATIENT	
Do not attempt to remove dangerous items from patient (weapons)	
Remove other patients from area, if able	



# The Office of Patient Advocacy

—by Robin Lipkis-Orlando, RN, director

Guiding the development of services and programs for patients, families, and staff to ensure that the healthcare experience is a positive one.

**T**he Office of Patient Advocacy guides the development of services and programs for patients, families, and staff to ensure that the healthcare experience is a positive one. This is accomplished through active listening and responding to concerns, resolving conflicts, facilitating positive change, serving as a liaison between providers and patients, eliciting feedback to identify process improvement opportunities, and removing barriers so that care is equitable for all. The Office of Patient Advocacy collaborates closely with the PCS Center for Quality & Safety. The scope of the Office of Patient Advocacy includes inpatient units, the Emergency Department, ambulatory practices, health centers, and off-site areas, such as MGH West and Danvers. Of the more than 2,000 encounters logged in 2017, accessibility, customer service, and communication were the top three areas of focus.

Under the umbrella of the Office of Patient Advocacy is the Disability Program and the navigator for patients with autism. This year, the Disability Program formed an advisory group comprised of patients with disabilities to inform our efforts to enhance services for patients with disabilities and stay abreast of ongoing needs. A special-needs flag was created in eCare to alert staff that special accommodations may be required for patients during procedural, outpatient, or inpatient visits. More than \$50,000 worth of adaptive equipment was purchased for outpatient clinics and health centers; the accessibility homepage was updated; and there was a robust recruitment of volunteers to walk service dogs for patients who are unable to take their dogs out themselves. Lori Paley, assistant director of Veterinary Services, received the 2017 Disability Champion Service

Award for her efforts around this initiative.

Our navigator for patients with autism interacted with more than 130 patients and family members ranging in age from 6 to 60, conducted educational presentations for 840 staff, and helped create system changes for patients requiring MRI with anesthesia, surgical procedures, and psychiatric emergency care. More than 100 staff members were added to the champions in autism care network. The success of this role prompted a proposal to implement similar services for other developmental and intellectual disabilities. We are partnering with the Ruderman Family Foundation to explore the feasibility of pursuing those possibilities.

Members of the Office of Patient Advocacy team participated with the Disruptive Patient Behavior and Staff Safety Committee to develop a system for identifying patients at risk for aggressive behavior using the safety reporting system. They implemented a system of safety-risk flags in eCare to communicate strategies to keep staff safe while caring for these patients. To date, 178 patients have been flagged under this new system.

Members of the Office of Patient Advocacy team also contribute by sitting on the ED Patient Experience Committee, the General Patient and Family Advisory Council, the Council on Disability Awareness, the Patient Experience and Diversity and Inclusion Task Forces, and they serve as human rights officer for inpatient Psychiatry.

For more information about the work of the Office of Patient Advocacy, the Disabilities Program, or the autism navigator role, call Robin Lipkis Orlando, RN, director, at 617-726-3370.

# Global Health Nursing

*responding to the needs of US citizens and the global community*

—by Mary Sebert, RN, international nurse program manager

**MGH** Global Health had a busy year. Seven global nursing fellows provided education to 179 nurses and nursing students in Mbarara, Uganda, and Dar es Salaam, Tanzania, and in June, they shared their experiences with the MGH community at the hospital's first Global Nursing Symposium.

MGH global nursing fellows mentor nurses at Mbarara University of Science & Technology in Uganda. Donor-supported scholarships give Ugandan nurses pursuing master's degrees an opportunity to participate in a program that MGH Global Nursing helped initiate. This year, eight nurses graduated with MSNs. Together with the prior class, those 12 graduates are the only masters-prepared, crit-

ical-care nurses in the country, and they're all currently working or teaching in Uganda.

In March, MGH Global Nursing hosted its second cohort of nurses from South Africa as part of the Nurse Leadership Program sponsored by Discovery Health. Visiting nurses divided their time between classroom sessions and clinical observations, and had op-

portunities to share their perspectives on nursing in South Africa and lessons learned at MGH.

In September, Hurricanes Irma and Maria wrought devastation throughout the Caribbean, leaving thousands without homes or access to medical services. MGH sent teams to the small island of



Dominica to support much-needed dialysis care. One team augmented daily functions in the dialysis unit, another helped transition patients from acute to chronic dialysis, providing continuous support to the Dominican staff.

A 26-member, multi-disciplinary team of MGH caregivers deployed to Puerto Rico where they spent weeks providing care to those affected by the storms. The team included 15 nurses, four nurse practitioners, five physicians, a physician assistant, and a logistics/security specialist. Responding to the needs of US citizens and the global community is an important part of the MGH mission.

For more information about the services and programs offered by MGH Global Health, go to [www.globalhealthmgh.org](http://www.globalhealthmgh.org).



(photos provided by staff)

Above: MSN Critical Care graduates, Mbarara University of Science and Technology, in Uganda. Below: MGH volunteers await deployment to Puerto Rico in November.

# The Jiahui Hospital-MGH partnership

—by Alex Piontkovski, project manager

The partnership between Jiahui (pronounced ‘Yah-way’) International Hospital and MGH began more than five years ago and was officially formalized in December of 2016. The project was publicly announced in April, 2016, at a press conference attended by MGH president, Peter Slavin, MD; chief operating officer, Greg Pauly; senior vice president for Patient Care, Jeanette Ives Erickson, RN; executive director of PCS Operations, Marianne Dito-massi, RN; and director of The Norman Knight Nursing Center for Clinical & Professional Development, Gino Chisari, RN.

Jiahui is a 500-bed hospital in Shanghai that, along with two supporting clinics, serves patients and families in the greater Shanghai area. It is the first hospital of its kind in the region, modeled after MGH in its commitment to deliver the highest quality patient- and family-focused care.

Over the past year, MGH nurses have been integrally involved in helping Jiahui establish a world-class nursing service, and that work will go on as we continue to strive to help China transform the role of nursing in the Chinese healthcare system.

For more information about the Jiahui-MGH partnership, contact project manager, Alex Piontkovski, at 617-643-8521.



Above: exterior view of recently constructed Jiahui International Hospital in Shanghai.  
Below: Greg Pauly, MGH chief operating officer (second from right) with a contingent from Jiahui Hospital at press conference in April.

# Lunder-Dineen

*forging an educational alliance throughout the state of Maine*

—by Labrini Nelligan; Denise O’Connell, LCSW; Carole MacKenzie, RN; and Samantha Nock

**T**his past year, the Lunder-Dineen Health Education Alliance of Maine made significant progress in advancing its mission of improving the health and well-being of Maine residents by enhancing the skill and expertise of its healthcare professionals. The program was established seven years ago through the pioneering vision of the Peter and Paula Lunder family and MGH leadership. The Lunder-Dineen team offers expertise in professional development, planning, operations, and relationship-building while enlisting the expertise of members of the MGH and Maine healthcare communities to inform and guide its efforts.

At the Association for Nursing Professional Development’s national convention in New Orleans (l-r): Carole MacKenzie, RN; Labrini Nelligan; Denise O’Connell, LCSW; and Samantha Nock.

### *A unique approach focused on health education*

The Lunder-Dineen team believes inter-professional health education is the key to advancing inter-professional, collaborative practice and team-based care. Says Carole MacKenzie, RN, professional development specialist, “Inter-professional collaborative practice improves health for residents in Maine and does so in a sustainable way. It lays the foundation for high-functioning, inter-professional practice and high-quality health care.”

Lunder-Dineen educational initiatives:

- respond to opportunities to address public health needs
- incorporate the perspectives, knowledge, and skills gained from academic and clinical partnerships
- engage healthcare professionals in active life-long learning
- address individual, team-based, multi-generational, and inter-professional learning needs
- utilize evidence-based, learner-centered, blended learning methodologies

### *Growing recognition*

A thorough assessment of needs identified opportunities for education in oral health for older adults in long-term care; nursing preceptorship across the continuum; and screening for alcohol use in primary care settings. Says Labrini Nelligan, executive director of Lunder-Dineen, “We convened teams of experts from across the state to guide the development of education around each topic.”

The program’s focus on unmet educational needs and its evidence-based, collaborative approach have garnered national recognition. In April, the team was selected to present during the Nurses

*continued on next page*



Improving Care for Healthsystem Elders (NICHE) annual conference in Austin. The presentation, “Improving Oral Health Care for Older Adults through Inter-professional Team Collaboration and Evidence-Based Practice,” highlighted the connection between oral health and overall health and barriers to providing good oral health care.

In July, Lunder-Dineen presented at the Association for Nursing Professional Development’s national convention in New Orleans. The session, Best Practices for Transforming 21st Century Multi-Generational Learning, centered on the importance of embracing a multi-generational workforce and emphasized 21st-century teaching strategies to meet the learning needs of staff across generations.

Members of the Lunder-Dineen team made several presentations throughout the state and were guests on local radio and news shows. Says Denise O’Connell, senior program manager, “We’ll continue to share insights about our work and what we learn to help inform other models of education and continuous quality improvement.”

The Lunder-Dineen Advisory Committee, including co-chairs and staff at their most recent planning meeting.



### *Inter-professional collaboration and partnership*

Lunder-Dineen builds on the hospital’s mission to partner with its neighbors to improve and sustain care-delivery and contribute to healthier communities. Senior-level executives from many disciplines throughout MGH volunteer their time and expertise to advise Lunder-Dineen, including Maine natives, Jeanette Ives Erickson, RN, senior vice president for Patient Care; James Dineen, MD, an internist with more than 40 years experience at MGH; Robert Birnbaum, MD, vice president of Continuing Professional Development at Partners HealthCare and chief learning officer; and Gino Chisari, RN, director of The Norman Knight Nursing Center for Clinical & Professional Development.

Collaboration extends to MGH centers and teams, including consulting with substance-use-disorder experts at MGH, the Maxwell & Eleanor Blum Patient & Family Learning Center, and the MGH Center for Global Health.

In turn, the Global Health Nursing Program

consults with Lunder-Dineen for expertise on training nurse leaders. Carole MacKenzie, RN, professional development specialist, was selected a 2017 global health nursing fellow. MacKenzie developed and presented a Clinical Instruction Training Program for nursing faculty, master’s-degreed nursing students, and staff nurses at Mbarara University of Science and Technology, in Uganda.

For more information about any of the Lunder-Dineen programs or initiatives, go to: [www.lunderdineen.org](http://www.lunderdineen.org), or call 617-724-6435.

# Our Nursing & PCS workforce

*what does the data tell us?*

—by Antigone Grasso, director, PCS Management Systems and Financial Performance

**I**t's well known that MGH attracts the best and the brightest, and that loyalty to the institution and to our patients runs deep in our workforce. Our annual Ether Day events with employees marking milestones of employment of 20, 30, 40 years, and more are truly momentous occasions. Nursing &

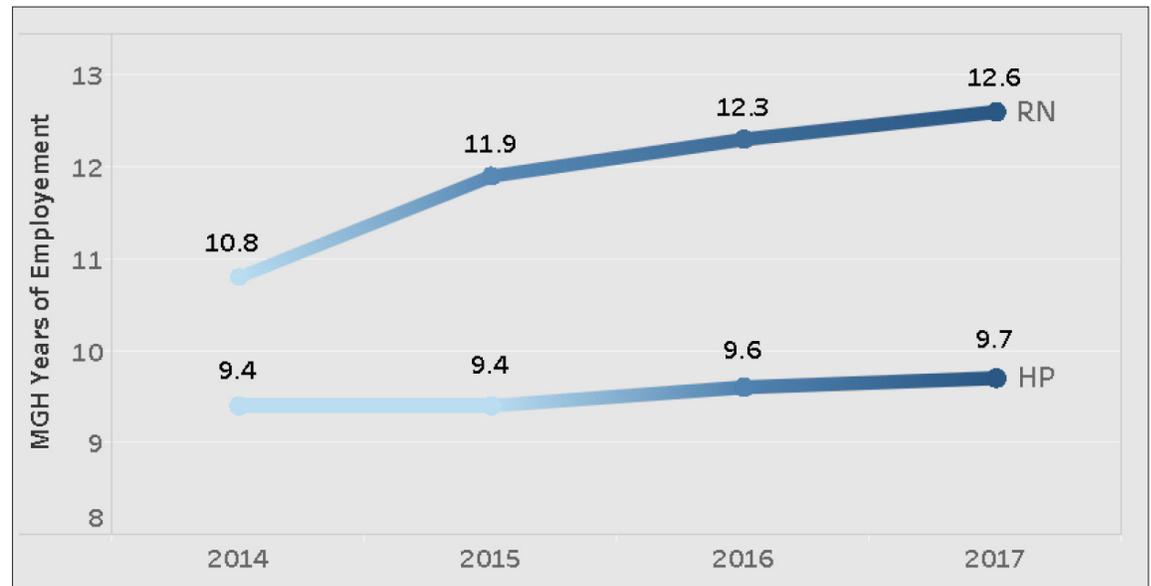
Patient Care Services is one of the largest components of the MGH workforce with approximately 47% of employees. As job opportunities in the healthcare industry increase across the country, it's informative to look at our PCS workforce and see what the data tells us.

*continued on next page*

Nursing & Patient Care Services is one of the largest components of the MGH workforce with approximately 47% of employees.

## *We are retaining PCS employees*

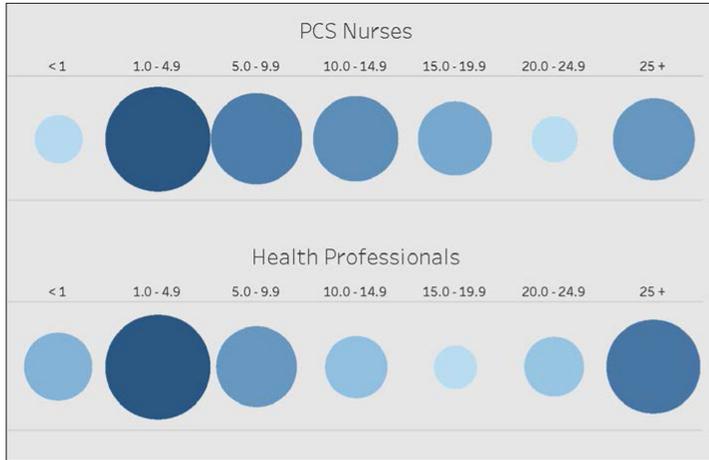
From 2014–2017, the average length of employment at MGH rose by almost 17% for PCS nurses and more than 3% for PCS health professionals.



# 2017

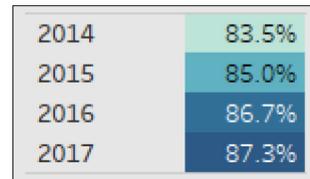
## Data (continued)

As of 2017, 50% of PCS nurses and 45% of health professionals have been employed at MGH for ten year or more.



### We have a well-educated workforce

The percentage of PCS nurses with baccalaureate Nursing degrees or higher has steadily increased since 2014. The ANCC's Magnet Recognition Program® and (since 2010) the National Academy of Medicine recommend that at least 80% of nurses have BSNs.



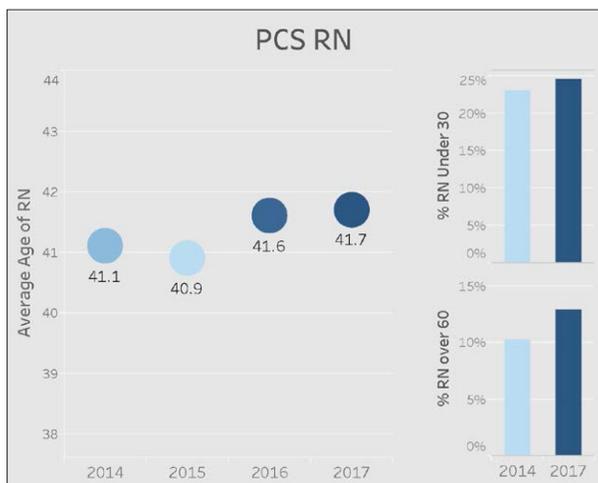
Health professionals with a baccalaureate degree or higher\*



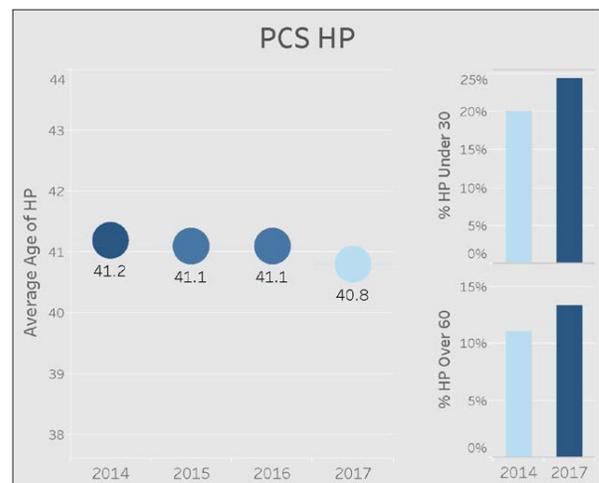
\*Information only available for 2017

### We rely on experienced providers to support the next generation of clinicians

The average age of PCS nurses increased slightly since 2014 (from 41.1 to 41.7), mirroring national trends. But the end-tails are widening with 23% under 30, and 10.2% over 60 in 2014, and in 2017, 24.5% under 30 and 12.9% over 60.



The average age of health professionals decreased slightly (from 41.2 to 40.8). But their end-tails are seeing a widening, as well, with 20% under 30 and 11% over 60 in 2014, and in 2017, 24.3% under 30 and 13.3% over 60.



As the healthcare environment continues to evolve, and with lingering uncertainty around federal policy changes, we're more reliant than ever on the knowledge and experience of our workforce. Both within Patient Care Services and organizationally, maintaining a stable workforce, minimizing turnover, and transferring knowledge from experienced providers to the next generation of caregivers will

remain critical strategies. The data presented on these pages suggests we are well positioned to meet the challenges ahead and cope with any changes that may arise as a result of federal mandates.

For more information, contact Antigone Grasso, director, PCS Management Systems, at 617-724-1649.

# Endowed chairs in Nursing, 2017

In 2016, MGH installed the very first endowed Nursing chair, The Paul M. Erickson Endowed Chair in Nursing. This year, that historic action was followed by the installation of three more Nursing chairs.

In 2016, MGH installed the very first endowed chair in Nursing in honor and in memory of Paul M. Erickson, beloved member of the MGH community and husband of senior vice president for Patient Care, Jeanette Ives Erickson, RN. This year, that historic action was followed by the installation of three more Nursing chairs: The Connell-Jones Endowed Chair in Nursing and Patient Care Research; The Dorothy Ann Heathwood Endowed Chair in Nursing Education; and The MGH Trustees Endowed Chair in Nursing and Patient Care Professional Practice.

The Connell-Jones Endowed Chair in Nursing and Patient Care Research was established in honor of Dottie Jones, RN, director emerita and senior nurse scientist in The Munn Center for Nursing Research. The chair was made possible through a gift from philanthropist, Margot Connell, a Boston College benefactor, mother of six BC graduates, and recipient of an honorary BC degree in 2009. The Connell-Jones Chair will be held by a senior faculty member in recognition of his or her pivotal leadership within the department of Nursing. The inaugural holder of the Connell-Jones chair is Gaurdia Banister, RN, executive director of The Institute for Patient Care and director of the Yvonne L. Munn Center for Nursing Research. Banister's research interests include innovative models for inter-professional education, transition-to-practice considerations for culturally-diverse nursing students, and the impact of mentoring on career success and progression.

The Heathwood chair is made possible through the philanthropy of Dorothy Ann Heathwood, retired nurse; her husband, Desmond 'Desi' Heathwood, founding partner of Boston Partners Asset Management and founding member of the MGH President's Council; and the department of Nursing & Patient Care Services. Holders of the Heathwood chair will be empowered to further the pursuit of innovation in care throughout MGH and its local, national, and international partners. The inaugural incumbent of the Heathwood chair is Gino Chisari, RN, director of the Norman Knight Nursing Center for Clinical & Professional Development, and chief learning officer of the Lunder-Dineen Health Education Alliance of Maine. Chisari is former deputy executive director of the Massachusetts Board of Nursing, member of the National Council of State Boards of Nursing, and president of the American Nurses Association of Massachusetts.

The MGH Trustees Endowed Chair in Nursing and Patient Care Professional Practice was established to honor pivotal leaders who help advance the work of Nursing & Patient Care Services. The inaugural holder of The Trustees Nursing Chair is Marianne Ditomassi, RN, executive director of Nursing & PCS Operations and Magnet program director. Ditomassi is an international leader in developing, implementing, evaluating, and disseminating best practices to promote professional work environments. She has committed her career to developing innovative care-design and re-design strategies to promote professional practice environments that elevate nursing practice.

# Awards and Scholarships

## Nursing & PCS Awards

### *Anthony Kirvilaitis Jr., Partnership in Caring Award*

- John Benoit, operations associate, General Medicine
- Jennifer Brooks, operations associate, Surgery

### *The Norman Knight Award for Excellence in Clinical Support*

- Peter Wu, patient care associate, Post Anesthesia Care Unit
- Seraphine Mbuyi, patient care associate, General Medicine

### *Brian M. McEachern Extraordinary Care Award*

- Bethany Groleau, RN, oncology staff nurse

### *The Jean M. Nardini, RN, Nurse of Distinction Award*

- Lori Hooley, RN, staff nurse, Charlestown Health Center

### *The Norman Knight Preceptor of Distinction Award*

- Annette Mullen, RN, staff nurse, Surgical ICU

### *The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award*

- Sarah Colella, RN, staff nurse, Targeted Therapies
- Katherine Craig-Comin, LICSW, social worker
- Suzanne Curley, OTR/L, occupational therapist
- Maria Sylvia, CCC-SLP, speech-language pathologist

### *The Marie C. Petrilli Oncology Nursing Award*

- Kendra Connolly, RN, oncology staff nurse
- Kate Fulham, RN, oncology staff nurse

## Nursing & PCS Scholarships

Through the generosity of our donors and supporters, 24 scholarships were presented this year.

### *Ray Eugene & Hannah E. Johnson Scholarship*

- Jennifer Healy, RN, (pursuing a BSN at the University of Massachusetts)
- Laura Jones, RN, (pursuing an MSN at the University of Massachusetts)
- Jillian McMahan, RN, (pursuing a DNP at the University of Massachusetts)
- Patrice Osgood, RN, (pursuing a DNP at the MGH Institute of Health Professions)
- Jill Pedro, RN, (pursuing a DNP at Northeastern University)
- Tara Tehan, RN, (pursuing a DNP at the University of Massachusetts)
- Natalie David, patient care associate, (pursuing a BSN at the MGH Institute of Health Professions)
- Mia Piccillo, RN, (pursuing an MSN at the University of Massachusetts)

### *The Norman Knight Nursing Scholarship*

- Bridgid Bartkiewicz, RN, (pursuing an MSN at Framingham State University)
- James Ehrlich, RN (pursuing an MSN at Boston College)

### *The Norman Knight Doctoral Nurse Scholarship Program*

- Marcy Bergeron, RN, (pursuing a doctorate at Northeastern University)
- Barbara Cashavelly, RN, (pursuing a DNP at the MGH Institute of Health Professions)
- Patricia Crispi, RN, (pursuing a PhD at Endicott College)
- Irina Ilieva, RN, (pursuing a DNP at the MGH Institute of Health Professions)
- Nicole Jones, RN, (pursuing a DNP at the University of Massachusetts)

### *The Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity*

- Jasmine Blake, RN, (pursuing an MSN at Simmons College)
- Vicky Eugene, RN, (pursuing an MSN at Aspen University)
- Sonia Guzman, pulmonary technician, (pursuing a BS in Respiratory Therapy)
- Laxmi Kasti, RN, (pursuing an MSN at the University of Massachusetts)
- Raquel Kochis, RN, (pursuing an MSN at Simmons College)
- Dalia Roland, RN, (pursuing a BSN at Curry College)

### *The Pat Olson, RN, Nursing Scholarship*

- Tigist Bedada, patient care associate, (pursuing a BSN at Simmons College)

### *The Cathy Gouzoule Oncology Scholarship*

- Suzanne Burke, RN, (pursuing a BSN at the University of Massachusetts)
- Christina Jewel, RN, (pursuing an MSN at Emmanuel College)

# Clinical Recognition Program

## Clinical Recognition Program

Clinicians recognized January 1–December 1, 2017

### Advanced Clinicians:

- Sarah Ballard Molway, RN Thoracic Surgery
- Bridgid Bartkiewicz, RN, General Medicine
- Anna Benedix, PT, Physical Therapy
- Mary Boisse, RN, Dialysis
- Leila Bucchino, RN, GYN/Oncology
- Cameron Calef, RN, Medical ICU
- Franchesca Carducci, RN, Radiation Oncology
- Kelsey Conley, RN, RACU/General Medicine
- Candice Couture, RN, General Medicine
- Kelly Daniels, RN, Cardiac Surgical ICU
- Tina Dicenso, PT, Physical Therapy
- Karla DeJesus, RN, Surgical ICU
- Brittany Durgin, RN, Radiation Oncology
- James Ehrlich, RN, Burns/Plastics Unit
- Elise Gettings, RN, Translational Research Center
- Andrea Greenfield, RN, General Medicine
- Alyssa Franzosa, RN, Newborn ICU
- Sahar Heron, RN, Transplant Unit
- Kirstie Hinsman, PT, Physical Therapy
- Alyssa Hotes, RN, Main OR
- Nicole Johnson, PT, Physical Therapy
- Eileen Keegan-Pitts, LICSW, Social Work
- Kristen Lindsey, RN, Orthopedics
- Jennifer Marra, RN, Cardiac Interventional Unit
- Julie Mello, PT, Physical Therapy
- Jessica Meurer, RN, Radiation Oncology
- Lauren McGlone, PT, Physical Therapy
- Kelly Mullane, RN, Oncology
- Jenna Muri-Rosenthal, SLP, Speech Language Pathology
- Erica Ouellette, RN, Thoracic Surgery
- Mairead Ouellette, RN, Cardiac Interventional Unit
- Kendra Patick, RN, General Medicine
- Vanessa Poirier, RN, Cardiac Surgical ICU
- Laura Prout, RN, Surgical ICU
- Kathryn Rohlfing, RN, General Medicine

- Kate Roy, RN, General Surgery
- Jennifer Sanchez, RN, GYN/Oncology
- Allison Sandler, RN, Newborn ICU
- Kendra Stacy, RN, Oncology
- Katharine Tahmaseb, SLP, Speech Language Pathology
- Laura Tikonoff, PT, Physical Therapy
- Angela Tom, RN, Surgical ICU
- Laura Walsh, RN, General Medicine
- Amanda Zandi, RN, Surgical Unit

### Clinical Scholars:

- Janet Actis, RN, Pediatrics
- Jennifer Alvis, RN, Medical ICU
- Magdalen Balz, SLP, Speech Language Pathology
- Courtney Cassidy, RN, Labor & Delivery
- Meaghan Costello, PT, Physical Therapy
- Paige Fox, RN, Emergency Department
- Nicola Gribbin, RN, Infusion Unit
- Cheryl Hersh, SLP, Speech Language Pathology
- Christine Higgins, RN, Newborn Family Unit
- Lori Hooley, RN, Charlestown HealthCenter
- Christina Jewell, RN, Electrophysiology Lab
- Lisa Lovett, LICSW, Social Work
- Mildred Mannion, RN, Main OR
- Carol McMahon, RN, Post Anesthesia Care Unit
- Amy Novikoff, SLP, Speech Language Pathology
- Jane Reardon, RN, Emergency Department
- Justine Romano, LICSW, Social Work
- Marcia Salvucci, RN, Main OR
- Stacey Sullivan, SLP, Speech Language Pathology
- Casey Vandale, PT, Physical Therapy
- Bridgit Ward, RN, Emergency Department

## Members of the Patient Care Services

### Executive Team

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

Suzanne Algeri, RN, associate chief nurse  
Shelley Amira, associate director, Administration, MGH Center for Global Health and Disaster Response

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

Debra Burke, RN, associate chief nurse

Leila Carbutari, RN,\* director, International Programs, International Patient Center

Mary Cramer, executive director, Organizational Effectiveness & chief experience officer, MGH and MGPO

Jana Deen, RN, senior director, Patient Safety

Marianne Ditomassi, RN, executive director, PCS Operations and Magnet Recognition

Ann Marie Dwyer, RN, director, PCS Informatics

Theresa Gallivan, RN, associate chief nurse

Marie Elena Gioiella, LICSW, director, Social Services

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Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language & Swallowing Disorders, Reading Disabilities,

Deborah Washington, RN, director, PCS Diversity

Kevin Whitney, RN,\* associate chief nurse

\*held position for part of 2017

*The Blum Patient & Family Learning Center* welcomed 8,153 visitors this year; completed 538 health-information searches; and reviewed, edited, or created 81 patient-education documents/videos/websites. They worked with the Substance Use Disorder and Opioid Education Committees; participated in Medication Take-Back Day; collaborated with the Internal Health Literacy Workgroup, the MGH Patient-Family Advisory Committee Education Subgroup, and the Lunder-Dineen Health Education Alliance of Maine. The Center coordinated numerous health education programs and sponsored internships for students from UMass Lowell, the Massachusetts Commission for the Blind, Operation ABLE, and UMass Boston.

*Nursing* had a very busy year with outcomes too numerous to mention. Some of the highlights include neuroscience nurses driving the process of MGH becoming recognized as a Comprehensive Stroke Center, the first hospital in Massachusetts to do so. Critical care nurses helped develop a continuing education program for ACLS and trauma nursing certification. Surgical ICU staff became certified to support the In-Situ Simulation program; ICU nurses implemented an "Ethics Early Action Protocol" in collaboration with the Mayo Clinic and UCLA Medical Center; and Ellison 14 nurses were instrumental in helping us achieve certification for the Burn Unit. Ellison 19 staff instituted a new practice of placing hand-hygiene wipes on patient trays and are currently monitoring for improvement in infection-control rates.

Nursing implemented a new-graduate oncology residency program. Nurses in the PICU conducted an evidence-based-practice project to determine whether continuous intravenous infusion or heparin lock reduces the incidence of central-line thrombosis.

Ellison 16 transitioned from General Medicine to General Medicine/Oncology requiring nurses to learn to administer chemotherapy.

Nurses in the ED collaborated with the department of Medicine on the Hand-Off Initia-

tive to improve the quality of hand-offs for patients admitted to medical units through the Emergency Department. Standardizing the communication of expected discharges resulted in a 30% increase in discharge reporting to Admitting; and streamlining nurse and provider hand-offs reduced hand-off times allowing patients to spend less time in the ED.

Nurses helped develop a Full-Capacity Disaster Protocol to rapidly decompress the ED by sending patients to designated auxiliary beds on medical and neurology units.

The Center for Perioperative Care added a status board to the waiting area that displays patients' movement through the perioperative setting. Family members are now able to see when patients enter and leave the operating and recovery rooms.

The surgical liaison role was created to provide patients and families with updates throughout the day. An inter-disciplinary, inter-departmental, quality-improvement project looked at the process of preparing the first patients of the day for surgery and resulted in patients getting to perioperative areas on time.

Thanks to the collaborative efforts of perioperative nurses, child life specialists, anesthesiologists, procedural staff, and the autism navigator, patients with autism and their families are now well informed, and accommodations are made in advance to ensure a positive experience when they come in for surgery.

The Lunder 2 PACU extended its hours to be more responsive to patient needs. They introduced a new Transcatheter Aortic Valve Replacement/Mitral Clips program. PACU staff nurses and patient care associates formed a task force to improve work flow, which resulted in greater mutual understanding of the two roles and improved communication among the team.

PACU staff nurses piloted a peer review process, participated in developing the Just in Time bed placement program to help alleviate capacity and ED overcrowding, and worked with Anesthesia to develop a hand-off tool to improve report and enhance patient safety.

*continued on next page*

#### Published by

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

#### Publisher

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#### The Institute for Patient Care

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#### Training and Support Staff

Gino Chisari, RN

#### Volunteer Services

Jacqueline Nolan

#### Distribution

Milton Calderon, 617-724-1755

#### Submissions

All stories should be submitted to: [ssabia@partners.org](mailto:ssabia@partners.org)  
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#### Next Publication

February 1, 2018

I know you're  
already hard at  
work caring for  
patients and  
looking for ways to  
make their hospital  
experience better.  
I look forward to  
next year's annual  
report and reading  
about all the  
ways—you are  
simply the best.

The stories and passages in this issue of *Caring* don't begin to capture all that we did this year. Perhaps because this is the last annual report under my leadership, I'm feeling especially proud and nostalgic. I think back to that day in 1996 when Dr. Mongan asked me to be interim chief nurse and senior vice president for Patient Care. I couldn't believe my good fortune. I relished the opportunity to advance the values and aspirations of the nurses, health professionals, and support staff I've now served for more than two decades.

What an incredible journey it has been. This annual report reminds me that together, we've touched the lives of millions of patients and families, here at MGH and around the world. We've influenced the way care is delivered, we've reached out to under-served populations who need our help and expertise, and we've advocated for positive change locally, at the state level, and in Washington, DC.

I can't help but think of my husband, Paul. He loved this hospital and the work that we do. He took such joy in seeing you all rise to meet challenge after challenge. This report would make him very happy.

This past year, knowing I'd be stepping down as senior vice president and chief nurse, I've tried to make it known how grateful I am for this time we had together, and for the privilege of serving you, our patients and families, and our extended communities.

I look forward to working with my successor, Debbie Burke, in continuing to advance the important programs and initiatives we've begun. I look forward to working as an international nurse consultant at Jiahui Hospital in Shanghai, raising funds for MGH, continuing my research on the importance of the practice environment, and working with the Partners Chief Nurse Council.

But I want you to know that no matter where I go or what I may be doing, I'll always be buoyed by the pride and appreciation I feel for this organization and for the extraordinary experiences we shared over the past 21 years. It has been an honor.

As we begin the new year, I know you're already hard at work caring for patients and looking for ways to make their hospital experience better. I look forward to next year's annual report and reading about all the ways—you are simply the best.



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