A special Father’s Day celebration

Congregation participates in the traditional performance of, Father Abraham, to kick off multi-faith Father’s Day service in the MGH Chapel.
Debbie Burke

New plain-language approach to emergency announcements

pick up your new orange badge today

To improve communication during emergency events, MGH is implementing a new plain-language announcement system for emergency situations.

Updated, orange, emergency badges are available in the Police, Security & Outside Services office on Wang 2, Monday–Friday, 7:30am–5:00pm.

Below is a side-by-side comparison of the old and new language.

<table>
<thead>
<tr>
<th>New Code</th>
<th>Former Code</th>
<th>Overhead Announcement (if appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Alert</td>
<td>Code Silver</td>
<td>“Security alert, security alert. There is a report of a life-threatening security situation in [location]. Police and hospital security staff are responding. All patients, visitors, and staff are asked to secure their area and shelter in place until help arrives.”</td>
</tr>
<tr>
<td></td>
<td>Code Pink</td>
<td>“Security alert, security alert. There is a [child, infant, newborn] missing from a hospital unit. The child is with [description of suspect]. If you see this individual, please immediately alert hospital staff to call MGH Police and Security.”</td>
</tr>
<tr>
<td>Weather Alert</td>
<td>Weather Alert</td>
<td>“Weather alert, weather alert. There has been a report of the possibility of a tornado threatening [MGH location]. Please immediately seek shelter away from windows and exterior walls and await further instructions from the overhead announcement system.”</td>
</tr>
<tr>
<td>Facility Alert</td>
<td>Code Red*</td>
<td>“Facility alert, facility alert. There has been a fire-alarm activation in [location]. The fire department and hospital staff are responding. Please avoid this area and await further instructions from the overhead announcement system.”</td>
</tr>
<tr>
<td>Medical Alert</td>
<td>Code Blue*</td>
<td>“Medical alert, medical alert. There is a medical emergency in [location]. [Appropriate] Emergency Response Team please respond.”</td>
</tr>
</tbody>
</table>

*The new system applies only to emergency messages communicated broadly to staff, patients, and the public via overhead announcement. Codes such as ‘Code Blue,’ (for cardiac arrest and medical situations), which don’t require the awareness of the public, remain the same. For more information, contact mghcdm@partners.org.

Debbie Burke, RN
senior vice president for Nursing & Patient Care Services and chief nurse

Debbie Burke
Debbie’s Photo Gallery

(L-r, top-to-bottom) The first meeting of the RN-Resident Mentoring Partnership of MassGeneral Hospital for Children. Staff of the White 8 Medical Unit during a recent visit. The MGH Fatherhood Project, teaching critical parenting skills to empower fathers to improve the well-being of their children. Celebrating Better Speech & Hearing Month with our Speech-Language & Swallowing Disorders Department.

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Nursing History

75th anniversary of the founding of the Cadet Nurse Corps

—submitted by the MGH Nursing History Committee

“A small standing army of [our] own.” That’s how the MGH newsletter, The News, described the 300+ band of nurses enrolled in the Cadet Nurse Corps, in November, 1943. Established to ensure that the country’s nursing needs would be met both at home and overseas during World War II, the Cadet Nurse Corps had been introduced by long-time champion of nursing education, Ohio Representative, Frances Bolton, earlier that year.

The Bolton Act, as it was called, was unanimously approved by Congress and signed by President Franklin Roosevelt. It contained an unprecedented non-discrimination clause stipulating that nursing schools wishing to benefit from the bill had to admit qualified students of all races and ethnicities. The MGH School of Nursing was accepted into the Cadet Nurse Corps in September, 1943.

The Corps facilitated the training of nursing students, subsidizing the cost of tuition, books, and fees at eligible nursing schools across the country. It was a great boost for nursing education, providing more dormitories, books, and library space.

continued on next page
and reducing the amount of time it took to graduate from 36 to 30 months. Each student was given a monthly stipend of $15–$30, (the equivalent of $200–$1,400 today) and uniforms that were widely hailed for their, ‘smart good looks.’ Many movies, radio broadcasts, and print advertisements back in the day featured nurses in the Cadet Corps.

In return for their paid education, nurses agreed to either a tour of duty in the armed services or employment at essential civilian facilities for a period of time after the war. All civilian hospitals were deemed essential.

The last Cadet Corps student graduated from the MGH School of Nursing in 1948, two years after the end of World War II. A total of 678 MGH student nurses served in the Corps during its five-year existence. The Cadet Corps enabled 125,000 nurses to be trained; advanced a more academic approach to nursing; provided instruction by nursing faculty instead of physicians (which was the common practice of the day); and provided federal aid for post-graduate nursing studies.

Over the years, various iterations of the United States Cadet Nurse Corps Equity Act, have been introduced by New York representative, Nita Lowey, and others, to grant honorable discharges to cadet nurses who served during the war. To date, no version of the bill has been enacted.

For more information, call special projects manager, Georgia Peirce, at 617-724-9865.

MGH School of Nursing graduate and US cadet nurse, Arlene Wink, RN, circa 1948
Clinical Narrative

Staff nurse tailors care so no one feels ‘alone in the dark’

The image contains text discussing a nurse's experience with a patient named Mr. G who died in the ICU. The nurse, Maggie Kirby, describes the care she provided, including comfort measures, family involvement, and the process of dying. She emphasizes the importance of maintaining a peaceful environment and ensuring that family members feel supported throughout the end-of-life process. The narrative highlights the nurse's role in providing care that is tailored to the individual needs of the patient and their family.

The text concludes with a reflection on the impact of nurses in supporting families during times of loss, emphasizing the importance of being present and creating an environment that is calm and comforting.

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Maggie Kirby, RN
staff nurse, Ellison 9 Cardiac ICU
On Thursday, June 14, 2018, the 13th annual MGH Men Against Abuse and Spiritual Care multi-faith Father’s Day service was held in the MGH Chapel.

After the traditional, much-anticipated, opening dance number, Father Abraham, three fathers from the MGH community shared experiences of the joys, trials, and adventures of family and fatherhood. Prayers were offered along with poems and the signing of a commitment pledge against domestic violence.

The Father’s Day service is sponsored by the department of Spiritual Care; MGH Men Against Abuse; Police, Security & Outside Services; the Employee Assistance Program; HAVEN, and the Domestic Violence Working Group. For more information call 617-724-0054.
Practice

Periodically, the PCS Office of Quality & Safety issues Practice Alerts and Practice Updates to communicate new information or highlight changes to certain policies, procedures, or practices. Alerts and updates are generated by trends identified in safety reports, feedback from staff and leadership, or changes in regulatory requirements.

For more information about individual practice updates or alerts, contact Judi Carr, RN, staff specialist, PCS Office of Quality & Safety, or go to the Excellence Every Day portal page at: http://intranet.massgeneral.org/pcs/EED/EED-Alerts.asp.
Fall TIPS: reducing falls with injury by 20%
—by Colleen Snydeman, RN, director, PCS Office of Quality & Safety

**Question:** What is TIPS?

**Colleen:** TIPS (Tailoring Interventions for Patient Safety) is an evidence-based fall-prevention program that has been implemented in inpatient areas throughout MGH. It’s the only fall-prevention tool with more than a decade of research showing a positive impact on reducing patient falls.

TIPS has been shown to decrease falls with injury by 20%. It’s estimated that 3% of hospitalized patients fall every year, and 30% of those falls result in injury. Anything we can do to prevent patients from falling enhances the care experience, improves outcomes, and fosters patient safety.

**Question:** How does TIPS differ from the LEAF program?

**Colleen:** Patient engagement is the key factor in the TIPS program. Patients and families are made aware of the risks and become active participants in the plan to prevent falls.

Key components of the TIPS program include:
- completing a fall-risk assessment at the bedside using the Morse Fall Scale
- creating an individualized care plan based on the risk factors identified in each patient’s assessment
- partnering with patients and families to consistently implement interventions

**Question:** How does the bedside Fall TIPS poster work?

**Colleen:** Each risk factor from the Morse Fall Scale is linked with color-coded, evidence-based interventions. The TIPS bedside poster was designed as an educational tool for patients and families and a communication tool for caregivers.

**Question:** Where can I get more information about TIPS?

**Colleen:** Every unit has a unit-based champion to assist in educating staff about Fall TIPS and conducting Fall TIPS patient-engagement audits each month.

For more information go to: www.falltips.org or http://www.mghpcs.org/EED_Portal/EED_fallprevention.asp, or call Mary-Ann Walsh, RN, at 617-724-8763, or Karen Miguel, RN, at 617-726-2657.
**Announcements**

**MGH Nurses’ Alumnae**
**Fall Reunion Educational Program**

*September 21, 2018*

O’Keeffe Auditorium

“Resiliency in Aging”
Registration: 8:00am
Conference: 8:30am–3:30pm
$40 for MGHNAA members
$50 for non-members

To register: send check payable to MGHNAA to:
MGH NAA
PO Box 6234
Boston, MA 02114

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

**Office Ergonomic Champion Program**

Learn how to make yourself and your co-workers more comfortable at the computer.

*Friday, July 6, 2018*

9:00am–12:00pm
Yawkey 4-810

Presented by Arron Ross, ergonomics specialist, PHS Occupational Health Ergonomics Program

Register for upcoming sessions on HealthStream under Partners Applications.

For more information, contact Aaron Ross at 857-282-2416

**ACLS Classes**

**Certification:**
(Two-day program)

Day one:
*September 14, 2018*
8:00am–3:00pm

Day two:
*September 24th*
8:00am–1:00pm

Re-certification (one-day class):
*August 8th*
5:30–10:30pm

Locations to be announced.
Some fees apply. For information, contact Jeff Chambers at acs@partners.org.

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

**Blum Center Events**

**Monday, July 16, 2018**

MGHCancer Center Series:
“Musculoskeletal Issues in Breast Cancer”
Join Sasha Knowlton, MD, for a discussion on how a team-based approach can improve your pain and function.

**Wednesday, July 25th**

“Managing Pain Using a Mind-Body Approach”
Join Ellen Slawsby for a discussion on best practices in managing pain and increasing resiliency without prescription medicines.

**Thursday, August 16th**

“Making Sense of Food Labels”
Join Chrissy Badaracco, dietetic intern, for a discussion on how to navigate food labels.

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

All sessions held in the Blum Patient & Family Learning Center from 12:00–1:00pm.

For more information, call 4-3823.

**AMMP Scholarships**

The AMMP scholarship was established to assist AMMP members in their pursuit of degrees and other training at colleges and universities.

Applications for 2018 AMMP Scholarships are available at http://AMMP.massgeneral.org or in the Employee Access Center in Bulfinch 107

Scholarship is open to benefits-eligible employees.

For more information, contact Sandra Thomas, AMMP Scholarship chair, at Sthomas@partners.org.

Deadline for submission is Wednesday July 11, 2018.

**New MGH podcast**

**Charged,** the new, free, MGH podcast, introduces listeners to the women behind some of the most significant innovations in health care. Every episode uncovers stories of their relentless pursuit to break boundaries and provide exceptional care.

Recent and soon-to-be-aired episodes include:

- Katrina Armstrong, MD “Leading with Empathy”
- Sarah Wakeman, MD “Changing the Face of Addiction Treatment”
- Denise Gee, MD “Surgeon of Balance”
- Malissa Wood, MD “Women and the Heart”

Become a subscriber. Search for Charged wherever you get your podcasts, or go to: www.massgeneral.org/charged/

To suggest future guests or for more information, contact Courtney Nunley at cnunley@mgh.harvard.edu.

Page 10 — Caring Headlines — July 5, 2018
Osgood assumes role of associate chief nurse

Patrice Osgood, RN, new associate chief nurse for Perioperative Nursing

On July 1, 2018, Patrice Osgood, RN, nursing director for Perioperative Services, assumed the role of associate chief nurse for Perioperative Nursing. Osgood fills the vacancy created when Dawn Tenney, RN, announced she’d be stepping down from the role earlier this year.

Osgood is a highly respected leader who has served as executive sponsor for numerous initiatives, including OR sharps, recycling, workplace safety, and the design of the Cardiac Simulation Program to support growth in cardiac surgery.

Says Debbie Burke, RN, senior vice president for Nursing & Patient Care Services, “When Dawn announced her intention to step down, we began the search for her replacement. We’re so fortunate that Patrice was interested in the job. I know she’s going to be an effective leader and an engaged associate chief nurse for Perioperative Nursing.”

We’re also fortunate that Tenney will stay on in a mentoring capacity until her official retirement in 2019.

Says Osgood, “When I think about my new role as associate chief nurse, I know that caring for each other will be paramount to the delivery of excellent patient care and patient safety.”

Nursing & Patient Care Services, and the entire MGH community wish Osgood well in her new role.
# Inpatient HCAHPS current data

<table>
<thead>
<tr>
<th>HCAHPS Measure</th>
<th>CY 2017</th>
<th>CY 2018 Year-to-date (as of 6/20/18)</th>
<th>% Point Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Communication Composite</td>
<td>84.3%</td>
<td>84.1%</td>
<td>-0.2</td>
</tr>
<tr>
<td>Doctor Communication Composite</td>
<td>84.5%</td>
<td>84.2%</td>
<td>-0.3</td>
</tr>
<tr>
<td>Room Clean</td>
<td>72.0%</td>
<td>71.1%</td>
<td>-0.9</td>
</tr>
<tr>
<td>Quiet at Night</td>
<td>52.7%</td>
<td>52.7%</td>
<td>0.0</td>
</tr>
<tr>
<td>Cleanliness/Quiet Composite</td>
<td>62.3%</td>
<td>61.9%</td>
<td>-0.4</td>
</tr>
<tr>
<td>Staff Responsiveness Composite</td>
<td>67.5%</td>
<td>69.2%</td>
<td>1.7</td>
</tr>
<tr>
<td>Pain Communication Composite</td>
<td>NA</td>
<td>77.1%</td>
<td>NA</td>
</tr>
<tr>
<td>Communication about Meds Composite</td>
<td>66.9%</td>
<td>67.0%</td>
<td>0.1</td>
</tr>
<tr>
<td>Care Transitions</td>
<td>62.4%</td>
<td>62.0%</td>
<td>-0.4</td>
</tr>
<tr>
<td>Discharge Information Composite</td>
<td>92.7%</td>
<td>92.0%</td>
<td>-0.7</td>
</tr>
<tr>
<td>Overall Hospital Rating</td>
<td>82.9%</td>
<td>83.2%</td>
<td>0.3</td>
</tr>
<tr>
<td>Likelihood to Recommend Hospital</td>
<td>90.7%</td>
<td>90.5%</td>
<td>-0.2</td>
</tr>
</tbody>
</table>

All results reflect Top-Box (or ‘Always’ response) percentages.

Data is complete through April with partial data for May and June. We’re on track to exceed our goal of a 1% increase in Staff Responsiveness and within 1% point of last year’s results in all other indicators.