

# Caring

Headlines

June 14, 2018

## Iftar at MGH

*a family affair*

*breaking fast,  
building friendships,  
and honoring an  
ancient tradition*



*See more photos  
on page 8*

Ellison 18 patient care associate, Aomar Nait-Talb, and his two daughters, Acia (center front) and Sarrah (left), and their cousin Ibtissam Daif (center back), break fast under the Bulfinch tent along with hundreds of other members of the extended MGH community.

**Nursing & Patient Care Services**  
Massachusetts General Hospital

# eCare and the Staff Perceptions of the Professional Practice Environment Survey — *we heard you; we're on it*

The Staff Perceptions of the Professional Practice Environment Survey is one of the most effective tools we have for hearing directly from staff about issues that need improvement. The results of the most recent survey were especially instructive.

There was widespread agreement that certain aspects of Partners eCare present a challenge for staff. Ann Marie Dwyer, RN, director of PCS Informatics, and her team have been conducting eCare rounds on inpatient units to gain a better understanding of the issues affecting satisfaction.

- *Signed and held orders*—duplicate orders or orders not released during the intended phase of care—create a cluttered view of the orders section making it difficult to see active orders and slows down the care and discharge process.

A multi-disciplinary work group has been formed with nurse and physician leaders from inpatient and procedural areas. The group is developing guidelines for best practices around signed and held orders.

- *Navigating the Chart*—nurses were finding it difficult to navigate multiple pages and flow sheets to find the information they needed.

The PCS informatics team has begun sharing best practices on the use of index reports which greatly streamlines the navigation process.

- *Difficulty logging in*—staff was experiencing frustration at the amount of time it took to log in and access certain applications.

With representation from Partners IS and MGH staff nurses, Meghan Roche-Laputkas, RN, and Emily Doyle, RN, an inter-disciplinary work group conducted an assessment to evaluate the issue in real time. As a result, a number of de-



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

vices have been replaced or refurbished, and PHS IS continues to work with us to improve the log-in experience.

I want to thank everyone who participated in the Staff Perceptions of the Professional Practice Environment Survey for sharing their insights and observations. It's only through open communication that we can continue to address and improve issues as they arise.

*Debbie*  
Debbie Burke

# Cronin elected president of ANA Massachusetts

Julie Cronin, RN, nursing practice specialist for Gynecology-Oncology and Radiation Oncology, was elected president of the Massachusetts chapter of the American Nurses Association at the organization's annual meeting in Dedham, April 6, 2018.

Cronin, named 2013 GEM Nurse of the Year by Nurse.com, is a highly respected expert in her field. She is active on several hospital committees, has contributed to the literature in oncology nursing, and has presented locally and nationally on a number of topics.

Says Cronin, "I'm truly honored to be president-elect of the American Nurses Association Massachusetts, the organization that represents all nurses in the state regardless of specialty, years of service, or role. Members range from bedside nurses to chief nursing officers, and all are essential to the strength and future of the profession. Given the issues we're facing in health care, it's imperative to have leaders who are fair, honest, and authentic. I believe I can bring those qualities to my role as president. I am beyond proud, and I hope to be a strong, positive voice for nurses in the years to come."



Julie Cronin, RN  
nursing practice specialist,  
Phillips 21 Gynecology-Oncology Unit and  
president-elect, ANA Massachusetts

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## Multi-disciplinary team addresses ongoing opioid shortage

—submitted by the Opioid Shortage Nursing Work Group

Due to the nationwide shortage of intravenous opioids, MGH nurses are working with colleagues to minimize disruption of care and ensure patients receive effective pain-management. A broad coalition of experts from throughout the hospital is developing strategies to address the shifting availability of IV medications. The group is:

- anticipating the clinical impact of shortages and implementing new and revised processes
- identifying and disseminating conservation strategies
- developing educational tools and resources to ensure safe patient care
- sharing organizational learning and success stories

- raising awareness of available non-opioid and supplemental pain-management strategies to provide effective pain relief

The group meets regularly for updates on the availability of medications. While this multi-disciplinary approach has been effective, it's unclear how long the shortage will continue. The team is monitoring and adapting to the situation as needed and communicating updates to the MGH community. Staff should:

- understand that pain is a physical and an emotional experience and their respective interventions may differ

- be aware that there are a number of pain-relief options, including massage, moist heat, ice, and re-positioning. Relaxation and distraction strategies such as focused breathing, prayer, and meditation can also be employed
- consider other treatments such as massage therapy, acupuncture, and pet therapy

Caregivers continue to work to evaluate and manage pain and create a safe, individualized plan for each patient.

For more information, contact Patti Shanteler, RN, staff specialist, at 617-643-2995.



Tools and resources are available on Apollo under Partners Applications—>Utilities—>MGH Apollo—> Opioid Shortage (or Google MGH Apollo).





# DEU Celebrates 10-year anniversary

—by Martin Lantieri, senior specialist

The White and Ellison 7 dedicated education units (DEUs) marked their 10th anniversary, April 26, 2018, with a celebration in the Haber Conference Room. A partnership between MGH and the University of Massachusetts, the DEU model utilizes staff nurses as clinical instructors working with nursing students during their junior year. University faculty round regularly to support, coach, and mentor, ensuring that learning goals and clinical coursework are successfully completed.

Studies show significant advantages to learning in a DEU setting. Graduates report higher confidence in clinical skills, better ability to prioritize care, and less difficulty communicating with colleagues once they begin practicing on their own.

Staff nurse, Brenda Pignone, RN, notes that, “The DEU prepares students for transition to practice by contributing to higher competency, lower stress, and better job satisfaction.” Pignone is conducting a study comparing DEU graduates to other new graduate nurses as they move from novice to advanced beginner.

Merrill Farrell, RN, a graduate of the inaugural DEU class and clinical instructor, says, “The DEU addresses the education-practice gap by capitalizing on the expertise of clinicians and faculty.”

Nursing director, Theresa Capodilupo, RN, who, with Gaurdia Banister, RN, executive director of The Institute for Patient Care, helped launch the program, touted the sustainability of the program saying, “Graduates

are now becoming clinical instructors themselves and are excited to support the development of other students.”

Since 2008, the units have educated 350 juniors, and 250 seniors have completed their clinical capstones in the DEU. Approximately 50 students have been hired as patient care associates with more than 30 transitioning into nursing positions. At least 25% of those hired went on to receive master’s degrees; one graduate is currently enrolled in a master’s-to-doctor of nurse practitioner program.

For more information about the dedicated education unit model, call Marty Lantieri, senior specialist, at 617-643-5601.



Staff, faculty, and students of the dedicated education units

(Photo by Kate Flock)

# Proud to work and teach at MGH

—by Casandra McIntyre, RN, staff nurse

As a staff nurse on the Phillips 21 Gynecology-Oncology Unit and a graduate of Simmons College School of Nursing, I've had the opportunity to precept many students and new nurses with the support of my nursing director, Adele Keeley, and nursing practice specialist, Julie Cronin. I began by teaching a Health Assessment class of nine students at Simmons, which I greatly enjoyed.

Then, when another instructor at the school became ill and unable to finish teaching her clinical, I was asked to fill in for her. With the encouragement of my nursing director, I arranged to hold the clinical on our unit as exposure to the clinical setting is so important for nursing students. This required some scheduling negotiations as another nurse on our unit was also teaching a clinical.

My students ended up working a modified evening shift. They came in at 9:00am, read up on our patients, attended nursing rounds, and helped PCAs with tasks like taking vital signs. They took report from the morning students, which allowed both groups to experience giving and receiving report.

They worked with patients throughout the afternoon, participated in report with the night nurses, and attend a post-shift conference at 9:00pm. All the nurses on Phillips 21 were so supportive of the students, taking every opportunity to teach them, augmenting my instruction.

This kind of unique cooperation and problem-solving is what makes MGH nurses and nursing leadership so special. The confidence my nursing director and nursing practice specialist had in my ability to teach was motivating and gave me the extra push I needed to say, "Yes." And the support of my colleagues on

During the week of the Magnet re-certification site visit, I had the privilege of being asked to be a Magnet escort. The visit fell right in the middle of my clinical teaching rotation, which meant I wouldn't be available to teach that day. But thanks to the wonderful support of my colleagues, I was able to place my students on other units for job shadowing experiences.

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Phillips 21 made it an exceptional learning experience for my students.

I taught another clinical group during the spring semester, and I'm already looking forward to starting again this summer. I'm proud and eager to show my new students the superb nursing practice and education we deliver at MGH every single day.

# Annual advance care planning booth

—by Gail Alexander, RN; Cynthia LaSala, RN; Tara Logan, RN, and Vita Norton, RN, for the PCS Ethics in Clinical Practice Committee

On April 25, 2018, the PCS Ethics in Clinical Practice Committee (EICPC) hosted its 18th advance care planning booth for patients, visitors, and staff. Successful advance care planning often starts with a single conversation. The booth gives visitors an opportunity to begin that conversation with a caring and knowledgeable health-care professional.

EICPC champions provided consultation and resources, including copies of the Massachusetts Health

Care Proxy form; Medical Orders for Life Sustaining Treatment (MOLST) forms; the MGH patient-education handout, *Preparing in Advance for Your Healthcare*; the Massachusetts Department of Public Health brochure, *Know Your Choices: a Guide for Patients with Serious Advancing Illness*; Five Wishes forms; and information on organ donation. (The MOLST form is a medical order used to indicate preferences regarding a patient's desire for life-sustaining treatments such as CPR, dialysis, or breathing tubes.)

National Health Care Decisions Day was instituted to raise awareness around advance care planning. Copies of all forms and other educational materials are available in The Blum Patient & Family Learning Center. The Excellence Everyday Ethics Portal Page is also an excellent source of information.

To learn more about advance care planning, contact Cynthia LaSala, RN, EICPC advisor, at 617-724-6010, or call the Blum Center, at 617-724-4410.



Members of the PCS Ethics in Clinical Practice Committee staff annual advance care planning booth. Pictured l-r, back to front): Brian Cyr, RN; Vita Norton, RN; Cynthia LaSala, RN; Gail Alexander, RN; Jennifer Alvis, RN; and Sarah DiDonatis, RN (ED Boarder Program).



# MGH hosts annual Iftar

## *Muslim community turns out in great numbers*

It's hard to imagine a warmer, more welcoming, multi-cultural event than the annual MGH Iftar, held May 30, 2018, under the Bulfinch tent. Iftar is the evening meal where Muslims end their daily fast during the Islamic month of Ramadan, and this year's event drew families from Iran, Iraq, Afghanistan, Syria, Saudi Arabia, Nigeria, Greece, Palestine, Bangladesh, Egypt, Morocco, Turkey, India, and Pakistan.

Firdosh Pathan, organizer of the event for the past 19 years, noted, "It's gratifying for Muslim employees to be recognized and celebrated during our Holy month of fasting. This annual event is so meaningful and empowering for our Muslim colleagues."

Middle Eastern dishes were provided by Nutrition & Food Services. Imam Elsir Sanousi, Rabbi Ben Lanckton; members of the Spiritual Care Department; Jeff Davis, senior vice president for Human Resources, and Deb Washington, RN, director of PCS Diversity, were all in attendance.

Said one guest, "It was a special day, celebrating Iftar with Muslims from all over the world and MGH staff from all different faiths—like one big, global family."

The Masjid (Muslim prayer room) is located in Founders 109, where patients, family members, and staff can pray 24 hours a day, seven days a week. Friday prayer is held in the Thier Conference Room at 1:00pm. The Spiritual Care Department can assist with any Muslim patient needs. Call 617-726-2220.





Annual Observance (continued)





(Photos by Paul Barrio)



## ECOTE Symposium 2018

*How advances in  
team-based practice  
are radically transforming  
healthcare education and  
training: adapt or risk  
becoming obsolete*

—by Sara Midwood

On Monday, May 21, 2018, the MGH Executive Committee on Teaching and Education (ECOTE) held its second inter-professional education symposium. The planning committee, led by Robert Birnbaum, MD, and Gaurdia Banister, RN, spearheaded the effort to bring renowned healthcare educators to the table.

MGH president, Peter Slavin, MD, and Keith Lillemoe, MD, chair of ECOTE, welcomed 125 participants and keynote speaker, Ian Curran, vice dean of Education at Duke-NUS Medical School in Singapore. Curran gave a thought-provoking talk on the need to strive for excellence in healthcare education. Break-out sessions were led by local and national authorities on inter-professional learning and collaborative practice; teaching strategies for a multi-generational workforce; and diversity and inclusion in healthcare education. One session was a hands-on workshop for creating learner-centered presentations.

H. Thomas Aretz, MD, moderated a session where participants shared what they had learned and crafted action plans for how they would apply that knowledge to their teaching.

Said Banister in her comments, “We hope that by the end of the day, you’ll feel connected with and committed to a community that seeks evidence-based, innovative teaching methods.”

That sentiment was echoed by attendee, Maureen Hemingway, RN, who said, “The ECOTE symposium was great because it brought the multi-disciplinary healthcare team together with a common purpose—to spend the day immersed in topics that are current and relevant. I’ve already incorporated ideas that I learned into my practice.”

For more information, contact Sara Midwood, at 617-724-2789.



## Practice UPDATE



### Communicating Risk for Disruptive Patient Behavior

Disruptive Patient Behavior is intimidating, threatening, dangerous and may pose risk of harm to other patients, employees or visitors. These behaviors include but are not limited to:

- Physical abuse: hitting, grabbing, spitting, slapping.
- Verbal abuse: verbal threats, name calling, racial/ethnic epithets, sexual harassment.
- Interrupting or interfering with safe medical care.
- Impeding the operations of the care environment through unnecessary use of resources.

The FYI Safety Risk Flag is one tool in Epic that is used to communicate risk for Disruptive Patient Behavior.



#### The FYI Safety Risk Flag:

- Provides early identification of patients who pose an unusual risk for violence. In certain circumstances, the flag may be placed based on disruptive behavior of family or visitors.
- Informs staff about the behaviors which resulted in the assignment of the flag and includes care suggestions to maintain safety for both the patient and staff.
- Assigned based on recommendation from Disruptive Patient Behavior and Staff Safety Committee. This group reviews Safety Reports, P&S Reports, patient EHR, provider and leadership input to make the determination to assign a flag.
- Criteria used to determine flag assignment include previous background and history of violence, frequency and severity of episodes, likeliness of reoccurrence, provider and leadership input.

#### The Safety Reporting system:

- Use this tile to enter a Safety report specific to Disruptive Patient Behavior.
- Safety Report information helps guide the decision-making process to place a Safety Risk Flag.
- Staff should file a Safety Report to provide specific information leading to the disruptive event (such as delirium, difficult conversations, provision of care) as well as the impact of the event and immediate actions taken.



June 6, 2018



MASSACHUSETTS  
GENERAL HOSPITAL

PCS QUALITY & SAFETY



# Professional Achievements

## Appointments

### Virginia Capasso, RN

Member, Small Working Groups  
US National Pressure Ulcer Advisory Panel

Member, Board of Directors  
National Pressure Ulcer Advisory Panel

### Alexandra Penzias, RN

Guest Editor  
*Journal of Radiology Nursing, Oncology Edition*

### Paula Wright, RN

Member, Steering Committee  
Healthcare Guidelines Revision Committee  
Facilities Guideline Institute

## Awards

### Jennifer Hovsepian, RN; Cheryl McGah, RN; and Claire O'Brien, RN

Mary Hanna Memorial Journalism Award  
*Journal of PeriAnesthesia Nursing*

### Jacquelyn Nally, RN

Center for Disaster Medicine  
MGH Global Health Humanitarian Service Award

### Deborah Washington, RN

Nursing and PCS Diversity Program  
100 Most Influential People of Color  
Get Connected

## Poster Presentations

### Vanessa Dellheim, PT, Carlyn Wells, PT

"Development of a decision tree to assist with treatment of burn-related ankle contracture."  
American Burn Association annual conference  
Chicago

## Presentations

### Gaurdia Banister RN

"How will you design the answer to the driving question? Leading Across Professions: Re-thinking Leadership for Learning and Care"  
The MGH Institute for Health Professions

"Cultural Awareness Through Self-Reflection"  
Joyce C. Clifford Leadership Program, Organization of Nurse Leaders  
Boston

### Virginia Capasso, RN

"Competing Priorities in Implementing Research: Where Research Meets Practice"  
National Pressure Ulcer Advisory Panel  
Las Vegas

### Amanda Coakley, RN, Jane Flanagan, RN, Christine Annese, RN, Joanne Empoliti, RN

"The experience of a pet-therapy visit in an acute care setting"  
Royal College of Nursing, International Nursing Research Conference  
Birmingham, England

### Vanessa Dellheim PT

"Management of a Patient Post-Burn Injury"  
Boston University

### Beth West, RN, Maureen Hemingway, RN

"Working Together: a Multi-Disciplinary Approach to Team Training"  
Association of Operating Room Nurses  
New Orleans

## Publications

### Shindul-Rothschild, J. Read, C., Stamp, K. and Flanagan, J.

"Nurse staffing and hospital characteristics predictive of time to diagnostic evaluation for patients in the emergency department."  
*Journal of Emergency Nursing*

### Flanagan, J., Cheney, M., Lundquist, D., and McCord, A.

"The feasibility, safety, and efficacy of using a wireless pedometer to improve the activity level in a cohort of nurses."  
*Journal of Holistic Nursing*

### Jeffries, M., Flanagan, J., Davies, D., Knoll, S.

"Evidence to support the use of occlusive dry sterile dressings for chest tubes."  
*Med-Surg Nursing*

### Flanagan, J.

"On Methods."  
*International Journal of Nursing Knowledge*

"Titles and abstracts: brevity is important."  
*International Journal of Nursing Knowledge*

"A time to reflect on accomplishments."  
*International Journal of Nursing Knowledge*

### Fracchia, S., Diercks, G., Yamaski, A., Hersh, C., Hardy, S., Hartnick, M., and Hartnick

"Assessment of the Feeding Swallowing Impact Survey as a quality of life measure in children with laryngeal cleft before and after repair."  
*International Journal of Pediatric Otorhinolaryngology*

### Garcia, J., Fracchia, S., Hardy, S., Hersh, C., Kaplan, M., and Hartnick, C.

"Activity-based costing to estimate cost of care at multidisciplinary aerodigestive centers."  
*The Laryngoscope*

### Ives Erickson, J., Ditomassi, M., Duffy, M., Jones, D.,

"Development and psychometric evaluation of the professional practice work environment inventory."  
*Journal of Nursing Administration*

### Ives Erickson, J.

"Travel bans: nurse leaders must advocate to support international collaboration and patient care."  
(Guest Editorial) *JONA*

### Zanni, M, Fitch, K, Rivard, C, Sanchez, L, Douglas, P, Grinspoon, S, Smeaton, L, Currier, JS, and Looby, SE.

"Follow YOUR heart: development of an evidence-based campaign empowering older women with HIV to participate in a large-scale cardiovascular disease prevention trial."  
*HIV Clinical Trials*

### Hall, LN, Sanchez, L, Hubbard, J, Lee, H, Looby, SE, Srinivasa, S, Zanni, M, Stanley, TL, Lo, J, Grinspoon, SK, Fitch, K.

"Dietary sweeteners and relationship to coronary plaque burden among HIV-infected individuals."  
*Open Forum Infectious Diseases*

### Dolan, J and Looby, SE.

"Determinates of physical restraint use in surgical intensive care unit patients: an exploratory study of nurses."  
*American Journal of Critical Care*

### Stone L, Looby SE, Zanni MV.

"Cardiovascular disease risk among women living with HIV in North America and Europe."  
*Current Opinion in HIV and AIDS*

### Robinson, E. M., Cadge, W., Erler, K., Brackett, S., Bandini, J., Cist, A., Cremens, M. C., Krakauer, E. L., and Courtwright, A. M.

"Structure, operation, and experience of clinical ethics consultation 2007-2013: a report from the Massachusetts General Hospital Optimum Care Committee."  
*The Journal of Clinical Ethics*

### Jurchak, M., Grace, P. J., Lee, S. M., Willis, D. G., Zollfrank, A. A., and Robinson, E. M.

"Developing abilities to navigate through the grey zones in complex environments: nurses' reasons for applying to a clinical ethics residency for nurses."  
*Journal of Nursing Scholarship*

## Professional Achievements (continued)

**Courtwright, A. M., Abrams, J. and Robinson, E. M.**  
"The role of a hospital ethics consultation service in decision-making for unrepresented patients."  
*Bioethical Inquiry*

**Robinson, E. M., Cadge, W., Zollfrank, A., Cremens, M. C., Courtwright, A. C.**  
"After the DNR: surrogates who persist in requesting cardiopulmonary resuscitation."  
*Hastings Center Report*

**Bandini, J. I., Courtwright, A. M., Zollfrank, A., Robinson, E. M. and Cadge, W.**  
"The role of religious beliefs in ethics committee consultations for conflict over life sustaining treatment."  
*Journal of Medical Ethics.*

**Flanagan, J., Harris, A., & Jones, D.**  
"Advanced Practice Registered Nurses: Accomplishments, Trends, and Future Development."  
*Advanced practice nursing: essentials for role development*

**Flanagan, J. & Boltz, M.**  
"Ethical issues in advanced practice nursing in caring for adults and Older Adults."  
*Nursing ethics and professional responsibility in advanced practice*

**Sara E. Looby, Kathleen V. Fitch, Meghan Feldpausch**  
"Biomarkers and Clinical Indices of Aging with HIV."  
*HIV and Aging: Interdisciplinary Topics Gerontology and Geriatrics*

**C.R. Bruce, G. E. Hardart, B.L. Chanko, B. J. Huberman, J. Jankowski, L. Johnson, E.M. Robinson and K. Wasson.**  
"American Society of Bioethics & Humanities Resources for Developing Advanced Skills in Ethics Consultation."  
*Clinical Ethics Consultation Affairs Committee of the ASBH*

**Andrea Driscoll, RN, Maria J. Grant, Diane Carroll, D. RN. Sally Dalton, Cristy Deaton, RN, Ian Jones, RN, Daniela Lehwaldt, RN, Geraldine McKee, Theresa Munyombwe, PhD, Felicity Astin, RN**  
"Nurse staffing levels and patient outcomes in adult specialty care settings: a systematic review and meta-analysis."  
*European Journal of Cardiovascular Nursing*

**Barbara St. Marie, Paul Arnstein, RN, and Phyllis Arn Zimmer**  
"Pain and Opioids: Call for Policy Action."  
*The Journal for Nurse Practitioners*

**M. Cornelia Cremens, Ellen Robinson, Kerry Oxley Brenner, Thomas H. McCoy and Rebecca Weintraub Brendel**  
*Care at the end of life*

**Paul Arnstein, RN**  
"Adult Cancer Pain, an Evidence-Based Update."  
*Journal of Radiology Nursing*

**Theodore A. Stern, Oliver Freudenreich, Felicia A. Smith, Gregory Fricchione and Jerald L. Rosenbaum**  
*Handbook of general hospital psychiatry*

**Gayle A. Fishman, RN**  
"Attending Registered Nurses: Evolving Role Perceptions in Clinical Care Teams."  
*Nursing Economics*

**Maureen W. Hemingway, Patrice Osgood, and Mildred Mannion**  
"Implementing a Cardiac Skills Orientation and Simulation Program."  
*AORN Journal*

**Kim Whalen, Emily Lynch, MD, Denise Lozowski, Iman Moawad, Tanya John, Brian M. Cummings**  
"Transition to a new electronic health record and pediatric medication safety: lessons learned in pediatrics with a large academic health system."  
*Journal of the American Medical Informatics Association*

### Certifications

**Cristin Carroll, RN**  
Pediatric ICU  
Pediatric Critical Care Registered Nurse  
American Association of Critical Care Nurses

**Jackie Mulgrew, PT**  
MGH EPIC Support and Informatics  
Clinical Content Builder Certification  
EPIC

**Silvianne Ngueya, RN**  
Thoracic Unit  
Family Nurse Practitioner Certification  
American Nurses Credentialing Center

**Heidi Simpson, RN**  
Pediatric Intensive Care Unit  
Pediatric Critical Care Registered Nurse  
American Association of Critical Care Nurses

**Christina Vellucci, RN**  
Vascular Unit  
Certified Critical Care Nurse  
American Association of Critical Care Nurses

### Clinical Recognition Program

Clinicians recognized April 1–May 1, 2018

Advanced Clinicians:

**Samantha Ahle, RN**  
Cardiac Surgical ICU

**Caroline Botelho, RN**  
Radiation Oncology

**Emily Browning, RN**  
General Medicine

**Lisa Crocetti, RN**  
MGH North Shore Center for Outpatient Care

**Kathryn Eagan, RN**  
General Medicine/RACU

**Emily Finn, OTR/L**  
Occupational Therapy

**Mia Haddad, RN**  
Medical ICU

**Natalie Hill, RN**  
Main OR

**Jillian McMahon, RN**  
Emergency Department

**Michelle Monteiro, RN**  
General Medicine

Clinical Scholars:

**Nicholas DiGiovine, RN**  
Surgical ICU

**Jennifer Hovsepian, RN**  
MGH Orthopedic Ambulatory Surgery Center

**Cheryl McGah, RN**  
MGH Orthopedic Ambulatory Surgery Center

(Submit professional achievements to Georgia Peirce at [gwpeirce@partners.org](mailto:gwpeirce@partners.org))

# Announcements

## MGH Nurses' Alumnae

Fall Reunion Educational Program

**September 21, 2018**  
**O'Keefe 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:  
MGHNAA  
PO Box 6234  
Boston, MA 02114

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

## IDEA Grant Applications

Applications are now being accepted for 2019 IDEA Grants (Innovation, Design, Excellence, Awards). One or two grants of up to \$5,000 will be awarded to individuals or teams within Nursing & Patient Care Services who have an idea to improve care and service. Proposals must align with our mission and be geared toward improving: care-delivery, eCare, work flow, the work environment, the patient experience, staff engagement, or cost-containment.

Applications can be found on the Excellence Every Day website.

**Applications are due June 29, 2018.**

For more information, contact Mary Ellen Smith, RN, at 617-724-5801.

## 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 [acls@partners.org](mailto:acls@partners.org).

To register, go to:  
[http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS\\_registration%20form.pdf](http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf).

## Nursing research opportunities

The Connell Nurse-Led Team Award for nurse scientists and an inter-disciplinary team to address a clinical problem related to patient-care outcomes. Funding of up to \$25,000.

The National Institute for Occupational Safety and Health (NIOSH) Award focuses on workforce safety and health promotion. The award is for a nurse-scientist-led team looking at strategies to foster a healthy work environment.

For information, contact Stacianne Goodridge at 617-643-0431, or go to: [www.mghpcs.org/MunnCenter/](http://www.mghpcs.org/MunnCenter/).

Recipients will be announced in September, 2018.

**Applications are due by the end of June, 2018.**

## Blum Center Events

**Wednesday, June 20, 2018**

MGH Cancer Center Series  
"Supporting Your Child's Resilience When You Have Cancer," presented by Paula Rauch, MD

**Thursday, June 21**

"Alzheimer's Disease: a Memory Problem or a Brain Disease?" presented by Bernard Hanseeuw research fellow

**Thursday, June 28**

"Prostate Cancer Survivorship: Managing Side-Effects After Prostate Cancer Treatment," presented by Ajay Nehra, MD

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://AMMPmassgeneral.org> or in the Employee Access Center in Bulfinch 107

Scholarship is open to benefits-eligible employees.

For more information, go to <http://AMMPmassgeneral.org> or e-mail AMMP Scholarship chair, Sandra Thomas, at [PHSAMMP@partners.org](mailto:PHSAMMP@partners.org).

**Deadline for submission is Wednesday July 11, 2018.**

## Conversations with Caregivers

An educational series sponsored by the Dementia Caregiver Support Program of the MGH Division of Palliative Care and Geriatric Medicine.

**Wednesday, June 20, 2018**  
**5:30–7:00pm**  
**Haber Conference Room**

"Promoting Resiliency, Strength and Support," presented by Katie Brandt, director of Caregiver Support Services, MGH Frontotemporal Disorders.

For more information, call Barbara Moscovitz at 617-643-8809.

## CAMTech Gun Violence Prevention Demo Day

**June 15, 2018**  
**2:00–4:30pm**  
**MGH Simches Research Center**

Join CAMTech at the Gun Violence Prevention Demo Day as teams pitch ideas to curb gun violence and improve the lives of survivors.

All teams from the Gun Violence Prevention Hack-a-thon will have an opportunity to compete for a \$10K grand prize and six months of support through the CAMTech Accelerator Program (CAP).

For more information, contact Nicholas Diamond at [ndiamond@mgh.harvard.edu](mailto:ndiamond@mgh.harvard.edu).



## Honorable Mention

# MGH recognized as one of DiversityInc's top hospitals for diversity and inclusion

MGH was recently ranked one of the top hospitals for diversity by DiversityInc, a nationally recognized diversity and inclusion benchmarking organization that uses metrics-driven data to correlate best practices in: leadership accountability; talent pipeline and development; and supplier diversity. MGH has participated in the survey since 2010.

This year, MGH ranked eighth among Top Hospitals and Healthcare Systems, one of several categories tracked by DiversityInc that includes the top 50 companies for diversity, recruitment, and employee resources groups.

An awards dinner was held in New York City, last month to honor those recognized.

To learn more about the criteria for being named best companies for diversity, go to: [DiversityInc.com](http://DiversityInc.com).

For more information about MGH's designation, contact Dianne Austin, manager, Workforce Diversity Program, at 617-726-5741.



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#### For more information, call:

617-724-1746

#### Next Publication

July 5, 2018

# Inpatient HCAHPS

## current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 5/29/18)	% Point Change
Nurse Communication Composite	84.3%	84.0%	↓ -0.3
Doctor Communication Composite	84.5%	84.5%	→ 0.0
Room Clean	72.0%	71.1%	↓ -0.9
Quiet at Night	52.7%	52.3%	↓ -0.4
Cleanliness/Quiet Composite	62.3%	61.7%	↓ -0.6
Staff Responsiveness Composite	67.5%	69.0%	↑ 1.5
Pain Communication Composite	NA	77.3%	NA
Care Transitions	62.4%	62.2%	↓ -0.2
Discharge Information Composite	92.7%	92.1%	↓ -0.6
Overall Hospital Rating	82.9%	83.3%	↑ 0.4
Likelihood to Recommend Hospital	90.7%	90.7%	→ 0.0

Data is complete through March with partial data for April and May. MGH is on track to exceed our goal of 1% improvement in Staff Responsiveness. Pain Communication is a new measure this year (replacing Communication about Medications) so no comparison data is available for that indicator.

All results reflect Top-Box (or 'Always' response) percentages



Returns only to:  
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