

Caring

Headlines

November 1, 2018

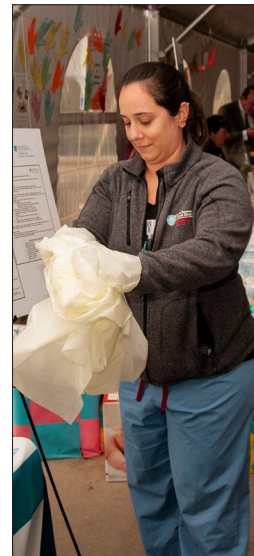
SAFER is better

At this year's SAFER Fair, collaborative governance committees share the work they're doing to keep patients and staff safe



See story on page 4

Clinical Practice Committee champion, Nicole Bezreh, RN, demonstrates the ease of donning and removing new disposable isolation gowns and the effectiveness of the thumb-loop design in ensuring greater protection against exposure and contamination.



Support for ambulatory-care nurses seeking specialty certification

I'm pleased to announce that two new funds have been established to support certification for MGH nurses working in ambulatory practice settings.

The Jerome and Celia Reich Oncology Nursing Fellowship, Visiting Scholar, and Certification Fund; and the Sandra Frohman, RN, Endowed Fund for Nursing Certification and Continuing Education provide funding for certification-exam reimbursement to MGH nurses working in ambulatory practice settings.

Certification in specialty practice is an important part of our commitment to deliver the highest quality care to patients and families. It's one way we demonstrate the professionalism, autonomy, and advanced knowledge that drives our practice.

When we introduce ourselves as certified clinicians, it gives patients an added sense of confidence in our skill and ability and lets them know we've sought higher knowledge in our areas of specialization.

Research shows that nurses who work in organizations with a high percentage of certified nurses report greater satisfaction with their work environment. And those organizations demonstrate greater nurse retention and lower rates of serious adverse events.



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

If you're an ambulatory-care nurse interested in pursuing specialty certification or obtaining reimbursement for certification in these specialty areas, contact Tricia Crispi, RN, professional development specialist, at 617-643-8613.

Debbie
Debbie Burke

Debbie's Photo Gallery



I was privileged to attend three Excellence in Action celebrations recently where we honored a team of physical therapists (upper left); the staff of the White 8



Medical Unit (center); and a group celebration of the Pediatric ICU, Surgical ICU, and Blake 12 ICU (lower right). Congratulations to all for making such a positive difference in the lives of our patients and families.

I had the opportunity to attend a staff meeting on Phillips House 20 where the team is doing great work every day (below).



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Collaborative Governance



Collaborative governance — working hard



SAFER Fair

On Wednesday, October 17, 2018, collaborative governance champions and others shared with the MGH community the work they're doing to influence care, practice, and systems to keep patients safe.



- The Patient Education Committee highlighted tools and resources available to assist patients and families with communication and meeting physical challenges through improved patient education
- The Ethics in Clinical Practice Committee collected and donated diapers to the Chelsea HealthCare Center and invited attendees to share their stories of collaboration and community service
- The Informatics Committee shared information on the eCare upgrade
- The Clinical Practice Committee showcased new procedures highlighting evidence-based practice in care-delivery
- The Diversity & Inclusion Committee educated visitors on the impact of implicit bias; how to recognize and overcome it
- The Patient Experience Committee shared ideas on how best to ensure healing, especially through decreased noise and interruptions at night
- The Quality & Safety Committee focused on identifying and removing items that can pose harm to patients at risk for suicide
- The Research & Evidence-Based Practice Committee used a board game to educate visitors on the importance of evidence-driven care practices

Representatives from Police & Security, Pharmacy, Voalte phones, and the Excellence Every Day website joined collaborative governance champions in sharing their efforts to keep staff and patients safe. For more information, contact Mary Elin Smith, RN, professional development manager; at 617-724-5801.

to keep staff and patients safe



Spiritual Care



Spiritual care providers offer respite to staff with comforting hand massages during Pastoral Care Week at MGH.



(Photos by Paul Batista)

MGH Celebrates Spiritual Care Week

—submitted by the Spiritual Care Department

According to Mary Jo Kreitzer, RN, director of the Center for Spirituality and Healing at the University of Minnesota, spirituality affects all aspects of well-being. It is a state in which people feel healthy, content, purposeful, energized, and in harmony. At its core, spirituality means life-giving and sustaining.

With a series of special events and activities, the MGH community celebrated Spiritual Care Week, October 22–26, 2018, with emphasis on this year's theme: Hope and Healing.

Events included a Taizé service; a Jewish Full Moon service; an interfaith service; and a loving-kindness Buddhist meditation. Spiritual care providers offered a blessing of the hands to staff throughout the hospital, as well as hand massages, bath salts, and aroma therapy. On Friday, Muslim prayers were held in the Thier Conference Room and Masjid complete with Zamzam (holy water).

Spiritual Care Week concluded with the Spirituality & Patient Care Conference 2018: Hope & Healing, in Meltzer Auditorium. Led by individuals from the Norman

Knight Nursing Center, Nursing, and the Spiritual Care Department, the conference focused on the spiritual needs of patients and caregivers, moral distress, ethical questions, and the challenges of working in a complex healthcare environment from a spirituality perspective.

For more information about Spiritual Care Week at MGH, contact Alice Cabotaje, director, Spiritual Care Department, at 617-724-3227.

Election Day, November 6th



Remember to vote on November 6th

There may never be a more important time for nurses and health professionals to bring their knowledge and critical thinking to the voting booth. Ballot Question #1—government-mandated nurse staffing ratios—raises an important topic, but it is the wrong approach, one that could have serious, unintended consequences. Question #1 is too risky an experiment to conduct on something as vital as our healthcare system.

I urge you to join me in voting 'No' on Question #1.

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

For more information, go to: masseneral.org



(Photos provided by staff)

A sick colleague, a warm fall day, and one memorable football game

—by Tracey McLean, RN, staff nurse

Denise O'Halloran, RN, a nurse in the Post Anesthesia Care Unit, has a lot of friends in the MGH community. Never was that more evident than at a recent flag football tournament held in her honor. When O'Halloran was diagnosed with breast cancer, her sons, Shane (19), Patrick (18), and Ryan (15), wasted no time organizing a fund-raiser with proceeds earmarked for breast-cancer research at MGH.

Turnout for the 7-on-7 tournament exceeded all expectations. 40 teams showed up on a beautiful, fall day; the event raised more than \$20,000. And rumor has it, a second tournament is planned for later this month. For information, call Tracey McLean, RN, at 781-858-9447. Nothing is quite as healing as the love and support of family and friends.

Pictured above: O'Halloran and sons Shane, Patrick, and Ryan at first annual touch football fund-raiser.

Qualified bilingual staff

providing care to patients with limited English proficiency without the presence of an MGH medical interpreter

—by Carmen Vega-Barachowitz, CCC-SLP, director;
and Chris Kirwan, clinical director; Medical Interpreter Services

Question: What does it mean to be a qualified bilingual staff member?

Chris and Carmen: Qualified bilingual staff members are caregivers who've proven their ability to interpret in a specific language and taken the necessary steps to become designated to provide care directly to their own patients in that patient's preferred language. Qualified bilingual staff members are not certified to interpret for their colleagues or other staff members. It simply means that they're competent to provide care to their own patients without the presence of an MGH medical interpreter.

Question: If I'm fluent in a second language, how can I become a qualified bilingual staff member?

Chris and Carmen: Once your supervisor approves the request, they can contact Interpreter Services to initiate the process. Every candidate needs to complete a self-assessment followed by an oral assessment over the phone.



Chris Kirwan and Carmen Vega-Barachowitz

Question: What if I received my education in another country in the language in which I'm seeking to become a qualified bilingual staff member?

Chris and Carmen: As long as you have been credentialed by MGH, any bachelor's-equivalent degree (or higher) is sufficient evidence of your proficiency to conduct bilingual encounters.

Question: I'm fluent in Spanish. Do I really have to go through that whole process?

Chris and Carmen: Since 2016, hospitals are required under federal law (Section 1557 of the Affordable Care Act) to demonstrate that bilingual staff can, "effectively, accurately, and impartially communicate directly with individuals with limited English proficiency in their primary language." If staff conduct encounters in a language other than English and they're not officially designated to do so, it's a violation of federal law.

MGH prides itself on providing safe, high-quality care. Speaking clearly and accurately to patients in their preferred language is a matter of patient safety. If you're not a qualified bilingual staff member, always use a professional MGH medical interpreter when communicating with patients of limited English proficiency.

For more information on becoming a qualified bilingual staff member, contact Chris Kirwan at 617-726-6061.

Announcements

Nurses and patient care associates

do you want to influence policies that directly affect you?

Happening now!

Be part of the *Be Well Work Well* survey and make your voices heard.

The 2018 survey has been e-mailed to randomly selected nurses and patient care associates. Participants receive a \$10 Amazon gift card and a chance to win FitBits, massages, and other prizes.

Check your e-mail. If selected:

- please participate. Your responses are needed to inform workplace policies and programs that affect you
- you can complete the confidential survey on-line

Help make your workplace the best it can be.

For more information, contact Mary Vriniotis at 857-282-7487, or e-mail bewellworkwell@partners.org.

PCA Perceptions of the Work Environment Survey

Developed by PCS leadership in collaboration with patient care associates, this survey focuses on PCAs' perceptions of their work environment. It is designed to provide leadership with feedback about the work experience of PCAs and give PCAs an opportunity to have their voices heard. The survey will be distributed by e-mail, October 7th. PCAs have until November 10th to complete the survey.

For more information, call 726-1343.

Office Ergonomic Champion Program

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

Friday, November 2, 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

Blum Center Events

Thursday, November 1, 2018

“Penile injection therapy in the management of erectile dysfunction”
Join Ajay Nehra, MD, to learn more about penile injection therapy.

Monday, November 5th

“How substance-use stigma and shame negatively affect relationships and what we can do about it”
Join Dan Johnson, MD, to learn strategies to reduce the effects of stigma and promote healthy connections with others.

Tuesday, November 13th

“Managing COPD at home”
Join Karla Schlichtmann, RRT, to learn ways to manage COPD symptoms, including medicines, breathing techniques, oxygen devices, smoking cessation, exercise, and diet.

Thursday, November 15th

“Ghosts of antibiotics past, present, and future”
Join Meagan Adamsick, PharmD, and Ramy Elshaboury, PharmD, to learn more about advancements in our understanding of antibiotics.

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.

Collaborative Governance

Applications now being accepted

Collaborative governance, the formal, multi-disciplinary decision-making structure for Nursing & Patient Care Services, is seeking new members. Download an application at: <http://www.mghpcs.org/IPC/Programs/Committees/index.asp>, or contact Mary Ellin Smith, RN, at 617-724-5801.

Applications are due by November 2, 2018.

Conversations with Caregivers

for families, caregivers, patients, and staff

an educational series sponsored by the Dementia Caregiver Support Program

Tuesday, November 13, 2018
5:30–7:00pm
O’Keeffe Auditorium

“Caregiver Burnout: What Can We Do to Lessen it?”

presented by Darshan Mehta, MD, medical director, Benson-Henry Institute for Mind Body Medicine.

Admission is free; seating is limited.

RSVP to: 617-724-0406.

For more information, call 617-643-8809.

A message from MGH leadership

We learned recently that the federal government may attempt to change the legal definition of gender to one that doesn't reflect current knowledge and could restrict rights and reduce protections for transgender and non-binary individuals. This news is very disturbing and especially upsetting for some members of our hospital family who are experiencing a heightened level of fear and anxiety. As healthcare providers, we understand the importance of offering a supportive and inclusive healing environment, particularly for those experiencing identity-based social and health disparities.

We have taken many steps to ensure a welcoming, safe, and affirming environment for transgender and non-binary individuals. We are committed to:

- living by our mission, credo, boundaries, and Diversity & Inclusion statements
- educating ourselves about transgender and non-binary individuals' unique medical needs and how we can create a welcoming environment for all
- making our voices heard. Knowing how we'll vote in the upcoming election. In Massachusetts, Ballot Question #3 deals with public accommodation and non-discrimination protections for transgender and non-binary people
- sharing hospital resources:
 - Employee Assistance Program
 - LGBT Employee Resource Group
 - MGH Transgender Health Program
 - Spiritual Care Department
 - Police & Security

We will continue to monitor developments in Washington. In the meantime, the MGH community will lead by example with the words of our Diversity & Inclusion Statement: "Our job is to improve health and save lives, regardless of what our patients and colleagues look like, where they come from, what they believe in, or who they love."

Peter L. Slavin, MD
MGH president

Timothy G. Ferris, MD
MGPO CEO

O'Neil Britton, MD
MGH chief medical officer

Marcela del Carmen, MD
MGPO chief medical officer

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

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Debbie Burke, RN, senior vice president for Patient Care

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Spiritual Care

Carmen Vega-Barachowitz, SLP

The Institute for Patient Care

Gaurdia Banister, RN

Training and Support Staff

Gino Chisari, RN

Volunteer Services

Jacqueline Nolan

Distribution

Jacqueline Nolan, 617-724-1753

Submissions

All stories should be submitted to: ssabia@partners.org

For more information, call:
617-724-1746

Next Publication

November 15, 2018

Inpatient HCAHPS

current data

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 10/16/18)	% Point Change
Nurse Communication Composite	84.3%	83.9%	↓ -0.4
Doctor Communication Composite	84.5%	84.0%	↓ -0.5
Room Clean	72.0%	71.6%	↓ -0.4
Quiet at Night	52.7%	52.5%	↓ -0.2
Cleanliness/Quiet Composite	62.3%	62.0%	↓ -0.3
Staff Responsiveness Composite	67.5%	68.4%	↑ 0.9
Pain Communication Composite	NA	76.6%	NA
Communication about Meds Composite	66.9%	67.3%	↑ 0.4
Care Transitions	62.4%	62.2%	↓ -0.2
Discharge Information Composite	92.7%	92.4%	↓ -0.3
Overall Hospital Rating	82.9%	82.7%	↓ -0.2
Likelihood to Recommend Hospital	90.7%	90.3%	↓ -0.4

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

Data is complete through August with partial data for September and October.
 We are close to our goal of a 1% increase in Staff Responsiveness.
 All other measures are within 1% of last year's results.



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