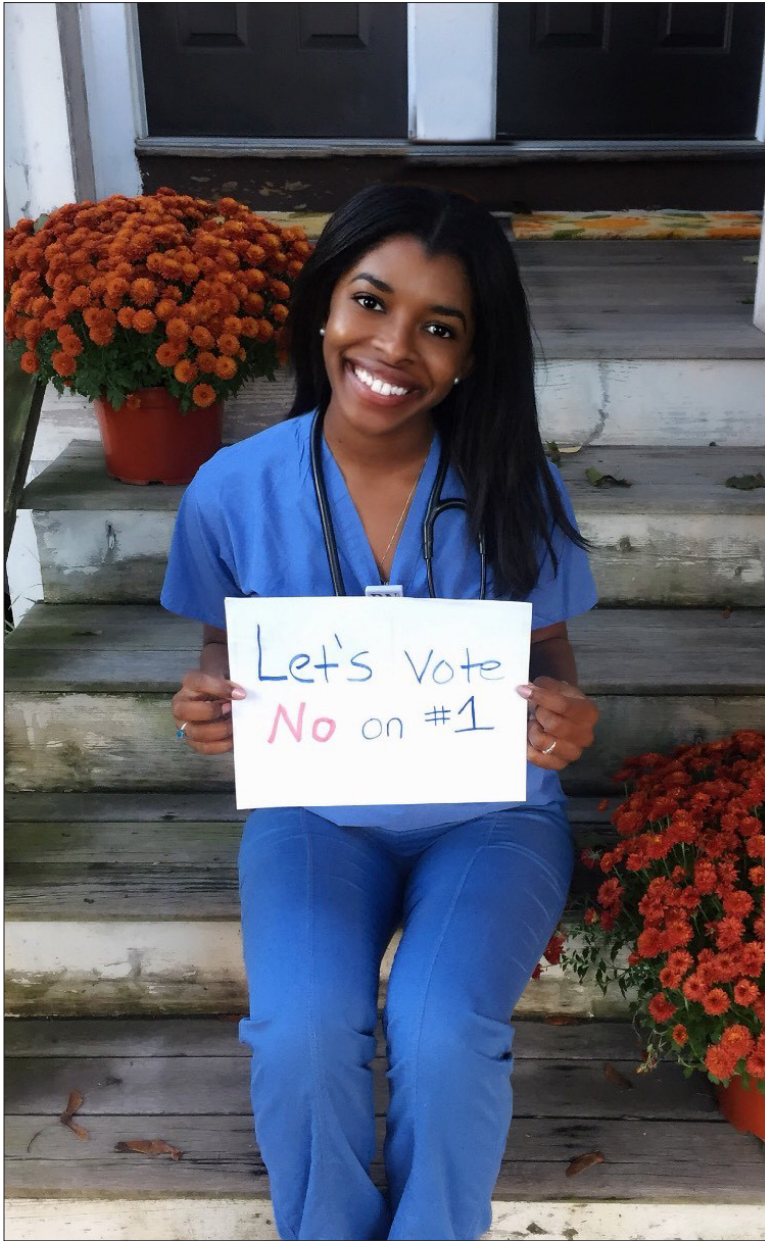


# Caring

Headlines

October 18, 2018



## How will you vote on Question #1?

*See senior vice president  
for Patient Care and chief  
nurse, Debbie Burke's  
column on page 2*

Staff nurse, Amani Haynes, RN, of the Ellison 11 Cardiac Unit, shows her opposition to Question #1. Says Haynes, "At MGH we use an acuity software to capture the factors affecting each patient's care. That information informs our staffing decisions. With mandatory ratios, we would no longer be basing assignments on patients' needs, we'd simply be playing a numbers game."

Debbie Burke

# Raising questions about Question #1

*and why I'll be voting 'No'*

The proposed ballot initiative on government-mandated nurse staffing ratios is generating considerable confusion and concern. Wherever I go, I'm asked what I think about Question #1. We all want to ensure patient safety and appropriate nurse staffing, but I believe that ballot Question #1 is the wrong approach.

At the request of many staff nurses, Question #1 was the topic of a recent Staff Nurse Advisory meeting where we were joined by MGH president, Peter Slavin, for a thoughtful conversation. These are some of the questions we discussed:

**Question:** Would units be able to 'tweak' nurse staffing if circumstances on the unit changed?

**Answer:** The staffing ratios would be fixed. Every unit would have to adhere to the ratios at all times—day, evening and night shifts—under all circumstances.

Nurses understand patient needs. We rely on nurses to make crucial patient-care and staffing decisions. This is what mandated ratios would put at risk.



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

**Question:** What happens when a unit is at the maximum ratio and a nurse needs a break, someone calls in sick, or we have to accompany a patient off of the unit?

*continued on next page*

Anne Marie Thompson, RN, staff nurse



"As the days progress, and I learn more about the unintended consequences of this bill, my innate passion for patient advocacy intensifies. It's the most important issue of my nursing career."

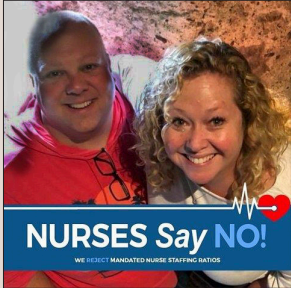
Sarah Buck, RN, staff nurse



"Let patient care decisions remain in the hands of nursing"

## Debbie Burke (continued)

Nurse manager, Christopher Callahan, RN, and staff nurse, Jennifer Callahan, RN



"I'm concerned about Question #1. Having leadership support and an effective acuity tool is a much safer staffing approach for both patients and nurses."

**Answer:** The law says that ratios need to be met under all circumstances, which means nurses would not be able to leave the unit until coverage was available. This could cause care delays, create backlogs in the ED, and further compromise access to care.

**Question:** If the ED is at maximum capacity, will we have to turn patients away or face a \$25,000 fine?

**Answer:** MGH will always do what's right for our patients. But this legislation would force us to break either the federal law that requires us to provide care to any patient who comes to our emergency department, or the state's new mandated nurse staffing ratios—and be fined for each infraction.

**Question:** How would the proposed legislation impact community hospitals?

**Answer:** Question #1 would place a large burden on community hospitals, many of which are already struggling. Hospitals unable to hire the required number of nurses would be subject to the \$25,000 (per incident, per day) fine, which could lead to bed, unit, and hospital closures.

*continued on next page*

Donna Tito, RN, staff nurse



"Question #1 is too rigid, imposing fines on an already difficult-to-access health-care system. I'm voting NO because nurses understand patients' needs better than the government does."

### In this Issue

How Will You Vote on Question #1?.....	1	Q&As.....	8
Debbie Burke.....	2-4	• Ask MyHR	
• Question #1		Practice Update.....	9
Emergency-Preparedness Training in Haiti.....	5	• Warm Hand-Offs for Hemodialysis Patients	
A Wedding on Ellison 9.....	6	Announcements.....	10
Pediatric Nurse Week.....	7	Clinical Research Day.....	11
		HCAHPS.....	12

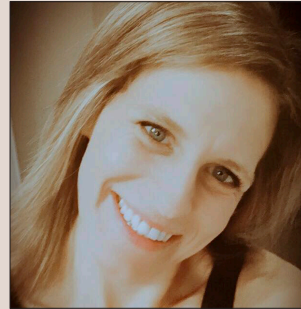
Debbie Burke (continued from page 3)

Karen Rosenblum, RN, staff nurse



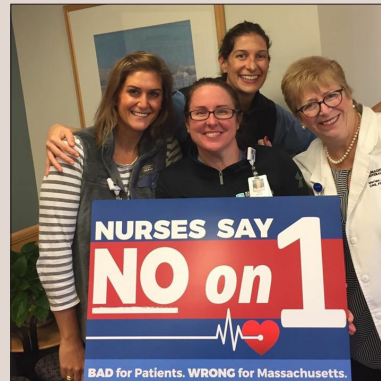
“Patient access to psychiatric/behavioral-health services is already a huge issue. If Question # 1 becomes law, many psych/behavioral health beds will be forced to close when facilities are unable to meet the rigid mandates. This would be a huge loss.”

Heather Chisholm, RN, staff nurse



“Patient acuity can change in minutes; this requires nursing judgment and experience not a government-mandated law.”

Clinical nurse specialists, Vanessa McKenna, RN; Erin Cox, RN; Trish Zeytoonjian, RN; and Marian Jeffries, RN.



“This is too important an issue for nurses not to speak out.”

Question #1 raises many concerns. Before you vote, learn all you can about the impact of the proposed legislation. Talk to colleagues, ask questions, be sure you understand the full impact this legislation would have on patients, your practice, and the future of health care in Massachusetts.

More information is available on Apollo, the MGH intranet site, at: [apollo.mass-general.org/?s=Question+1](http://apollo.mass-general.org/?s=Question+1).

*Debbie*  
Debbie Burke

## Disaster Preparedness



(Photos by Kate Fieck)

# Taking emergency- preparedness training to Haiti

— by Monica Staples, RN,  
clinical nurse specialist, Emergency Department

Recognizing a need for disaster- and emergency-preparedness training in Haiti after the 2010 earthquake, MGH security officer, Harold Roy, co-founded EPECARE, a non-profit organization whose mission is to prepare responders through specialized training in resource-limited environments.

This summer, EPECARE launched a train-the-trainer program led by experts from the MGH Center for Disaster Medicine. The program provided intensive, skills-based education in first aid, tropical diseases, and humanitarian response protocols. Following training, participants deployed to Haiti to engage in field exercises to proactively help prepare the next generation of responders.

Among those who traveled to Haiti were, Monica Staples, RN, clinical nurse specialist, Center for Disaster Medicine; Karla Haney, RN, staff nurse, Ellison 16 Medical Unit; and Jessica Reade, RN, staff nurse, Blake 7 Medical ICU.

While in Haiti (Clockwise from top left): Jessica Reade, RN (kneeling), dispatcher; Joelle Mather; and student, Pierre Raymond D'Haiti, demonstrate how to move an injured person; Reade, Mirlene Pierre, and Junior Pierre-Saint demonstrate proper technique for applying tourniquet; Monica Staples, RN, and New Hampshire state representative, Mark Proulx, demonstrate how to take a pulse; Karla Haney, RN (center), and Haitian nurse, Miselene Lafleur (left), demonstrate how to transport injured patients.



# A wedding in the Ellison 9 Cardiac ICU

—by Suzanne McGarrell, RN, attending nurse, Cardiac ICU

On Thursday, October 4, 2018, with the help and creativity of many nurses and support staff in the Ellison 9 Cardiac ICU, patient, Mike Delehanty, and his fiancée/partner of 25 years, Emily Leone, tied the knot in a simple ceremony in Delehanty's room.

Justice of the peace, Ann Marie Gioia, performed the ceremony, noting that, the future may be uncertain, but every day spent together is a gift.

Staff arranged for a surprise reception following the nuptials, providing flowers, a wedding cake, refreshments, and decorations. Best wishes to the happy couple for a long and happy future together.

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Pictured above (l-r): best man, Joe Faretra; groom, Mike Delehanty; bride, Emily Leone; matron of honor, Rosalind Faretra; justice of the peace, Ann Marie Gioia; staff nurse, Michelle Crocker, RN; and patient care associate, Rachel Kofman.

MassGeneral Hospital *for Children*



(Photos by Paul Batista)

# Celebrating Pediatric Nurse Week

— by Lori Pugsley, RN, pediatric nursing director

In celebration of Pediatric Nurse Week, the Mass-General Hospital *for Children* hosted the educational booth, 'Moving on: keeping our children safe,' in the Main Corridor, Monday, October 1, 2018.

Education focused on motor-vehicle safety for neonates, young children, and adolescents, with information about car seats, car beds, and booster seats. Representatives from the Neonatal and Pediatric ICUs, Emergency Department, Special Care Nursery, the Ellison 17 and 18 pediatric units, and Police & Security were on hand to answer questions for a constant stream of visitors. Many parents, future parents, and grandparents were happy for the opportunity to learn more about keeping their children safe in moving vehicles.

For more information on car-seat safety, contact Lori Pugsley, RN, pediatric nursing director, at 617-724-5820.

Pictured above (l-r): Alexa O'Toole, RN, Special Care Nursery; Cathy Harris, RN, Emergency Department; Kim Waugh, RN, Ellison 17 Pediatric Unit; and Lori Pugsley, RN, pediatric nursing director.

# Check out Ask myHR during open enrollment

—by Steve Taranto, director, Human Resources

**Question:** I understand MGH has a new platform for accessing HR information. Can you tell me about it?

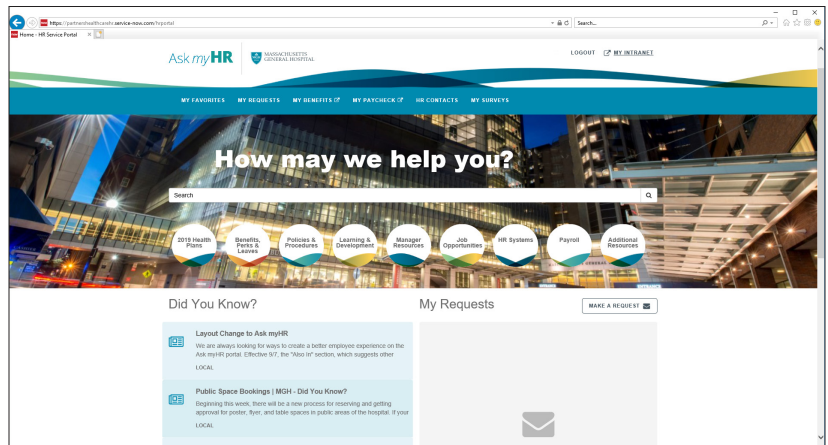
**Steve:** Human Resources has launched a multi-channel platform to improve the Human Resources (HR) experience. The platform is called Ask myHR, and it's been in place for about a year. Many employees use the site to view paychecks, enroll in benefits, or look at internal job opportunities.

**Question:** How do I find Ask myHR?

**Steve:** The link to the Ask myHR portal can be found in Partners Applications on any Partners workstation. On home computers and mobile devices, go to: AskmyHR.portal.com, or call the HR Support Center at 1-833-Ask-myHR (275-6947) to speak with an HR representative.

**Question:** How does this differ from how I accessed HR in the past?

**Steve:** Every department still has an HR business partner, and HR still has offices on White 14, Bul-



finch 1 (Employee Access Center), and 75 Blossom Court. Ask myHR is just another way employees can access information. The self-service portal serves as a 'front door' to help guide employees to the information they're looking for.

**Question:** What kind of information is available on the portal?

**Steve:** Ask myHR works in tandem with PeopleSoft to provide quick, easy access to the information most frequently accessed by staff.

For instance, if you searched, 'Change my address' in Ask myHR, the portal would direct you to the

location in PeopleSoft where you could enter that information. You wouldn't have to navigate multiple pages in PeopleSoft to get to that page.

**Question:** That sounds like a good page to know about during open enrollment.

**Steve:** Open enrollment (October 29th–November 20th) would be a great time to familiarize yourself with the portal. I hope you find the Ask myHR site helpful in accessing the resources and tools you need, wherever and whenever you may need them.



# Practice UPDATE

## Warm Hand-off for HD Patients



Beginning on **Monday October 1st** a warm (VERBAL) hand-off will be the standard practice both pre and post dialysis for all Hemodialysis (HD) patients



### PRIOR TO DIALYSIS:

- ❖ The nurse sending the patient to dialysis will call Bigelow 10 at X 6-3700 to provide a warm handoff ~ HD nurses are available to receive warm handoff after 6:30am
- ❖ If the HD nurse who will care for the patient is not available, the HD resource nurse will receive the warm handoff

### WARM HAND-OFF ~ PRIOR TO DIALYSIS

- Mental Status: *alertness, ability to stand for weights*
- Vital signs: *stability, recent abnormalities*
- Pain: *meds effective, ineffective, what helps*
- Medication: *meds given prior to departure for HD (pain meds, blood pressure meds, IV meds hanging etc.) and meds due while patient is at HD*
- Blood work: *already drawn, what is due while at HD, recent blood sugar*
- Other *pertinent information*

### AT THE CONCLUSION OF DIALYSIS

- ❖ The HD nurse will call the inpatient unit to provide a warm hand-off
- ❖ If the nurse who will care for the patient is not available, the inpatient resource nurse will receive the warm hand-off

### WARM HAND-OFF ~ CONCLUSION OF DIALYSIS

- Mental status: *alertness*
- Vital signs: *stability, any drops in blood pressure, how managed*
- Pain: *meds effective, ineffective, what helped*
- Fluid removal: *how many kg, how treatment was tolerated*
- Medication: *meds given during hemodialysis, insulin, antibiotics*
- Blood work: *any labs drawn by hemodialysis, recent blood sugar*
- Other: *when Tip-Stop should be removed*

### DOCUMENTATION:

Each warm hand-off will be documented in Epic under "Care Handoff" within the "Pt Story"

Care Handoff (click to document) %	Report
Report Given to	
Inpatient at 08/02 1558	
Staff Name/Role	
Bigelow 11 RN at 08/02 1558	

### NOTE:

- ❖ Travel to or from hemodialysis should not be delayed due to an inability to provide warm hand-off
- ❖ IPASS is the primary hand-off tool; Always assure IPASS is up to date before patient transfer

For more information contact:  
 Kate Barba: KBARBA@PARTNERS.ORG  
 Shannon Mahoney: SMAHONEY10@PARTNERS.ORG



MASSACHUSETTS  
GENERAL HOSPITAL

PCS QUALITY & SAFETY

September 24, 2018

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>.

# Announcements

## ACLS Classes

Certification:  
(Two-day program)

Day one:  
**November 1, 2018**  
**8:00am–3:00pm**

Day two:  
**November 2**  
**8:00am–1:00pm**

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).

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

## 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

**Tuesday, October 23rd**

“How to Exercise with Chronic Lung Disease” presented by Abby Folger, PT, and Karla Schlichtmann, RRT

**Wednesday, October 24th**

“Safe Use, Storage, and Disposal of Medicines” presented by Samantha Gross, RPh, and Kristin Tuiskula, RPh

**Monday, October 29th**

“Food Allergy Management Boot Camp” presented by Michael Pistiner, MD

**Tuesday, October 30th**

“Mammography screening controversies: when should women be screened for breast cancer?” presented by Anand Narayan, MD

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

For information, call 4-3823.

## 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.

## Pharmacology Update XIV

Innovation and Evidence

presented by The Norman Knight Nursing Center for Clinical & Professional Development

**October 20, 2018**  
**7:50am–3:10pm**  
**O’Keeffe Auditorium**

Will cover medications for the treatment of:

- diabetes
- Parkinson’s disease
- pulmonary disorders
- GI disorders
- transplants
- pro-coagulant products/toxicology

6.25 contact hours  
6.25 Pharmacology contact hours

No fee for MGH employees  
\$100 for Partners employees  
\$150 for non-Partners employees

For more information, call 617-726-3111.

## 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 education 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.



# Clinical Research Day

Thursday,  
October 4, 2018

Clinical Research Day provides an opportunity for researchers to share their findings with fellow investigators and other interested members of the MGH community.

Debra Lundquist, RN (pictured above), is one of many nurses whose posters were displayed during Clinical Research Day this year. Representing the team of Donna Berry, RN; Marie Boltz, RN; Pamela Grace, RN; Susan DeSanto-Madeya, RN; and herself, their poster focused on, “The Experience of Young Women Living with Advanced Breast Cancer: a Hermeneutic Phenomenological Study.”

For more information, contact Gaurdia Banister, RN, executive director of The Institute for Patient Care and director of The Munn Center for Nursing Research, at 617-724-1266.

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**Submissions**  
All stories should be submitted to: [ssabia@partners.org](mailto:ssabia@partners.org)

For more information, call:  
617-724-1746

**Next Publication**  
November 1, 2018

# Inpatient HCAHPS

*current data*

HCAHPS Measure	CY 2017	CY 2018 Year-to-date (as of 9/13/18)	% Point Change
Nurse Communication Composite	84.3%	84.4%	↑ 0.1
Doctor Communication Composite	84.5%	84.3%	↓ -0.2
Room Clean	72.0%	71.5%	↓ -0.5
Quiet at Night	52.7%	52.8%	↑ 0.1
Cleanliness/Quiet Composite	62.3%	62.1%	↓ -0.2
Staff Responsiveness Composite	67.5%	69.2%	↑ 1.7
Pain Communication Composite	NA	76.6%	NA
Communication about Meds Composite	66.9%	67.9%	↑ 1.0
Care Transitions	62.4%	62.4%	→ 0.0
Discharge Information Composite	92.7%	92.3%	↓ -0.4
Overall Hospital Rating	82.9%	82.8%	↓ -0.1
Likelihood to Recommend Hospital	90.7%	90.8%	↑ 0.1

All results reflect top-box (or 'Always response') percentages

Data is complete through June with partial data for July, August, and September.  
 We are on track to exceed our goal of a 1% point increase in Staff Responsiveness.  
 All other measures are within 1% point of last year's results.



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