Supporting our culturally, ethnically, and gender-diverse healthcare community

MGH signage coordinator, Melinda Bryant, replaces traditional Men/Women restroom signs with more gender-neutral, identity-sensitive signage.

See Debbie Burke’s column on page 2
Let us know your preferred gender pronoun
true inclusion means showing respect for everyone in our gender-diverse workforce

Our world is changing. Not only are we becoming more ethnically and culturally diverse, we are increasingly aware of diversity at it relates to gender identity.

Society is veering away from long-held, either/or, male/female labels and proudly owning our true identities whatever they may be. We want to show our respect for our gender-diverse workforce, including transgender individuals and those who may question or prefer not to conform to traditional gender labels.

As an organization that values both diversity and inclusion, we understand the importance of referring to one another in a way that aligns with how we self-identify.

Imagine how you’d feel if colleagues referred to you as ‘he’ or ‘she’ when in fact, that wasn’t the way you self-identified. No matter how innocent or inadvertent, referring to someone by the wrong pronoun is a form of disrespect.

If you’re not sure which pronoun to use, just ask — give people an opportunity to share their preference. If that doesn’t feel right, refrain from using any pronoun until the person self-identifies on their own. Or simply use the gender-neutral, ‘they’ (which is appropriate as either a singular or plural pronoun).

One step we’ve taken as a hospital is to remove the male/female designation from labels and wristbands for all patients (except neonates for safety reasons).

Some members of hospital leadership, including MGH president, Peter Slavin, are now including their pronoun preferences in their e-mail signatures. This change is meant to normalize the process of sharing pronouns and act as a sign of solidarity with the trans and gender-diverse community.

I invite you to think of other ways we can make our patients, families, and colleagues feel welcome and respected. And please share your ideas as we continue to celebrate the differences that make us each uniquely who we are.

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Debbie’s Photo Gallery

Clockwise from top left: my visit to the MGH Institute of Health Professions for their annual faculty convocation where I was honored to be keynote speaker; attending a staff meeting on the White 11 Medical Unit; and congratulating Palliative Care and the Lunder 7 Neuroscience Unit on receiving an Excellence in Action Award, with special mention going to Abigail Blair, RN; Paige Fleming, RN; Sudha Natarajan, RN; and Hayley Oman, RN.

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You’re my case manager?
What does that mean, exactly?
— provided by members of the MGH Case Management Department

As we celebrate 23 years of Case Management at MGH, we invited our case-manager colleagues to share vignettes showing how their practice makes a difference in patients’ lives. Following are a few examples highlighting the depth and complexity of their work.

While covering the Neuro service, I had a patient who was newly blind secondary to a stroke. He’d been referred to a skilled nursing facility because his cognitive function was intact, and he was high-functioning. But they were declining him. I tried referring him to an acute rehab (higher level of care) but he was denied there, too.

I contacted the liaison for Partners Continuing Care to assist his transition. She recommended the patient be re-evaluated by Occupational Therapy to get a more in-depth assessment of his needs relative to his new blindness.

Following that re-evaluation and with better information in hand, the patient was re-considered for acute rehab and discharged to that level of care. Soon after, the liaison received an e-mail from the acute rehab facility thanking us for the appropriate referral.

— Wanda Quatrale, RN
Case manager

The ED paged me at 5:45. They kindly acknowledged that it wasn’t ‘my deal’ to cover the ED, but asked if I could assist with a medication/pharmacy snafu. A patient had been diagnosed with bilateral pulmonary embolism and prescribed Xarelto. The MGH Pharmacy was temporarily unable to fill the prescription or provide a voucher, so the patient went to his local pharmacy and was told the prescription required prior authorization or he could expect to pay nearly $500.

I called the pharmacy and got the name of the insurance company and ID number, then I called Medco to request prior approval by telephone. After a lengthy phone call during which I supplied requested demographic and clinical information, I was informed that the medication was now approved for one year and would be available immediately.

I called the pharmacist back and requested she run the prescription again; this time it was processed with a co-payment of $35. I notified the patient, who was very relieved to be spared both the high cost of the medication and a return trip to the ED.

I called the ED staff member who had contacted me earlier to inform her that the problem had been resolved. She said something to the effect that, ‘case managers can do things no one else can do.’

— Dana Madden, RN
Case manager

Advocacy, thinking outside the box, getting the patient to the right level of care.

Going above and beyond.
Case Management (continued)

Mike Trotta, RN, case management clinical specialist, retired from MGH last month. Shortly before he left, he was instrumental in helping a patient re-patriate to his home country in the Middle East and reunit with his family for the first time in 11 years. The patient had endured a long and difficult journey during his 400+ days at MGH. He and his caregivers overcame many obstacles to ensure he received the best possible care—language barriers, lack of insurance, medical and travel issues—but in the end, he was able to return to his home country because of the knowledge, compassion, and perseverance of his case manager and a committed team of MGH caregivers.

I was asked to help a dying patient return to his parents’ home in another state. ‘John’ had been in the Cardiac Care Unit (CCU) receiving multiple, high-cost, IV medications, so I worked with the CCU staff to coordinate the discontinuance of his IV meds and arrange for a home infusion company to administer his meds at his parents’ home the next morning. His central-line dressing was changed before he was discharged.

John had a Massachusetts Order for Life Saving Treatment (MOLST) but he wasn’t on hospice care yet. I counseled him and his family on how to arrange for a visiting nurse, cancel Mass Health, and register for Medi-caid once they were back in his home state. I helped them make arrangements for all the meds he’d need both before and after discharge.

Within two days of the original consult, John was able to return to his family home where he had three wishes—to get married, ride a motorcycle, and have a pig roast before he died. His community raised money for a wedding. John rode a motorcycle to the outdoor ceremony on July 29th where he married his girlfriend and they enjoyed a big pig roast at the reception.

On July 31st, John passed away surrounded by his family. He was 25 years old.

— Maria Seavey , RN case manager
New SUD portal page
an important resource for caregivers

— by Theresa Gallivan, RN, associate chief nurse

**Question:** What can you tell us about the new on-line Substance Use Disorder website?

**Theresa:** A new Substance Use Disorder (SUD) portal page has been developed to provide staff with access to essential resources to ensure they have the information they need to provide the highest quality care to patients and families. The SUD portal page contains links to commonly used policies related to medication-management and patient requests to leave the unit.

You’ll find a list of resources and what they offer, including the Addiction Consult Team (ACT); the Bridge Clinic; the Hope Clinic; the West End Clinic; and the Addiction Recovery Management Service (ARMS).

Look for links to alcohol and opioid withdrawal assessment tools and educational offerings available through HealthStream. Information and examples of ‘scripted language’ are included to help staff engage in therapeutic communication with patients experiencing SUD.

**Question:** How can I access the SUD portal page?

**Theresa:** The SUD page can be found on the Excellence Every Day portal page at: http://www.mghpcs.org/rr/.

**Question:** Who can I contact for more information?

**Theresa:** For more information, contact Christopher Shaw, nursing director for The MGH Substance Use Disorder Program, at 617-643-0778, or Jennifer Mills, nursing director and liaison to the SUD program, at 617-724-0559.

Access the new SUD website from the Excellence Every Day portal page at: http://www.mghpcs.org/rr/
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.
Beginning January 1, 2019, Partners-owned Neighborhood Health Plan (NHP) will change its name to AllWays Health Partners. The company is changing its brand to better reflect its commitment to meet the needs of its customers.

There will be no change to Partners health plans—employees will still have the same choice between Partners Select and Partners Plus. The only difference is that AllWays Health Partners will administer the plans.

This change comes on the heels of the recent announcement that Partners would be switching from Blue Cross Blue Shield to Neighborhood Health as our plans’ administrator. This new development is simply a name-change from Neighborhood Health to AllWays Health Partners.

The shift away from Blue Cross Blue Shield to AllWays Health will give Partners greater control over the design and cost of employee health plans, including better access to care, improved customer service, and reduced administrative burden for providers.

Employees should see an increase in wellness offerings, tele-health programs, and lower co-pays for adult primary care, pediatric, behavioral health, and substance-use-disorder office visits. The plans will remain self-funded, so Partners will continue to make decisions about what services are covered and pricing.

Beginning in 2019, look for:

- access to Partners HealthCare on Demand, a 24/7 on-line, urgent-care service providing secure, interactive video visits with (in-state) Partners providers
- expanded wellness programs providing health and wellness assessments with personalized reports and free healthy living programs, including webinars, videos, access to a health library and on-line communities
- fewer prior authorizations required for care received within the Partners system, resulting in faster service for patients and fewer administrative chores for providers

Information about these new benefits will be shared in the coming weeks and months, but to learn more, visit the Human Resources website: www.AskMyHRportal.com, and click on the red bar at the top of the page; submit an on-line request; or call 1-833-Ask-MyHR (1-833-275-6947).
Welcome to CaféWell

a new tool to help employees focus on wellness in 2019

Wellness is taking center stage at MGH in 2019 with a new interactive wellness tool aimed at helping employees make positive daily health choices.

With the switch to AllWays Health Partners in 2019, employees will receive access to a wellness platform called CaféWell that offers employees personalized recommendations for improving their health.

Programs focus on healthy eating, exercise, and helping users manage chronic illnesses, such as diabetes.

CaféWell tracks users’ progress in a private, secure environment, and offers:

- health assessments and personalized reports
- live, interactive, monthly webinars on topics like physical activity and nutrition
- blogs on healthy living
- on-line communities experiencing similar wellness journeys
- tools to help users make healthy choices, such as managing their cholesterol or having a healthy pregnancy
- step challenges that link to your personal wellness device
- monthly e-newsletters

To participate, users fill out a private, on-line health survey describing their health and wellness goals. The program analyzes input and offers suggestions based on the information provided.

Visit CaféWell on January 1, 2019, to get started. New programs and tools will be added every quarter.

For more information, go to: www.AskMyHRportal.com, or call 1-833-Ask-MyHR (1-833-275-6947)

How does it work?

- Tell us about yourself and what’s on your health wish list
- Get started with healthy activities tailored to you
- Discover tips, tricks, and articles that make you smarter about your health
- Invite friends and family to join you in CaféWell
- Make connections with health experts and other members just like you
- Track your progress real-time and get rewarded along the way
Announcements

ACLS Classes
Certification: (Two-day program)
Day one:
November 1, 2018
8:00am–3:00pm
Day two:
November 2
8:00am–1:00pm
Re-certification (one-day):
October 10th
5:30–10:30pm
Locations to be announced. Some fees apply. For information, contact Jeff Chambers at acls@partners.org.
To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS-registration%20form.pdf.

Blum Visiting Scholar Lecture
“Hidden in Plain Sight: Recognizing, Supporting, and Partnering with Family Caregivers”
Tuesday, October 16, 2018
1:30–2:30pm
O’Keeffe Auditorium
Family caregivers play an important role in care of many patients. Some family members find it difficult to assume the role of caregiver; and it’s even more complicated when the family member is a clinician.
Join visiting scholar, Geri Lynn Baumblatt, for a discussion on family caregivers, discharge planning, resources, and support for family caregivers.

One nursing contact hour.
Space is limited; first come, first served.
Register at http://www.cvent.com/d/0bq92y.
For more information, call 4-3823.

Blum Center Events
Wednesday, October 10, 2018
“Screening for Colon Cancer After Age 70: Is this my Last Colonoscopy?” presented by James Richter, MD
Monday, October 15th
“Psoriasis: Causes, Related Health Problems, and Treatments” presented by Shijita Das, MD
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

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.

PCA Perceptions of the Work Environment Survey
Developed by PCS leadership in collaboration with patient care associates, this survey focuses on PCs’ perceptions of their work environment. It is designed to provide leadership with feedback about the work experience of PCs and give PCs an opportunity to have their voices heard. The survey will be distributed by e-mail, October 7th. PCs have until November 10th to complete the survey.
For more information, call 726-1343.

Collaborative Governance
Applications now being accepted
Collaborative governance, the formal, multi-disciplinary decision-making structure for Nursing & Patient Care Services, is seeking new members. To learn more about collaborative governance or to download an application, go to: 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.

Nurses and patient care associates
Do you want to influence policies that directly affect you?
Be part of the Be Well Work Well survey and make your voices heard.
The 2018 survey will be e-mailed to randomly selected nurses and patient care associates this fall. Participants will receive a $10 Amazon gift card and a chance to win FitBits, massages, and other prizes.
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.
Voter Registration Day at MGH

More than 200 members of the MGH community registered to vote during the September 25th MGH-Votes! event, organized by Physicians for Policy and supported by Nursing & Patient Care Services. Pictured above staffing the table are: Vidya Raju, MD (left); and Karen O’Neil, from the MGH Revere Health Center, along with members of the Boston League of Women Voters. Top right: administrative manager for Infectious Disease, Stephanie Cooper; shows her support.
Inpatient HCAHPS
current data

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

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.