

Caring

Headlines

January 24, 2019

A look back at...





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

Colleagues,

As I look through this issue of *Caring Headlines*, I'm reminded once again of what a spectacular team we have in Patient Care Services. I know it's easy to get caught up in the day-to-day demands of your work and miss the larger impact you have on patients and families; but I assure you—our patients don't miss it, and neither do I.

This year, I wanted to provide a pictorial recap of some noteworthy moments of 2018. I think you'll agree as you go through these pages, that the photographs tell a story of exquisite care and practice, of unparalleled commitment and compassion, and of a workforce that has made Excellence Every Day so much more than a catchy slogan.

I hope you enjoy this special, annual-report issue of *Caring*. I feel incredibly lucky and energized to work with you as we look to the future and the challenges and opportunities that 2019 will bring.

Debbie
Debbie Burke

A Note from Debbie Burke

Inside this issue

Message from Debbie Burke, RN, Senior Vice President, Patient Care Services	2
Physical and Occupational Therapy	4
Respiratory Care Services	5
Volunteer & Information Ambassadors	6
Spiritual Care	7
Social Service Department	8
Speech, Language & Swallowing Disorders and Reading Disabilities	9
Medical Interpreter Services	10
Ladies Visiting Committee & Retail Stores	11
Nursing	12
Some Memorable Patient Care Services Moments	14
More Memorable Moments	16
'Icons' of 2018	18

Special thanks to Jeffrey Andree, Paul Batista, Kate Flock, Sam Riley, and Michelle Rose, who took many of the photos that appear in this issue of *Caring*; and Maria Lopez and Kathy Grady for their efforts behind the scenes.

A new residency...



Physical & Occupational Therapy

Physical Therapy initiated a 15-month clinical residency program to advance physical therapists' knowledge, decision-making, and skills toward expert-level neurological practice. The program was accredited by the American Board of Physical Therapy Residency and Fellowship Education, making it the hospital's third post-professional PT clinical training program. Faculty and residents pictured above.

Occupational therapist, Katie Siwy, OTR/L, works with patient to restore functional hand strength and increase range of motion.

Team of physical therapists receives Excellence in Action from MGH president, Peter Slavin, MD.

Occupational Therapy developed the Triage Task Force to improve consult response time and establish protocols for triaging patients.
Above: occupational therapist, Abby Rude, OTR/L, assesses patient's functional cognition through activities of daily living.

Physical and occupational therapists
Go Red for women's health.

A new order set...



FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL

Partners Universal Ventilator Settings Protocol

Initial Settings

- Assist/ Control Ventilation
- Tidal Volume 4 to 8 mL/kg PBW
- Inspiratory Time ≤ 1.0 sec
- Driving Pressure ≤ 15 cmH₂O
- Plateau Pressure < 28 cmH₂O
- PEEP 5 to 15 cmH₂O
- Set Rate 10 to 30 breaths/min
- FiO₂ to maintain SpO₂ 88% to 95%

Pressure Support

Pressure Support Ventilation may be initiated if:

- Team consensus to initiate
- Intact ventilatory drive
- Sustained spontaneous breathing
- FiO₂ ≤ 0.6

Pressure support settings:

- Pressure support level 5 to 15 cmH₂O for Vt 6-10mL/kg PBW
- PEEP 5 to 15 cmH₂O
- F.O₂ to maintain SpO₂ 88 to 95%

Spontaneous Breathing Trial

Perform SBT if:

- FiO₂ ≤ 0.5
- PEEP ≤ 10 cmH₂O
- Hemodynamically stable
- No active ischemia
- No unstable arrhythmia

Performing SBT:

- Patient attached to vent
- PEEP ≤ 5 cmH₂O
- PS ≤ 5 cmH₂O
- Maintain spontaneous breathing for 30-60 min

Discontinue SBT if:

- SpO₂ $< 90\%$
- Vt < 4 mL/kg PBW
- RR > 35 breaths/min
- Develops respiratory distress defined as 2 or more of the
 - HR $> 120\%$ of baseline
 - BP $> 150\%$ of baseline or Systolic > 180 mmHg
 - Marked accessory muscle use
 - Abdominal paradox
 - Diaphoresis
 - Marked Dyspnea

1



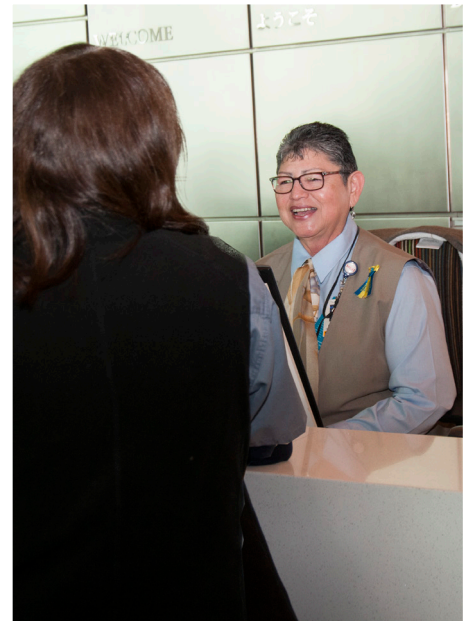
Respiratory Care Services

Respiratory Care Services spearheaded the effort to adopt the above universal mechanical ventilator order set in the Respiratory Acute Care Unit and other ICUs. The order set was subsequently accepted for use by the entire Partners Critical Care Collaborative.

Senior vice president for Patient Care, Debbie Burke, RN (front right), attends Respiratory Care staff meeting during her first-year listening tour.

(L-r): respiratory therapists, Holly Umbehauer, RRT, Amy McGuinness, RRT, with assistant director of Respiratory Care, Dan Chipman, RRT, and quality coordinator, Edward Burns, RRT.

Expanding the Pet Therapy and Point One programs...



The Volunteer & Information Ambassador Department

The Volunteer Department added four more pet partners (dogs and their handlers) to its Pet Therapy program, which now serves 24 inpatient units and 4 outpatient areas (bringing the total number of pet partners to 14).

Volunteer, Renae Irving (top left), and information desk associates, Ahcene Gherbi and Josefina Marroquin, welcome visitors as part of the Point One Program, an initiative to ensure that patients and visitors are greeted warmly so their MGH experience begins on a positive note.

Supporting the spiritual needs of a diverse population...



Spiritual Care Department

With the donation of 42 new prayer trees by the Ladies Visiting Committee, chaplains celebrated the success of the prayer tree ministry in the MGH Chapel.

Members of the Spiritual Care Department donned holiday attire to lead their annual song fest in the Main Corridor at Christmas time.

The annual MGH Men Against Abuse and multi-faith Father's Day service in the MGH Chapel.

Spiritual Care's Circle of Concern following events of violence around the country.

A new Transgender Health Clinic...



Social Service

Social workers played a key role in planning and implementing the care-delivery model for the new Transgender Health Clinic. Above, Asher Bruskin, LICSW, and Melanie Cohn-Hopwood, LICSW, are ready to welcome patients to the new space.

Social worker, Dannie McGonegal, LICSW (holding certificate) is pictured with her colleagues in the Medical ICU after receiving Excellence in Action Award.

Social Service's HAVEN Program held its annual holiday drive, providing gift cards to families in need. Pictured above are (l-r): Debra Drumm; Abby Farrand; Lolita Orozco Villalba; Sandra Elien; and Elizabeth Marshall.

An innovative new treatment regimen...



Speech, Language & Swallowing Disorders and Reading Disabilities

Speech-language pathologists implemented an innovative, high-frequency, treatment regimen for children with articulation disorders that decreases the duration of treatment. Speech pathologist, Jennifer Maiette, SLP, works with 11-year-old, Liam.

Speech-language pathologist, Sarah Gendreau, SLP, uses 'eye-gaze' communication board with patient who's temporarily unable to speak or move her hands. The patient communicates by looking at letters on the board to spell out messages.

The department came together in May to celebrate Better Speech & Hearing Month.

A new Qualified Bilingual Staff Program...

Q&A:

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?

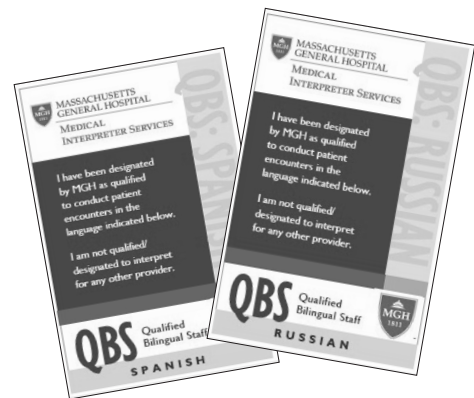
Chris and Carmen: As long as you have been credentialed by MGH, any bachelor's-equivalent degree (or higher) is sufficient evidence of your proficiency to conduct bilingual encounters.

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.



Medical Interpreter Services

Medical Interpreter Services launched the Qualified Bilingual Staff Program, which recognizes bilingual staff members who are proficient to care for non-English-speaking patients without the assistance of a medical interpreter.

Early last year, staff of Medical Interpreter Services came together to welcome incoming senior vice president for Patient Care, Debbie Burke, RN, on her listening tour.

Medical interpreters: Jonathan Fitzgerald, seated, (Spanish); (l-r): Gustavo Garcia-Barragan (Spanish); Wilson Pedrazas (Spanish and Portuguese); and Antonio Encarnação (Portuguese) work the phones in the Medical Interpreters Office.

Badges worn by caregivers to identify them as qualified bilingual staff.

A new Gift Cart and a new location...



Ladies Visiting Committee and Retail Stores

LVC business manager, Joel Canlas, shows off the new Gift Cart that enables patients and visitors to purchase items from the convenience of their units. The cart, named after former MGH employee and volunteer, Kay Bander, is staffed by volunteers and visits 8 to 10 units a day.

Beautician, Emily Wallace (top), and Images manager, Kathleen Bazazi, at the new Images Boutique and Salon that recently opened in Yawkey 220. More than a hair salon, Images provides specialized personal-care products and services for cancer patients during and after cancer treatment.



Yoga on the Bulfinch lawn: invited by Aynsley Forsythe, RN, and Laura Cameron, RN, former patient, Amber Gregory, leads yoga class on the Bulfinch lawn.



MGH nurses, Julie Cronin, RN (second from right); Jennifer Gil, RN (second from left); and Gayle Peterson, RN (behind Massachusetts sign), join ANA Massachusetts nurses in Washington, DC, to lobby for healthcare reform.



Carol Ghiloni, RN, (left), and Mandi Coakley, RN, (right), with Ghiloni Oncology Nursing fellows (l-r): Kate Mignosa, Christine Stafford, and Hannah Jung.



Gino Chisari, RN (third from left), director of the Norman Knight Nursing Center for Clinical & Professional Development, inaugural holder of the Dorothy Ann Heathwood Endowed Chair in Nursing Education, with (l-r): Debbie Burke, RN; husband, Reverend John Polk; donors, Ann and Desmond Heathwood; Jeanette Ives Erickson, RN; and Brit Nicholson, MD.



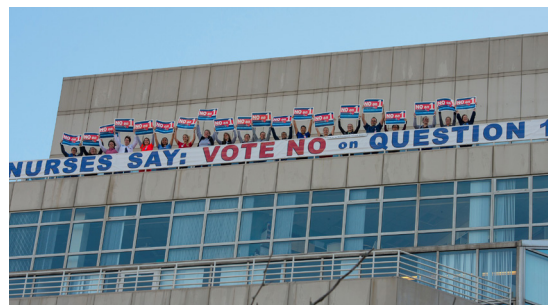
As part of our Quiet at Night campaign, White 10 medical staff nurse, Melissa Bardi, RN, offers headphones and sleep mask to patient.



Albert H. Brown medical visiting scholar; Margaret 'Peg' Baim, RN, spoke about, "Resiliency: caring for our patients, our peers, and ourselves."



Staff nurse, Amani Haynes, RN, shares her thoughts about ballot Question #1, and other MGH nurses show their support for same.



Nursing



The OR Sharps Committee had the acronym, SHARP (Safe Handling And Recommended Practices) embroidered on surgical caps to encourage dialogue about sharps safety. The campaign is improving sharps injury rates in the OR.



The Neonatal ICU celebrated 300 days without a CLABSI, the result of multiple Plan-Do-Study-Act cycles and a shift-to-shift central-line maintenance check list.



Celebrating Certified Nurse Day are the Jean Ridgway Tienken scholarship recipients (l-r): Kathleen Roy, RN; Gina Coughlin, RN; Erin Graves, RN; guest speaker, Paula Milone Nuzzo, RN; Debbie Burke, RN; Carol Tienken; Djerica Lamousnery, RN; Jillian Greenberg, RN; and Stephanie O'Neil, RN.



Celebrating Pediatric Nurse Week with an educational booth in the Main Corridor are (l-r): Alexa O'Toole, RN; Cathy Harris, RN; Kim Waugh, RN; and pediatric nursing director, Lori Pugsley, RN.



Cardiac scholars, Gail Leslie, RN, (left), and Ellen Robinson, RN (right), with (l-r): Vanessa Poirier RN; Rachel Desmaris, RN; and Ainsley Pauley, RN.



Celebrating Nurse Week at the Museum of Science



Excellence in Action Awards went to (clockwise from top left): the White 8 Medical Unit; a joint award to the Pediatric, Surgical, and Blake 12 ICUs; and Palliative Care and the Lunder 7 Neuroscience Unit with special recognition to Abigail Blair, RN; Paige Fleming, RN; Sudha Natarajan, RN; and Hayley Oman, RN.



Tina Stone, RN, became the first associate chief nurse for Case Management and Community Health. She is pictured above (center back) with members of the Case Management Department.



Clinical Support Services celebrated unit-service-associate Employees of the Month with a special luncheon reception.



YMCA Achiever Award recipients, Waveney Cole (left) and Joelle Leacock, CNM.



Hundreds of MGH employees stood in solidarity against gun violence during the national school walk-out, March 14, 2018.



Celebration of Stars award recipients (l-r; back to front): Molly Rossiter; Katelyn Daley; and Allison Sung; Natalie St. Hill; Jean Murray; Sarah Wright; and Emily Smith-Sturr; Kettly Vilbrun; Colleen McGauley; Catherine Cusack; Shawn McEntee; Dina Araujo; Suzanne Hally; and Joseph Meekins.



Authors of the children's book, *Rescue & Jessica*, a life-changing friendship (l-r): Patrick Downes, Jessica Kensky, RN, and illustrator, Scott Magoon, at book-signing following screening of *Marathon: the Patriots Day Bombing*.



Working on Thanksgiving didn't dampen the spirits of White 8 medical staff, who donned appropriate head-wear for the occasion.

And remember this...?



NERBNA Excellence in Nursing Practice Award recipient, Silvianna Ngueta, RN (center), with Gaurdia Banister, RN (left), and NERBNA president Tarma Johnson, RN.



In October, the Council on Disability Awareness and the Knight Nursing Center staffed an information table in the Main Corridor (left) and hosted, "Improving Care for People with Disabilities and Spinal-Cord Injuries," with presenters, Chloe Slocum, MD, and David Estrada.



As part of our global health initiative, nurses from Bangabandhu Sheikh Mujib Medical University discuss palliative care nursing at a train-the-trainer conference in Dhaka, Bangladesh.



PCS Management Systems' dashboard consolidation project streamlined nearly 70 tableaus down to 5, making it faster and more user-friendly, and driving new performance insights.



IDEA Innovation Grant recipients (clockwise from top left): Virginia Capasso, RN; Michael Tady, RN; Molly Higgins, RN; Shelley Stuler, RN (left) and Bernadette Quigley, RN; and Sara Basiliere, OTR/L (left) and Helena Diodati, OTR/L.



On January 31, 2018 (above left), MGH received word that we had been re-designated a Magnet hospital. In October, MGH nurses attended the ANCC National Magnet Conference in Denver, where it looks like a good time was had by all.



The Norman Knight Nursing Center had a very successful year meeting the professional-development and educational needs of staff throughout Patient Care Services.



The MGH Revere HealthCare Center Youth Zone offered youngsters a place to go to learn, socialize, and have fun.



The Blum Center responded to increasingly high demand for health information, provided a record number of plain-language and health-literacy consultations, and expanded its scope of educational programs and presentations.



At the annual SAFER Fair, collaborative governance committees shared the work they're doing to keep patients safe.



The White and Ellison 7 surgical dedicated education units marked their 10th anniversary with a celebration in the Haber Conference Room.



Many members of PCS were recognized at last year's Patient Experience Awards. Above, the Lunder 8 Neuroscience Unit was recognized for achieving all its focus indicator targets.

What about this...?



Members of our Global Disaster Response team aboard the *USNS Comfort* in Central America managed to convey their team spirit from miles away. Go Sox!



Members of the PCS Ethics in Clinical Practice Committee staffed their 18th advance care planning booth.



We saw a record-breaking number of posters during this year's Nursing Research Day, and enjoyed the presentation of Munn and Ives Erickson Nursing Research Awards.



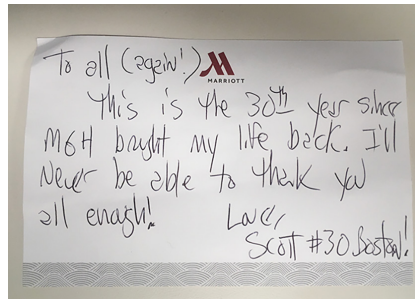
On May 30, 2018, MGH held its annual Iftar under the Bulfinch tent enabling Muslims from throughout the MGH community to end their daily fast together during the Islamic month of Ramadan. The event drew families from Iran, Iraq, Afghanistan, Syria, Saudi Arabia, Nigeria, Greece, Palestine, Bangladesh, Egypt, Morocco, Turkey, India, and Pakistan.



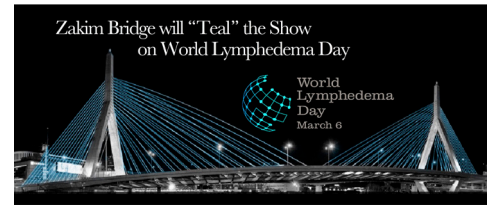
The PCS Office of Quality & Safety sponsored two Anatomy of a Safety Events, one focusing on falls in the inpatient setting (top left and bottom) and one on managing disruptive patient behavior.

JOIN THE VOICES FOR RECOVERY				
September				
Monday	Tuesday	Wednesday	Thursday	Friday
1 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	2 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	3 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	4 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	5 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event
6 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	7 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	8 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	9 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	10 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event
11 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	12 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	13 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	14 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	15 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event
16 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	17 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	18 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	19 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	20 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event
21 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	22 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	23 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	24 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	25 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event
26 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	27 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	28 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	29 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event	30 10 AM - 12 PM: Recovery Month Kick-off Event 12 PM - 2 PM: Recovery Month Kick-off Event 2 PM - 4 PM: Recovery Month Kick-off Event

Schedule of educational events held during National Recovery Month



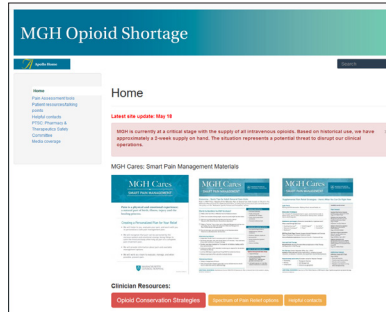
Thank-you note to the Neuro ICU from 30-time marathoner Scott Nanfelt



On March 6th, the Zakim Bridge glowed a soft shade of teal as it joined MGH in celebrating World Lymphedema Day



Partners announced a shift away from Blue Cross Blue Shield to Allways Health to give Partners greater control over the design and cost of employee health plans



Members of PCS were part of the multi-disciplinary team to create a special opioid shortage website on Apollo, the MGH intranet site

What one word best describes your thoughts or feelings about today's Anatomy of a Safety Event session?



A wordle reflecting audience reaction to the Speak Up for Safety: Anatomy of a Safety Event that focused on falls in the inpatient setting



Patient Food Services introduced the new Patient Menu Guide as a resource for patients, families, and nurses in addressing questions about food options

December 31, 2018

Huddle Message: *advocate*

WE ALL SHAPE THE PATIENT EXPERIENCE

icare STANDARD:

I advocate on behalf of patients, families, colleagues and myself.

BEST PRACTICE:

Lighting in patient rooms is challenging, for both staff and patients. When providing care at night, and for patients in double-bedded rooms, use only necessary lights and be mindful to only turn on the lights above the patient's bed.

OUR PATIENTS' PERSPECTIVE:

"I wish there was a way to complete needed tasks without the very bright lights. Every time staff had to come in to tend to my roommate, the lights going on and the noise - it was disturbing and prevented me from sleeping."

icare, how can I make a difference?

- When going into patient rooms at night, only turn on lights that are necessary to provide care. In double-bedded rooms it's important to make sure you are turning on the correct patient's lights) so the other patient is disturbed as little as possible.
- In some instances, you may be able to decrease the brightness or light in a patient room by shutting off the monitor to the computer/PC (only the monitor) after providing care. This will darken the room and may allow the patient to rest easier.

We Welcome Your Feedback
Please send your comments and care stories to:
MGI-Spoke@experience@mgih.harvard.edu

OFFICE OF PATIENT EXPERIENCE

iCARE Huddle poster reminds staff and visitors of the importance of quiet at night and the positive effect of rest on healing

We Heard You

Informatics Rounds

using feedback from front-line staff to drive improvements to eCare

— by Ann Marie Dwyer, RN, Director, PCS Informatics

The most recent survey of Patient Care Services' professional practice environments revealed a high level of frustration among respondents with the amount of time and preparation that our "new" integrated electronic health record has increased the burden of nursing documentation. To address this issue, PCS Informatics developed a rounding program whereby a more informed makes monthly visits to medical, surgical, and ICU units to discuss documentation issues and provide education to staff.

Since the program began in January, the Informatics team has met with approximately 150 nurses, patient care associates, and operations associates each month. The active engagement of staff, both in unit discussions and work-groups, has resulted in significant improvements, generally and throughout the Partners network.

Changes that have been implemented as a direct result of issues identified during informatics rounds include:

- re-design of the Overview page: removed items found in Patient Story, added Signed and Held, the Incent, Patient Care, and other key index reports
- re-design of the After Visit Summary (AVS): eliminated redundancies and added page breaks
- creation of the multi-disciplinary Sign and Held Order Work Group to reduce confusion associated with these orders
- creation of the Log-on Work Group to investigate ways to reduce the length of time it takes to log in to the system
- re-organization of the Admission Navigator to the Health Care Drive can be found and find appropriately
- clarification and revision of Workflows such as flu vaccine and pain assessment when patient is sleeping

Issues slated for future improvement include:

- creation of a Transition Handbook for ICU and involvement of ICU documentation
- code documentation
- skin assessment
- diagnostic documentation
- streamlining of documentation and communication for IV team

These improvements to the documentation process would not have been possible without invaluable input from front-line staff.

For more information about informatics rounds, contact Ann Marie Dwyer, RN, at 617-724-3564.

December 13, 2018 — Caring Headlines — Page 9

Many changes have been implemented in eCare as a direct result of the PCS Informatics rounding program that solicits feedback from front-line staff

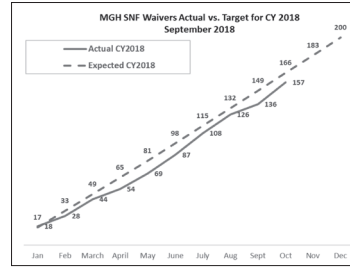
Icons and visual aids helped foster



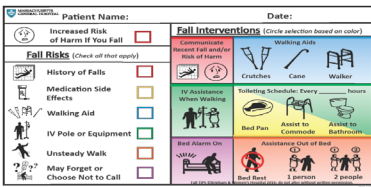
Showing our opposition to Ballot Question #1 and our support of patient safety and nursing autonomy



First Voter Registration Day at MGH



Graph shows the success of the Skilled Nursing Facility Waiver Program in avoiding hospital admissions by bypassing the Medicare 3-day rule



MGH adopted the TIPS (Tailoring Interventions for Patient Safety) program, an evidence-based fall-prevention initiative that has been implemented in inpatient areas throughout MGH



On Wednesday, January 31, 2018, MGH received word that we had been re-designated a Magnet hospital

Indicator	Description	Score
Facial Expressions	0 = Relaxed, neutral facial expressions 1 = Tense: Frowning, brow-lowering, orbit tightening, &/or jerky contractions 2 = Grimace: All of facial criteria above plus eyelids tightly closed	
Body Movements	0 = Absence of movements (does not necessarily mean no pain) 1 = Protection guard, withdrawal: Slow, cautious movement, rubs pain site 2 = Restlessness/twisting: Pain relief attempt to sit, climb out of bed, thrash, writhes out	
Muscle Tension	0 = Relaxed: No resistance to passive arm movement 1 = Tense, rigid: Resists to passive arm movement 2 = Very tense, rigid: Strong resistance to passive movement	
Ventilation compliance	0 = Tolerating ventilator; no alarms 1 = Intermittent alarms; stop spontaneously; coughing 2 = Fight ventilator asynchronously; frequent alarms	
Verbalization (if intubated)	0 = Quiet normal tone 1 = High, moaning 2 = Crying out, sobbing	
TOTAL:		

The Institute for Patient Care encouraged consistent use of the appropriate pain-assessment tool in managing and treating patients' pain



Poster announces the premiere screening of *Marathon: the Patriots Day Bombing*, at MGH, which was followed by a discussion and book signing with MGH staff nurse, Jessica Kensky, RN, her husband, Patrick Downes, and illustrator, Scott Magoon



On March 19th, MGH celebrated Certified Nurses Day with a special Nursing Grand Rounds and distribution of certified nurse pins

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, HRS Reports, patient CHR, 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, likelihood of recurrence, provider and leadership input.

The Safety Reporting system:

- Use this site 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

Staff were kept apprised of important information and changes through practice updates and alerts issued by the PCS Office of Quality & Safety

Published by
Caring Headlines is published twice a month by the department of Nursing & Patient Care Services.

Publisher
Debbie Burke, RN, senior vice president for Patient Care

Managing Editor
Susan Sabia

Editorial Advisory Board:
Disability Program Manager
Zary Amirhosseini

Editorial Support
Marianne Ditomassi, RN
Mary Elin Smith, RN
Maureen Schneider, RN

Informatics
Ann Marie Dwyer, RN

Medical Interpreters
Carmen Vega-Barachowitz, SLP

Materials Management
Edward Raeke

Nutrition & Food Services
Donna Belcher, RD
Susan Doyle, RD

Office of Patient Advocacy
Robin Lipkis-Orlando, RN

Office of Quality & Safety
Colleen Snyderman, RN

Orthotics & Prosthetics
George Reardon

PCS Diversity
Deborah Washington, RN

Physical Therapy
Occupational Therapy
Michael Sullivan, PT

Police, Security & Outside Services
Joe Crowley

Public Affairs
Colleen Delany

Respiratory Care
Ed Burns, RRT

Social Work
Ellen Forman, LICSW

Speech, Language & Swallowing
Disorders and Reading Disabilities
Carmen Vega-Barachowitz, SLP

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

For more information, call:
617-724-1746

Next Publication
February 7, 2019

communication...

Because of you...



...was a very good year.



January 24, 2019

Returns only to:
Volunteer Department, GRB-B 015
MGH, 55 Fruit Street
Boston, MA 02114-2696

First Class
US Postage Paid
Permit #57416
Boston, MA

