

Caring

Headlines

September 7, 2017



New pediatric wheelchairs

listening to the voice of our patients with a little help from the Pediatric Oncology Patient-Family Advisory Committee

(See story on page 5)

10-year-old patient, Jennifer Perez, is a perfect fit for these new pediatric wheelchairs, the culmination of an idea brought forward by a parent at a meeting of the Pediatric Oncology Patient-Family Advisory Committee.

Charlottesville, Heather Heyer, and moral authority

Moral authority is 'that thing' that makes us want to strive to be the best version of ourselves. It impels us to do the right thing, even when doing the right thing might be hard, or unpopular, or risky—as it certainly was for Heather Heyer.

We were all shocked and appalled by the events that unfolded in Charlottesville, Virginia, on the weekend of August 12, 2017. The hatred and violence unleashed at the

Unite the Right rally by white supremacists and neo-Nazis resulted in the death of 32-year-old, local resident, Heather Heyer, who was killed when a white supremacist drove his car into a crowd of unsuspecting, anti-rally protesters. Heather was killed standing up for what she believed in. She was killed defending justice and equality, the very values on which our country was founded.

State Police troopers, Lieutenant Jay Cullen and Trooper Berke Bates, were killed in a rally-related helicopter accident that same day. Three senseless deaths, the direct result of hatred, ignorance, and arrogance.

In the days and weeks after Charlottesville, the phrase, 'moral authority,' was heard quite a bit as the country looked to its local and national leaders for solace, guidance, and reassurance. Some leaders fell short in their attempts to assuage public outrage. I was very proud that MGH leadership was quick to issue a statement. In an All-User e-mail on August 14th, MGH president, Peter Slavin, MD, and MGPO chairman and CEO, Tim Ferris,



Jeanette Ives Erickson, RN, senior vice president
for Nursing & Patient Care Services and chief nurse

MD, wrote: "Public officials from across the nation and organizations from civil rights groups, to churches, to professional sports teams, have called for our country to unite against hatred, racism, and violence. MGH joins with them in standing up and speaking out against all forms of bigotry and intolerance."

I've thought a lot about the idea of moral authority since then, and I've come to the conclusion that moral authority is far too important for us to relinquish it to others. We each need to find moral authority within ourselves. Moral authority is 'that thing' that makes us want to strive to be the best version of ourselves. It impels us to do the right thing, even when doing the right thing might be hard, or unpopular, or risky—as it certainly was for Heather Heyer.

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In her now-famous, final Facebook post, Heather wrote, "If you're not outraged, you're not paying attention." Well, those of us who are paying attention, are outraged. But we can't let that outrage draw us into the storm of hate and vitriol that is dividing the country. That would dishonor Heather's sacrifice.

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I think of the message Heather's mom, Susan Bro, delivered in her eulogy of her daughter. She said (in part):

We don't all have to die. We don't all have to sacrifice our lives...

So here's what I want to happen...

This is just the beginning of Heather's legacy...

You need to find in your heart that small spark of accountability. [Ask yourselves] What is there that I can do to make the world a better place...

Let's find that spark of conviction, let's find in ourselves that action, let's have the uncomfortable conversations...

The truth is, we are going to have our differences, we are going to be angry, but let's will that anger—not into hate, not into violence, not into fear—but let's channel that anger into righteous action...

I want you to pay attention. Find what's wrong; don't ignore it; don't look the other way. Make a point

of looking at it and say to yourself, 'What can I do to make a difference?'

I want Heather's death to be a rallying cry for justice, and equality, and fairness, and compassion.

Racism, white supremacists, and neo-Nazis have no place in our society or in the diverse and caring environment of MGH.

I know you all join me in committing to the values of this organization and the steadfast promise to treat one another with decency and respect. We must have the moral courage to repair and move forward.

I leave you with this quote from President Ronald Reagan: "Above all, we must realize that no... weapon in the arsenals of the world is so formidable as the will and moral courage of free men and women. It is a weapon our adversaries in today's world do not have."

May peace be with us all as we seek ways to take 'righteous action' against hatred, bigotry, and violence.

Our thoughts and prayers are with the people of Texas and Louisiana as they struggle in the aftermath of one of the most destructive storms in recent history.

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(Cover photo provided by staff)

Sepsis: early detection and treatment saves lives

—by Gino Chisari, RN, director, The Norman Knight Nursing Center; and Colleen Snyderman, RN, director, PCS Office of Quality & Safety

More than one million cases of sepsis are reported every year. It is the 11th leading cause of death in the United States and the #1 cause of death in non-coronary ICUs.

The Centers for Disease Control and Prevention (CDC) define sepsis as, “a complication caused by the body’s overwhelming and life-threatening response to an infection that can lead to tissue damage, organ failure, and death.” They report that sepsis is often associated with pneumonia and urinary-tract infections. Specific causative bacteria include; staphylococcus aureus, escherichia coli, and certain types of streptococcus. While anyone can develop sepsis from an infection, it occurs most often in people 65 or older, younger than 1 year old, and those with weakened immune systems or chronic medical conditions, like diabetes. A CDC evaluation found that more than 90% of adults and 70% of children who developed sepsis had a health condition that may have put them at risk.

More than one million cases of sepsis are reported every year. It’s the 11th leading cause of death in the United States and the #1 cause of death in non-coronary ICUs. It’s one of the most expensive conditions to treat in hospitals and may contribute to up to 50% of hospital deaths. Survivors are at a higher risk for recurrence, re-admission, and cognitive and functional impairments.

The sepsis continuum begins with sepsis and can advance to severe sepsis or septic shock. Severe sepsis is sepsis with sepsis-induced organ dysfunction or hypoperfusion; septic shock is severe sepsis plus hypotension despite large amounts of intravenous fluids. Early recognition and treatment can keep the more advanced forms of sepsis from developing. Because of the increased incidence of sepsis, this year the Center for Medicare and Medicaid Services (CMS) issued new reporting requirements for healthcare facilities.

MGH has created the Sepsis Steering Committee, co-chaired by Emily Aaronson, MD; Michael Filbin, MD; Kathryn Hibbert, MD; and Colleen Snyderman, RN, to try to improve the timely detection and treatment of sepsis and septic shock by, among other things, reinforcing awareness that early identification and treatment saves lives.

Often, nurses are the first to identify subtle changes in patients that can indicate actual or impending sepsis. Early communication with the inter-disciplinary team is critical to ensuring timely treatment. At each assessment, nurses should ask, ‘Is my patient at risk?’ Identify and report any patient with changes in urine output, increased oxygen requirements, changes in consciousness, mental status, or vital signs. Listen to that ‘gut feeling,’ and act on it. Early detection and treatment saves lives.

So does education. A sepsis educational plan will soon be rolled out across Nursing and Patient Care Services, including information on the signs, symptoms, causes, and treatment of sepsis. The program will introduce staff to some new tools for monitoring and tracking sepsis (a sepsis order set, sepsis navigator, sepsis best practice alerts, and sepsis reports).

Early detection and treatment saves lives, but preventing infection in the first place keeps sepsis from developing. Hand hygiene is the most effective means of preventing infection. Early urinary-catheter removal is another. Become a sepsis champion. Look for the launch of the sepsis-specific resource page on the Excellence Every Day portal.

For more information, contact the Knight Center for Clinical & Professional Development at 617-726-3111.

Pediatric wheelchairs

making transport more comfortable for children in the outpatient setting

—by Elyse Levin-Russman, LICSW, clinical social worker

Currently, 11 brightly colored chairs are available in the Yawkey Building to transport children to parking garages, appointments, and clinical areas throughout the hospital.

In the spring of 2016, as Michael Doiron and Jeffrey Frankland made frequent visits to the Pediatric Hematology-Oncology Unit with their daughter, Ava, they voiced concern for her comfort being transported in an adult-sized wheelchair. Like other children receiving oncology treatment, it was necessary for Ava to be taken to various specialty-care and procedure areas throughout the hospital. Doiron, a member of the Pediatric Oncology Family Advisory Committee, shared his thoughts about adult-sized wheelchairs with the group and found that other members had similar concerns.

Said Doiron, “Ava would hit her head on the pole, and we were always using pillows and blankets to craft elaborate ways to make her comfortable in a chair that was intended for grown-ups.”

Clinical social worker and facilitator of the Family Advisory Committee, Elyse Levin-Russman, LICSW, spoke to clinicians in other pediatric outpatient practices and convened a multi-disciplinary group to brainstorm ideas for obtaining pediatric wheelchairs for children in the outpatient setting. Leaders from Nursing, Physical Therapy, Materials Management, Police & Security, and Pediatric Administration worked together to turn Doiron’s idea into a reality. Doiron’s participation helped personalize the importance of ensuring children’s comfort ‘in whatever ways possible.’

Said Levin-Russman, “Central to our mission and values is the desire to enhance the patient experience. This was clearly an instance where we could make a positive difference.”

Enlisting the expertise of Tom Halliday (Halliday Medical Marketing), the committee designed

a wheelchair, incorporating features to ensure children’s comfort and safety. Materials Management provided funding for the initial fleet of pediatric wheelchairs and worked with Police & Security to develop a plan for storing and tracking them.

Currently, 11 brightly colored chairs are available in the Yawkey Building to transport children to parking garages, appointments, and clinical areas throughout the hospital. Said 10-year-old patient, Jennifer Perez, “This is so much more comfortable than the big chairs. These are made for kids my size!”

The pediatric wheelchair initiative is a pilot program; the committee hopes to expand it to other clinical areas. For more information, call Elyse Levin-Russman, LICSW, at 617-724-0757.



(Photo provided by staff)

Carrie Hall: MGH SON graduate makes her mark during WW I

—submitted by the MGH Nursing History Committee

Within 30 days of Congress voting to enter World War I, six American base hospitals were ordered to France to care for US soldiers. Base

Hospital No. 5, also known as the second Harvard Unit, was the second to deploy, led by Dr. Harvey Cushing, noted neurosurgeon at Peter Bent Brigham Hospital, and chief nurse, Carrie Hall, MGH School of Nursing (SON) graduate, class of 1904.

Deployment of these units was so rushed, nurses embarked from New York Harbor in civilian attire with no time to wait for their Red Cross uniforms.

Carrie Hall,
MGH School of Nursing
graduate, class of 1904.



They forewent the customary apprenticeship for military duty; the reputations of their respective institutions sufficient to allow the US Army to accept them without delay.

Many MGH nurses had been overseas since 1915 serving in the first Harvard unit in France and other units attached to the British Expeditionary Force. Now under official US declaration of war, Base Hospital No. 5 departed aboard the *Saxonia* steamship, May 11, 1917.

Hall epitomized the ideals of the Army Nurse Corps, having keen executive abilities, sound judgment, and diplomacy. While a student at MGH, she'd been appointed head nurse of a patient care unit, and following graduation, held various roles of increasing responsibility, including superintendent of nurses. In 1910, she enrolled at Teacher's College at Columbia University, where she studied Hospital Economics, which proved fortuitous as her next position was founder and first superintendent of the Peter Bent Brigham Hospital School of Nursing. It was this position that Hall left to join Base Hospital No. 5 to prepare the unit for war.

Upon arrival in France on May 31, 1917, Base Hospital No. 5 was assigned to No. 11 General Hospital, British Expeditionary Force, in Camiers, France. This unit was adjacent to the original Harvard Unit and close to other MGH nurses in the area. No. 11 was a well-established, tented, British facility of 2,000 beds. Situated mid-way between the mouth of the Somme River and Calais, it was almost always filled to capacity.

Once settled, Hall, then president of the MGH Nurses Alumnae Association, invited 18 MGH SON grads for a picnic at a nearby beach. They

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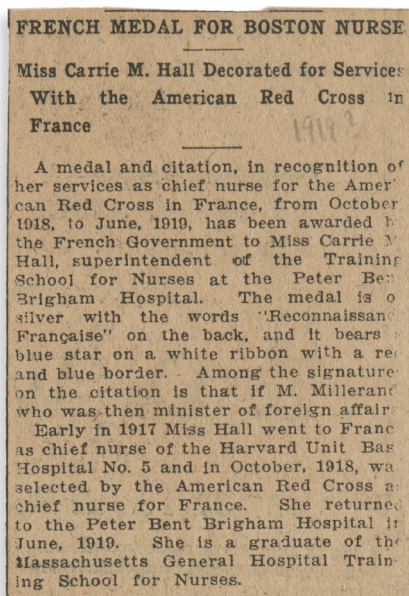
talked of home and shared concern for the whereabouts of the RMS *Aurania*, which was transporting the MGH unit, Base Hospital No. 6, across the Atlantic. Rumors had reached them that a German submarine had sunk the ship. But within days they would learn that the *Aurania* had safely crossed the English Channel.

Work in base hospitals was challenging, wrought with periods of intense strain, monotony, and exhaustive hours. Nurses and surgeons often worked until they were no longer able to stand, sometimes literally dropping at operating tables from fatigue. Originally, nurses were supposed to work well away from combat areas, but with new medical groups being organized, surgical and gas treatment teams were mobilized closer to the front. And nurses were key members of those teams.

Nurses who remained at base camps faced their own battle-related dangers in the form of air raids and bombings. On September 3, 1917, several enemy bombs hit Base Hospital No. 5, killing a surgeon and three enlisted men and leaving one nurse with facial wounds. Following that raid, General Douglas Haig cited Hall for courage and efficiency under enemy fire.

Because of her extensive knowledge and experience, in May, 1918, Hall assumed directorship of the American Red Cross in Great Britain. She reported to the Bureau of Nursing Service of the American Red Cross in Washington, DC, and was responsible for the enrollment, assignment, and direction of all Red Cross nurses caring for Americans wounded in England. This included six hospitals for which Hall oversaw staffing and equipment, and the opening of a 60-bed hospital in London for sick and wounded American nurses.

Hall established convalescent homes in England to provide nurses who served on the front some much needed rest and relaxation. The severity and strain of nurses' work in war-time conditions took its toll.



Said Hall, "There is another kind of stress that they are subjected to, a sympathetic strain due to the condition of the patients. The nature of the wounds treated in a military hospital is more horrible than wounds caused by industrial accidents at home. High explosives produce ghastly results."

While in London, Hall formulated recommendations that became the basis for all future Red Cross nursing organizations overseas. The British government presented her with the Royal Red Cross of King George V (First Class).

During the summer of 1918, Hall transferred to assist the chief nurse of the American Red Cross in France, and later took over the position, remaining in that

role for six months after the Armistice.

From June, 1917, to February, 1919, the American Red Cross in France cared for 86,787 patients of the American Expeditionary Forces in 24 military hospitals. They organized, staffed, and equipped the 50 French Medical Department's base hospitals, essentially treating a third of the American battle casualties of the European War.

The French government awarded Hall the *Medaille de la Reconnaissance* for her service to their country. The International Committee of the American Red Cross presented her with the Florence Nightingale Medal for her exceptional courage and devotion to victims of conflict—the highest international recognition that can be bestowed on a nurse.

This year marks the 100th anniversary of the United States entering World War I. Look for other installments from the MGH Nursing History Committee in future issues of *Caring Headlines*. For more information, contact Georgia Peirce, special projects manager, at 617-724-9865.



(Photos courtesy of the Countway Library of Medicine Center for the History of Medicine)

4th annual MGH Service Excellence Awards

—by Cindy Sprogis, senior project manager, Practice Improvement

The fourth annual MGH Service Excellence Awards were presented at a ceremony, July 20, 2017, at the Wyndham Hotel. Awards went to inpatient units, outpatient practices, leaders, individuals, departments, programs, and teams for extraordinary achievement in improving the patient experience at MGH. Once again, the red carpet was rolled out for 250 attendees and more than 80 recipients.

Inga Lennes, MD, senior vice president for Performance Improvement and Service Excellence, MGPO, served as mistress of ceremonies. She was joined by MGH president, Peter Slavin, MD; Greg Pauly, chief operating officer,

MGPO; Jeanette Ives Erickson, RN, senior vice president for Patient Care; and Mary Cramer, executive director, Organizational Effectiveness and chief experience officer.

Said Slavin, “At MGH, a superior patient experience is the essence of the care we provide. Our commitment to excellence and our on-going work to perpetually improve is at the heart of what we do every day.”

Said Pauly, “On behalf of our physicians, I bring congratulations for your impressive commitment to patients and families.”

“Our hospital’s legacy,” added Ives Erickson, “is that, ‘When in distress, everyone is our neighbor.’ Today we celebrate the many ways MGH employees bring that sentiment to life.”

Said Cramer, “You are all doing exceptional work and taking exceptional care of our patients. We’re thrilled to have this opportunity to say, ‘Thank-you.’”

More than 150 nominations were submitted; so choosing the recipients was a challenge. The complete list of recipients, including honorable mentions, can be viewed on the big-screen TV across from the MGH Gift Shop in the coming weeks. For more information, call Cindy Sprogis, senior project manager, at 617-643-5982.

Inpatient award recipients from Blake and Ellison 13 (top); White 6 (bottom left), and White 10 (bottom right).



(Photos by Paul Batista)

Remembering Charlottesville and committing to act for racial equality

—by chaplain, Kate Gerne, MDiv, and chaplain resident, Erica Long, MDiv

On Wednesday, August 16, 2017, Chaplaincy held a service of Peace and Reconciliation to acknowledge the events that took place in Charlottesville, Virginia, on Friday, August 11th. The service brought MGH employees together as one community committed to excellence not just in medicine and research, but in moral character and human decency.

Chaplain resident, Erica Long, and pediatric chaplain, Kate Gerne, led the service intended to provide attendees with an opportunity to reflect, mourn, and act.

Said Long, “We come together today to resist fear, resist silence, and resist hatred. After these appalling events in Charlottesville, we must speak up and reject racism, anti-semitism, and the hatred and

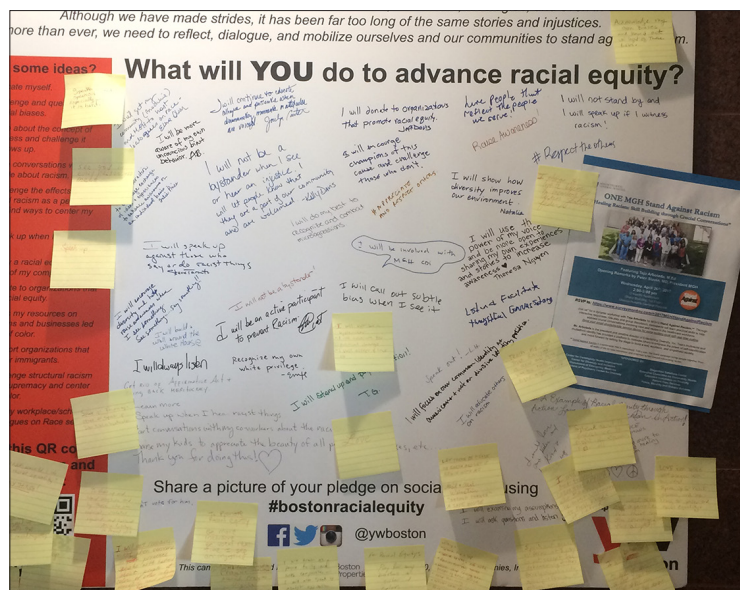
bigotry that led to the violence in Virginia. We must speak up, and we must take care of one another.”

Rabbi Sam Seicol read the MGH Credo and Mission Statement, reminding attendees that, “Our primary focus is to give the highest quality care to patients and families in a culturally sensitive, compassionate, and respectful manner.”

Pediatric chaplain, Kate Gerne, shared her personal recollections of attending the counter-protest in Charlottesville. She spoke about why she and a friend went to Virginia to bear witness to the hatred and protest white supremacy and neo-Nazism. Gerne encouraged attendees to look within themselves and ask, "Am I being complicit? Do I stand up for justice? Do I speak truth to power? Am I doing all I can?"

Chaplains prayed for those who've lost their lives in recent years to hatred and bigotry. Reverend Dean Shapley led the congregation in a litany invoking past leaders who've worked for justice and equality, who took risks to protect the under-served, and who dedicated their lives to building a just and loving world.

Attendees were invited to declare ‘what they would do for racial equality’ and write it on a sticky note. Long and Gerne led the congregation from the Chapel to the Main Corridor singing an African American Spiritual. When they arrived at a poster in the Main Lobby that read, “What will you do for racial equity?” participants affixed their sticky notes to the poster in a show of solidarity and commitment to action.



PCS Responds to Patient Safety Culture Survey

We want you to know—we heard you!

—by Colleen Snyder RN, and Karen Miguel, RN, of the PCS Office of Quality & Safety

Would you miss your annual physical or your child's vaccination appointment? As we prepare to administer the next MGH Patient Safety Culture Survey on September 26, 2017, we hope you'll take the 'pulse' of your team/unit/department, and when you complete your survey, encourage your colleagues to do the same.

Why is culture important? Culture reflects the behaviors and beliefs of an organization. Culture is local; it's the 'social glue' that holds an organization together. Every unit or care setting is a microcosm of those beliefs and behaviors. The Patient Safety Culture Survey shines a light on the 'health' of individual units and teams.

Many factors influence team excellence. The strongest predictor of clinical excellence is when caregivers feel safe speaking up if they perceive a problem with patient care. When this concept of 'psychological safety' is present, team

members are more comfortable raising concerns, more satisfied in their jobs, they work harder, and are committed to staying in their positions longer.

The PCS Office of Quality & Safety understands this dynamic and embraces the framework of excellence created by the Institute for Healthcare Improvement.

The illustration at left depicts an equal balance between culture and a

good learning system with the engagement of patients and families firmly at the core. Strong leadership is the linchpin that holds it all together.

This past spring, The Joint Commission weighed in on the topic with the release of its Sentinel Alert #57, *The essential role of leadership in developing a safety culture*. These 11 Tenets of a Safety Culture (see below) encourage organizations to reflect on their commitment to quality and patient safety and the cultural health of their organizations.

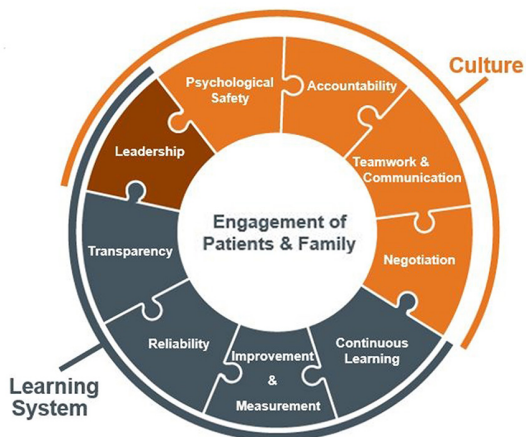
How did we do on our last safety culture survey? Our 2015 scores across domains were similar to our 2012 scores, and the relative performance across domains was fairly stable. PCS continues to perform well with Communication Openness and Overall Perceptions of Patient Safety. We saw significant improvement in Handoffs and Transitions. And we still have work to do in Non-Punitive Response to Errors, with scores slightly above 50%.

Our overall hospital performance exceeded the national teaching-hospital average (including 243 teaching hospitals in 2014) in six of 12 domains.

What did we do with this information? To improve handovers and transitions, we se-

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Framework for safe, reliable, effective care



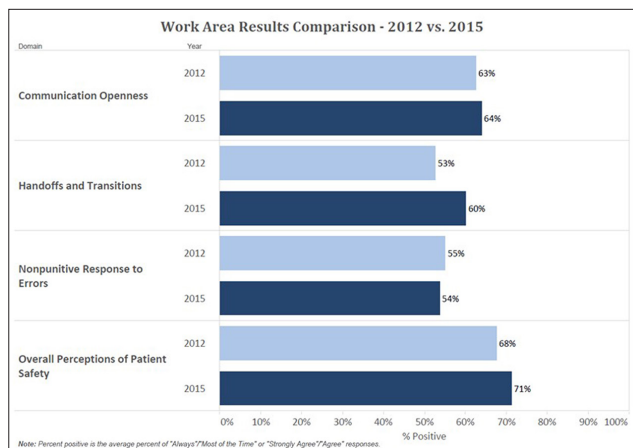
©The Institute for Healthcare Improvement and Safe and Reliable Healthcare

11 Tenets of a Safety Culture	
Definition of Safety Culture Safety culture is the sum of what an organization is and does in the pursuit of safety. The Patient Safety Systems (PSS) chapter of The Joint Commission accreditation manual defines safety culture as the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety.	
1	Apply a transparent, nonpunitive approach to reporting and learning from adverse events, close calls and unsafe conditions.
2	Use clear, just, and transparent risk-based processes for recognizing and distinguishing human errors and system errors from unsafe, blameworthy actions.
3	CLUs and all leaders adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors.
4	Policies support safety culture and the reporting of adverse events, close calls and unsafe conditions. These policies are enforced and communicated to all team members.
5	Recognize care team members who report adverse events and close calls, who identify unsafe conditions, or who have good suggestions for safety improvements. Share these "free lessons" with all team members (i.e., feedback loop).
6	Determine an organizational baseline measure on safety culture performance using a validated tool.
7	Analyze safety culture survey results from across the organization to find opportunities for quality and safety improvement.
8	Use information from safety assessments under surveys to develop and implement unit-based quality and safety improvement initiatives designed to improve the culture of safety.
9	Engage safety culture team training into quality improvement projects and organizational processes to strengthen safety systems.
10	Proactively assess system strengths and vulnerabilities, and prioritize them for enhancement or improvement.
11	Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.

lected iPASS (Illness Severity, Patient Summary, Action List, Situational Awareness/Contingency Planning, Synthesis) as our common handover method. iPASS has been shown to be effective in reducing adverse events, and PCS played an integral part in institution-wide, inter-disciplinary training and implementation.

Several actions have been taken to advance our non-punitive response to errors, communication openness, and overall perceptions of safety:

- The formation of the PCS collaborative governance Quality & Safety Committee. This staff nurse-based team discusses safety issues, reviews trends, and serves as a vehicle for sharing learning with colleagues and bringing concerns back to the committee. All clinicians are encouraged to seek out their local committee representative
- Practice Alerts are rooted in actual safety events and were established as a mechanism for communicating lessons and insights
- Wisdom narratives have become part of our safety culture as clinicians reflect on safety-related and/or near-miss scenarios and share those stories publicly
- A new program introduced by the PCS Office of Quality & Safety, called, Anatomy of a Safety Event, allows clinicians to share details of an actual reported safety event and the findings of the subject-matter experts who reviewed the case. The resulting process-modifications and improvements are also shared to close the loop from event to resolution



- QAPI: Quality Assurance Process Improvement. Institutional improvement efforts are ongoing, but it's important to recognize that culture varies across units and departments. Local nursing leaders are working with staff to identify unit-specific priorities based on their unique unit data. The PCS Office of Quality & Safety supports these efforts and leads sessions for nursing leaders to help facilitate development of unit-specific improvement plans

- The PCS *Speaks Up for Patient Safety* video was developed to highlight the great work staff are doing to advance patient safety. The video is shared with all new staff during on-boarding and in many other forums. The video can be found at: <https://www.youtube.com/watch?v=gYeg6WM0vUU&feature=youtu.be>

The MGH Center for Quality & Safety will administer the Patient Safety Culture Survey for both inpatient and ambulatory settings. The questionnaire takes about 10 minutes to complete, it's anonymous, and it's geared toward employees and caregivers who have direct patient contact and work at least 20 hours a week.

Surveys will be e-mailed from Pascal Metrics, an independent vendor (support@pascalmetrics.com), with the subject line: "MGH/MGPO Safety Culture Survey."

Please do your part. Share your thoughts and perceptions by completing the Patient Safety Culture Survey.

For information about quality and safety initiatives, contact Karen Miguel, RN, at 617-726-2657, or Colleen Snyderman, RN, at 617-643-0435. For specific information about the survey, contact Vickie Stringfellow at 617-724-3597, or Jana Deen at 617-724-3075.

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Patient Safety Culture Survey coming later this month

Question: I heard we're having another Patient Safety Culture Survey.

Jeanette: Yes. MGH conducts a safety culture survey approximately every three years. The Patient Safety Culture Survey was developed by the Agency for Healthcare Research and Quality (AHRQ) and is intended to help hospitals assess their safety culture at all levels of the organization in groupings called, 'work settings.' The survey provides feedback from staff on how they think we're doing as we work to improve patient safety.

Question: What is a safety culture?

Jeanette: Safety culture refers to the behaviors, beliefs, and values throughout an organization related to safety and clinical excellence. Safety culture is the sum of what an organization is and does in the pursuit of safety. All culture is local. It's, "the way we do things around here." Every unit or 'work setting,' has its own culture that may or may not be the same as the organizational culture.

Question: Are survey results a predictor of clinical excellence?

Jeanette: Many factors contribute to clinical excellence, but in terms of safety culture, the strongest predictor of clinical excellence is when caregivers feel comfortable speaking up if/when they perceive a problem with patient care.

Question: Why is measuring our safety culture so important?

Jeanette: Certain behaviors create value for the patient and the organization. Other behaviors may pose unacceptable risk. These behaviors are reflected in how people interact with one another internally and externally, and with patients and families.

Evidence shows that a unit with a healthy safety culture has a strong link to positive patient outcomes. Knowing how clinicians feel (attitudes) and how they interact and communicate (behaviors) are indicators of the 'health' of a unit or team. These indicators are linked to patient outcomes such as blood stream infections, ventilator-associated pneumonias, and pressure ulcers. Understanding these findings can inform improvement efforts.

Question: What does the survey measure?

Jeanette: The Patient Safety Culture Survey focuses on overall safety in 12 domains. In 2015, MGH chose four of those areas on which to focus improvement efforts:

- Handoffs and Transitions—the perceived quality of information and workload transfers during shift changes and patient transfers
- Non-Punitive Response to Errors—the absence of negative responses for reporting non-negligent mistakes
- Communication Openness—the extent to which people in the work setting feel comfortable talking with one another and asking questions about mistakes, errors, slip-ups, or the slightest of concerns
- Overall Perceptions of Patient Safety—the perceived level of commitment to and focus on patient safety within a given unit

I invite you to read the article on page 10, written by our PCS Office of Quality & Safety, describing our improvement efforts.

As we prepare for the next survey later this month, I'd like to thank you for the world-class care you provide every day. This is important work, difficult work, and it's the core of who we are as healthcare professionals.

For more information about the Patient Safety Culture Survey, contact the PCS Office of Quality & Safety and speak to Colleen Snyderman RN, director, at 617-643-0435, or Karen Miguel, RN, staff specialist, at 617-726-2657.

Vouchers available for courses at MGH-affiliated institutions

Question: I heard there are vouchers that employees can use for help with educational expenses. Can you tell me more about that?

Jeanette: MGH hosts approximately 3,000 students every year. In appreciation for precepting their students, some academic affiliates offer vouchers that can be applied to the cost of courses or continuing education at their institutions.

Question: Is a voucher the same thing as tuition assistance?

Jeanette: Vouchers and tuition assistance are not the same, nor are they mutually exclusive. Vouchers are offered through the Institute for Patient Care, they're credit-based and do not have any monetary value. Tuition reimbursement, is managed by MGH Training and Workforce Development, which is part of Human Resources. Full-time and part-time, benefits-eligible employees (who work 20-39 standard hours per week) in good standing, who've completed six months of continuous service at the time of application, can apply for up to \$2,000 of tuition assistance per year.

Question: Which schools offer vouchers?

Jeanette: Vouchers are program-specific; they can't be transferred to other schools (so IHP vouchers cannot be used for courses at Boston College, for instance.) Currently, we're able to offer vouchers from the following schools:

- Boston College
- Curry College
- Endicott College
- Fitchburg State University
- Massachusetts College of Pharmacy and Health Sciences

- MGH Institute for Health Professions
- Northeastern University
- Regis College
- Simmons College
- University of Massachusetts, Boston
- University of Massachusetts, Lowell

Question: How does it work? Can employees use more than one voucher?

Jeanette: Vouchers don't have a monetary value, they're equivalent to academic credits that vary from school to school (ranging from 1-4 credits per voucher). The number of vouchers allowable also varies depending on whether an individual has already matriculated into a program or is a non-degreed student.

Question: Is the voucher program just for nurses?

Jeanette: No. To be eligible for a voucher, you need only be employed by MGH or any of our health centers. Vouchers are granted first to staff who've precepted students, then on a first-come, first-served basis. If you've precepted a student, you can request a voucher from any of the schools listed above, it doesn't have to be the institution your student attended.

Question: How can I request a voucher?

Jeanette: In 2014, we launched an electronic Voucher Request Database to ensure vouchers are granted in a timely and equitable manner.

For more information, or to request the link to the Voucher Request Database, call Jane Keefe, RN, program development manager, at 617-724-0340.

MGH at *El Mundo* Family Festival at Fenway Park

—by Milton Calderon, volunteer coordinator

The Committee for Latino Initiatives (CLI) was formed in 2010 out of a desire to acknowledge MGH Latino employees and their contributions to the hospital and the community at large. With continued support from hospital leadership, CLI organizes events such as the Ernesto Gonzalez Award, Be Fit for Latinos (part of the Be Fit program, but with a focus on the nutritional needs and lifestyle of Latinos), and other Latino-themed events at MGH.

For several years, CLI has participated in *El Mundo's* Latino Family Festival at Fenway Park staffing information tables and providing health-education materials. This year, the event took place Sunday, July 23rd, and representatives from MGH included:

- Deborah Wexler, MD, MGH Diabetes Center
- Vanessa Gonzalez, Childhood Obesity Prevention
- Felicita Aponte, Emilia Motroni, Natalie Albrittain-Ross, Speech, Language & Swallowing Disorders
- David Marquez, Police, Security & Outside Services

- Members of the CLI, Stefanie Marroquin, Magaly Valentin, Jorge Villanueva, Luis Bardales, and Milton Calderon

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



Above: young attendee at MGH information table.
At left (l-r): Jorge Villanueva, CLI Marketing; Luis Bardales, CLI Photography; Felicita Aponte, Speech Language Pathology; Emilia Motroni, Speech Language Pathology; Milton Calderon, CLI *El Mundo* Fenway Family Festival chair; Magaly Valentin, CLI Ernesto Gonzalez Award chair; Vanessa Gonzalez, Childhood Obesity Prevention; Natalie Albrittain-Ross, Speech Language Pathology; David Marquez, Police, Security & Outside Services; and Stefanie Marroquin, CLI chair.

MGH Nurses attend International Nursing Research Congress in Dublin

—by Gaurdia Banister, RN, executive director, The Institute for Patient Care

Recently, senior vice president for Patient Care, Jeanette Ives Erickson, RN, and a team of MGH nurses traveled to Dublin for the 28th international nursing research congress of the Sigma Theta Tau Honor Society of Nursing. The theme of the conference was, “Influencing Global Health Through the Advancement of Nursing Scholarship.” Nearly 1,400 nurse researchers, students, clinicians, and leaders from around the world were in attendance.

A highlight of the conference was the induction of nurse researcher, Diane Carroll,

Top left: Diane Carroll, RN (left) with another inductee into the International Nurse Researcher Hall of Fame
Top right: clinical nurse specialist, Jennifer Clair, RN, with her poster.
Below (l-r): Debbie Burke, RN; Marianne Ditomassi, RN; Jeanette Ives Erickson, RN; Diane Carroll, RN; and Gaurdia Banister, RN.



RN, into the International Nurse Researcher Hall of Fame. Inductees are chosen for their significant and sustained achievement in nursing research and international recognition of their work impacting the profession and the people it serves.

Nurse scientist, Jane Flanagan, RN, was invited to share her presentation, “Planning an Efficacy Study of a Web-Based Yoga Intervention Based on Feasibility Findings.”

Staff nurse, Louise Doyle, RN, and Colleen Simonelli, RN, from the William F. Connell School of Nursing at Boston College, shared their study, “A Randomized Trial Evaluating Connective Tissue Massage on Pain in Post-Cesarean Section Primiparous Women.”

Other MGH nurses presented posters, including:

- Debbie Burke, RN, associate chief nurse, “Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores”
- Jennifer Clair, RN, clinical nurse specialist, Blake 6 Transplant Unit, “Exploring Staff Nurses’ Perceptions of Specialty Certification at a Large Urban Academic Medical Center”
- Catherine Griffith, RN, staff nurse, and from the MGH Institute of Health Professions, Madeline O’Donnell, RN; Inge Corless, RN; Lisa Quinn, RN; Margie Sipe, RN; and Patrice Nicholas, RN, “Someone to Watch Over Me: Feeling Safe and Cared for in Clinical Settings”
- Joanne Parhiala, RN, staff nurse, and Pam Quinn, RN, professional development specialist, “Examining Nurse Attitudes and Knowledge Gaps Related to Substance Use Disorder”

For more information, contact Gaurdia Banister, RN, executive director for The Institute for Patient Care, at 617-724-1266.



(Photos provided by staff)

Professional Achievements

Appointments

Zary Amirhosseini

Advisory board member
Boston Center for Independent Living

Disability Commission Advisory board member
Mayor's Commission for Persons with Disabilities

Debra Burke, RN

Visiting professor of Nursing
Boston Children's Hospital

Virginia Capasso, RN

Member, Board of Directors
National Pressure Ulcer Advisory Panel (NPUAP)

Awards

Gaurdia Banister, RN

Executive director, The Institute for Patient Care
Inaugural Connell Jones Endowed Chair for Nursing and Patient Care Research

Jasmine Blake, RN

Staff nurse, Blood Transfusion Unit
Excellence in Nursing Practice Award
New England Regional Black Nurses Association

Diane L Carroll, RN

Nurse researcher, Munn Center of Nursing Research
International Nurse Researcher Hall of Fame Award
Sigma Theta Tau International

Jessica Driscoll, RN

Nurse practitioner, Bone Marrow Transplant Program
Jonas Nurse Leader Doctor of Nursing Practice Scholarship
Jonas Center for Nursing Excellence and Simmons College (2014-2016)

Maria Lourdes Fama, RN

Staff nurse, Operating Rooms
2017 Jeanette Ives Erikson Award
OB/GYN graduating chiefs

Sara Looby, RN

Nurse researcher, Nursing and Medicine (Neuroendocrine)
Assistant professor in Medicine, Harvard Medical School
Harvard Medical School Dean's Community Service Faculty Award

Nicholas Scott Merry

Staff nurse, PACU
"29 Who Shine" Award
Massachusetts Department of Higher Education

Poster Presentations

Debra Burke, RN

"Characteristics of Nurse Directors that Contribute to High Registered Nurse Satisfaction Scores,"
Sigma Theta Tau International Nursing Research Conference
Dublin, Ireland

Jennifer Clair, RN

"Exploring Staff Nurses' Perceptions of Specialty Certification at a Large Urban Academic Medical Center,"
Sigma Theta Tau International Nursing Research Congress
Dublin, Ireland

Mary Susan Convery, LICSW

"Recognizing the Invisible Occupational Hazard: Self-Care and Secondary Distress,"
Professional Training Day
Boston Boys and Girls Clubs
Roxbury

Anna M. Giarrusso

"Harmonizing Together: Speech and Music Therapy and Support for Patients and Partners with PPA,"
American Academy of Neurology annual meeting
Boston

Maureen Hemingway, RN

Mildred Mannion, RN

"Implementation of a Cardiac Skills Simulation Program,"
Association of Perioperative Nurses national conference
Boston

Evelyne Joseph-Noel, RN

"Identifying and Overcoming the Obstacles Preventing the Creation of a Bloodless Medicine & Surgery Program in Boston,"
Harvard Medical School, Center for Bioethics
Boston

Kathy Evans, RN

Cynthia Velazquez, RN

Authors: Jennifer Clair, RN

Thais Gift-Silva, PharmD

Sarah Shao, PharmD

Linda Walsh, RN

Wendy Valerius, RN

"Education and Transition to Transplant: One Center's Innovative Multidisciplinary Approach,"
International Transplant Nurses Society, 2017 Transplant Nursing Symposium
Lake Buena Vista, Florida

Joanne Parhiala, RN

Pamela Quinn, RN

"A Pilot Study Examining Knowledge Levels and Attitudes of Nurses Caring for Patients With Substance Use Disorder,"
2017 Sigma Theta Tau International Honor Society of Nursing International Nursing Research Congress
Dublin, Ireland

Presentations

Alicia Abdella, LICSW

Mary Sabatini, MD

"Preparing for Egg/Sperm Donation and/or Surrogacy,"
RESOLVE New England Donor Conception and Surrogacy Connect and Learn Seminar
Wellesley

Lillian Ananian, RN

"Relationship-based care: exploring the manifestations of health as expanding consciousness within a patient- and family-centered medical intensive care unit,"
Annual scientific sessions of the Eastern Nursing Research Society
Philadelphia

Paul Arnstein, RN

"Risk Mitigation Strategies and Safe Opioid Prescribing,"
American Academy of Orthopedic Surgeons annual meeting
San Diego

"Safe Opioid Prescribing for Pain,"
American Academy of Orthopaedic Surgeons annual meeting
San Diego

"Prudent Opioid-Sparing Therapies: an Evidence-Based, Strategic Approach,"
Massachusetts Pain Initiative
Marlborough

"Nursing Care of the Pain Patient,"
University of Colorado Hospital

"Talking to your doctor about pain,"
Jesse Gault Bioethics Lecture
Wentworth Douglas Hospital
Dover, New Hampshire

Sheila Golden Baker, RN

Mary McAdams, RN

"Peer Review: an Innovative and Engaging Program to Support Nursing Practice,"
New England Organization for Nurse Educators Conference
Woburn

Gaurdia Banister, RN

"Reaching the Next Plateau,"
University of Wyoming College of Health Sciences Commencement Ceremony
Laramie, Wyoming

Sharon Bouyer-Ferullo, RN

Patrice Osgood, RN

Amanda Whelton, CST

Charlene O'Connor, RN

"Implementing a Safety Zone,"
AORN Global Surgical Conference & Expo
Boston

Debra Burke, RN

"Impact on Staff Satisfaction Ignite Research,"
American Organization of Nurse Executives annual meeting
Baltimore

(Submit professional achievements to Georgia Peirce at gwpeirce@partners.org)

Kevin Mary Callans, RN

"Development of a Transitional Care Model for Pediatric Patients with Critical Airway Conditions Across Institutions,"
Boston College William F. Connell School of Nursing Clinical Innovations Dinner and Program

Virginia Capasso, RN

"Advances in Wound Closure: Improving Patient Outcomes with New Products and Techniques,"
American Association of Neurosurgeons national symposium
Los Angeles

Bonnie Chang, LICSW

Panelist, "The Ethics of Evaluating Candidacy for Stem-Cell Transplant in a Vulnerable Patient,"
Harvard Clinical Ethics Consortium
Boston

Mary Susan Convery, LICSW

"Parenting and Helping Children Cope when the Future is Limited,"
In-service training, Dana Farber Cancer Institute Social Work Department
Boston

Catherine Cusack, RN**Christine Marmen, RN****Cynthia LaSala, RN**

"The Many Faces of Vulnerable Patients,"
Biennial Ethics in Caring National Nursing Ethics Conference
Los Angeles

Abby Folger, PT**Christopher Mullin, MD**

"Exercise and physical activity with pulmonary hypertension: what's safe?"
Pulmonary Hypertension Association: PHA on the Road
Providence, Rhode Island

Lorrie Jacobsohn, RN

"Care of the Suicidal Patient in the Emergency Department,"
Emergency Nurses Association
New England regional symposium
Salem

Labrini Nelligan**Carole MacKenzie, RN****Denise O'Connell, LCSW**

"Improving Oral Health Care for Older Adults through Interprofessional Team Collaboration and Evidence-Based Practice,"
Nurses Improving Care for Healthsystem Elders (NICHE) Conference
Austin, Texas

Labrini Nelligan**Denise O'Connell, LCSW****Carole MacKenzie, RN****Samantha Nock**

"Best Practices for Transforming 21st-Century Multi-Generational Learning,"
Association for Nursing Professional Development Convention
New Orleans

Advanced Degrees**Katherine Vergara Kruczinski, RN**

Staff nurse, Labor & Delivery
Master of Science in Nursing
Salem State University

Shanna Mavilio, RN

Staff nurse, Maternal/Newborn Unit
Master of Science in Nursing
Education
Western Governors University

Margaret 'Meg' McCleary, RN

Master in Healthcare Business Administration (magna cum laude)
Simmons College School of Management

Caroline O'Brien, RN

Staff nurse, Labor & Delivery
Master of Science in Nursing
Boston College School of Nursing

Alicia Shulman, RN

Staff nurse, Labor & Delivery
Master of Science in Nursing
Boston College School of Nursing

Colleen Snyderman RN

Director, PCS Quality & Safety
Doctor of Philosophy in Nursing
Boston College

Rita Marie Testa, RN

Staff nurse, Labor & Delivery
Master's degree in Nursing
Frontier Nursing University School of Midwifery

Karen Zoeller, RN

Staff nurse, Cardiac Surgical ICU
Master of Business Administration, Health Care
Simmons College

Certifications**Dawn Crescitelli, RN**

Staff nurse, RACU and General Medicine
Certified in Medical Surgical Nursing

Katelyn Erickson RN

Staff nurse, Bigelow 11 Medical Unit
Certified in Medical Surgical Nursing

Gina Fuccillo, RN

Staff nurse, Ellison 17 Pediatrics
Certified in Pediatric Nursing

Carly Jean-Francois, RN

Staff nurse, Ellison 18 Pediatrics
Certified in Pediatric Nursing

Julianne Ryan, RN

Staff nurse, Neurology
Certified in Neuroscience Nursing

Jen Sirois, RN

Staff nurse, Ellison 17 Pediatrics
Certified in Pediatric Nursing

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All stories should be submitted to: ssabia@partners.org
For more information, call: 617-724-1746

Next Publication

September 21, 2017

(Submit professional achievements to Georgia Peirce at gwpeirce@partners.org)

Announcements

Collaborative Governance

Applications are now being accepted for collaborative governance, the formal, multi-disciplinary decision-making structure of Patient Care Services.

To learn more about collaborative governance, or to download an application, go to: www.mghpcs.org/IPC/Programs/Governance.asp, or contact Mary Ellin Smith, RN, at 617-724-5801.

Applications are due November 6, 2017.

Pharmacology update XII: innovation and evidence

Course will feature sessions on intravenous antibiotics, vaccines, legal intoxication by abuse of prescription drugs, medications for sleep, GI/bowel disorders, and eyes.

**Saturday, October 14, 2017
O'Keefe Auditorium
7:50am–3:10pm**

Free to MGH employees
Partners employees: \$100 per day
Non-Partners employees: \$150 per day

For more information, call the Norman Knight Nursing Center at 617-726-3111.

ACLS classes

Two-day certification program

**Day one:
September 11, 2017
8:00am–3:00pm**

**Day two:
September 25, 2017
8:00am–1:00pm**

Re-certification (one-day class):
**October 11, 2017
5:30–10:30pm**

Location to be announced.
For information, e-mail: acls@partners.org, or call 617-726-3905

To register, go to: http://www.mgh.harvard.edu/emergencymedicine/assets/Library/ACLS_registration%20form.pdf.

Partners Clinicians Day (formerly Physicians Day)

Partners Clinicians Day is sponsored by Quality, Safety and Value, and is geared toward physicians and advanced practice clinicians throughout Partners.

The day will offer a variety of break-out sessions (on topics such as: Using eCare in inpatient, ambulatory, and procedural settings; enhancing patient engagement; diagnosing and managing headaches; managing obesity; smoking-cessation; and much more). Partners Clinicians Day is an opportunity to network with colleagues from across the system.

**September 16, 2017
Assembly Row**

Registration requested by August 4th

For more information, e-mail: phscliniciansday@partners.org, or call 857-282-2120.

Pharmacology update: the impact of the opioid epidemic on our patients and our practice

**Tuesday, October 17, 2017
5:00–7:00pm
Partners Healthcare Assembly Row Conference Center**

A two-hour workshop for nursing and physician-assistant professionals who want to learn about the current scope and implications of the opioid crisis on patient care and delivery. Faculty: Jessica Moreno, PharmD, and Samantha Ciarocco, LICSW. Sponsored by the MGH Institute of Health Professions.

For more information, call 617-724-6674.

MGH Patient Safety Culture Survey begins this month

The Edward P. Lawrence Center for Quality & Safety invites you to 'speak up' and take the Patient Safety Culture Survey later this month. Literature shows a positive correlation between high safety-culture scores and improved outcomes such as fewer medication errors, lower burn-out, and higher morale.

The questionnaire takes about ten minutes and is anonymous. Understanding staff's perceptions of safety allows us to reinforce and foster our culture throughout the institution. Results of the survey will be shared with leadership in order to facilitate improvement. Candid responses are encouraged.

Thank-you for your participation. Please complete the survey when you receive the e-mail from independent vendor, Pascal Metrics (support@pascalmetrics.com), with the subject line: "MGH/ MGPO Safety Culture Survey."

Look for the survey later this month. For more information, contact Vickie Stringfellow at 617-724-3597, or Jana Deen at 617-724-3075.

Fall Reunion Educational Program MGH Nurses' Alumnae Association

"The Opioid Epidemic, Addictive Disorders, and Treatment"

**Friday, September 22, 2017
8:00am–4:30pm
O'Keefe Auditorium**

5.5 contact hours
Cost \$40

For more information, call Sheila Burke, RN, clinical educator, at 617-726-1651.

Practical Aspects of Palliative Care Conference

Practical Aspects of Palliative Care: Integrating Palliative Care into Clinical Practice will provide a deep dive into palliative care issues for palliative-care specialists, non-specialists, and allied health professionals.

**September 13-15, 2017
Colonnade Hotel, Boston**

This 2½-day conference will bring colleagues from around the world to focus on pain- and symptom-control, cultural issues, communication skills, prognostication, bereavement, and many other ethical, legal, and practical issues related to advanced illness.

For more information, contact Hannah Theodat, education administrator, at 617-582-7431, or go to: <http://www.hms.harvard.edu/pallcare/PAPC/PAPC.htm>.

Correction

With apologies to staff nurse, Lisette Packer, RN, a typo in the August 3, 2017, issue of *Caring Headlines* mis-identified her in the title of the article on the Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy.

The error has been corrected in the on-line version of the August 3rd issue (<http://www.mghpcs.org/News/CaringHeadlines/index.asp>). *Caring* regrets this mistake and hopes it does not detract from this well-deserved recognition.

Point-of-Care Ultrasound for Advanced-Practice Providers

Learn point-of-care ultrasound techniques through hands-on, case-based scanning on live models in facilitated small groups during this one-day workshop, building from beginner to intermediate skill level.

Participants will achieve a basic understanding of the application of point-of-care ultrasound in ambulatory clinical settings.

8.0 Nursing contact hours
12.0 AAPA category 1 CME credits

October 21, 2017

7:30am–5:30pm

MGH Institute of Health Professions

2 Constitution Road, Boston

Full Day: \$750

Fee includes: pre-workshop on-line education, course materials, light breakfast, lunch, refreshments, and snacks.

Deadline for registration is September 15th

For more information or to register, go to: <http://info.mghihp.edu/ultrasoundcourse>, or call 617-724-6674.

Blum Center Events

Thursday, September 14, 2017

"Treating Addiction as a Chronic Disease"

Join John Kelly to learn about treating addiction as a chronic illness, long-term remission, and improved quality of life for those suffering from substance use disorders.

Monday, September 18th

"A Multi-Layered Approach to Recovery: a Veteran and Military Family Case Example"

Join Heather Kapson and Ann Stewart, LICSW, from Home Base for a talk on factors surrounding substance abuse.

Thursday, September 21st

"Can Medication Management and 12-Step Programs for Substance Use Disorders Co-Exist?"

Join Laura Kehoe, MD, and Christopher Shaw, RN, as they discuss how these programs can be equally beneficial during recovery.

Monday, September 25th

"Where are We Now? Updates on the MGH Substance Use Disorders Initiative"

Join Sarah Wakeman, MD, and Marti Kane as they an update on this innovative program.

**Thursday, September 28th, 11:00am–12:00pm
Haber Conference Room**

"There is Treatment; Treatment Works"

Join Georgia Stathopoulou, associate clinical director of the West End Clinic will explain treatment options, how to choose the right treatment, and what patients and families should expect during treatment, and a panel of patients will share their experiences.

Blum Center Events (continued)

Friday, September 29th

"When the Community is the Patient: Coming Together around Prevention"

Join Sarah Coughlin, LICSW; Sylvia Chiang; and Jennifer Kelly, LCSW, for a talk about community coalitions in Charlestown, Revere, and Chelsea, including:

- strategies to improve community conditions, systems, and policies
- strengthening protective factors and decreasing risk factors
- increasing access and resources for successful treatment and recovery from substance use disorders

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 unless otherwise specified (see September 28th session).

For more information, call 4-3823.

The MGH Blood Donor Center

The MGH Blood Donor Center is located in the lobby of the Gray-Jackson Building. The center is open for whole-blood donations:

Tuesday, Wednesday, Thursday, 7:30am – 5:30pm

Friday, 8:30am – 4:30pm

(closed Monday)

Platelet donations:

Monday, Tuesday, Wednesday, Thursday, 7:30am – 5:00pm

Friday, 8:30am – 3:00pm

Appointments are available

Call the MGH Blood Donor Center at 6-8177 to schedule an appointment.

Wanted: big Ideas!

MGH is laying the groundwork for its next fundraising campaign, the centerpiece of which is soliciting innovative 'big ideas' from MGH employees.

MGH president, Peter Slavin, MD, says, "We want everyone to think about what this institution could do that would be truly transformational."

Soon, staff will be invited to share ideas and proposals via a special website. Look for details on Apollo, the MGH intranet.

Make your practice visible: submit a clinical narrative

Caring Headlines is always interested in receiving clinical narratives that highlight the exceptional care provided by clinicians throughout Patient Care Services.

Make your practice visible. Submit your narrative for publication in *Caring Headlines*. All submissions should be sent via e-mail to: ssabia@partners.org. For more information, call 4-1746.

Inpatient HCAHPS

Current data

HCAHPS Measure	CY 2016	CY 2017 Year-to-date (as of 8/21/17)	% Point Change
Nurse Communication Composite	83.0%	84.2%	↑ 1.3
Doctor Communication Composite	82.6%	84.6%	↑ 2.0
Room Clean	71.2%	72.2%	↑ 1.0
Quiet at Night	49.9%	53.0%	↑ 3.1
Cleanliness/Quiet Composite	60.5%	62.6%	↑ 2.1
Staff Responsiveness Composite	64.9%	67.4%	↑ 2.5
Pain Management Composite	72.8%	73.7%	↑ 0.9
Communication about Meds Composite	65.8%	67.3%	↑ 1.4
Care Transitions	61.0%	62.4%	↑ 1.4
Discharge Information Composite	91.9%	93.0%	↑ 1.1
Overall Hospital Rating	81.9%	82.9%	↑ 1.1
Likelihood to Recommend Hospital	89.8%	91.1%	↑ 1.3

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

Data is complete through the end of June with partial data through August. All scores remain higher than 2016, and we're ahead of our goal to improve by 1 percentage point for Quiet at Night and Staff Responsiveness.



September 7, 2017

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