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Once again it has been an incredible year for the Institute for Patient Care. Each of
the four Centers, the Maxwell & Eleanor Blum Patient and Family Learning Center,
the Center for Innovations in Care Delivery, the Knight Nursing Center for Clinical &
Professional Development and the Yvonne L. Munn Center for Nursing Research has
been thriving. The programs such as Collaborative Governance, Clinical Recognition,
Simulation and the organizational initiatives to eliminate hospital acquired pressure
ulcers, alleviate pain and utilize evidence-based practice in the care of the elderly
are reshaping the way in which care is delivered. The Institute for Patient Care was
designed to foster nurses and health professionals to think, collaborate, investigate
and effect innovative change in patient care, facilitate interdisciplinary education
and engage patients and families as our partners in the delivery of care. The release
of the book *The Future of Nursing Leading Change Advancing Health* by the Institute
of Medicine in collaboration with the Robert Wood Johnson Foundation provided
not only a blueprint for nurses in a transformed health care system, but an oppor-
tunity to highlight the importance of interprofessional collaboration and practice
which is one of the foundational elements of the Institute.

The impressive outcomes highlighted in this report were realized by extraordinary
team members whose commitment to exemplary patient care is palpable each and
every day. They have incredible leadership skills, a shared vision for the future, drive,
creativity and are experts in their fields. It is a privilege and an honor to come to
work each day.

Please enjoy our 2011 annual report.
## Centers Within

### The Institute for Patient Care

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<td><strong>The Center for Innovation in Care Delivery</strong></td>
<td>Innovation Specialist</td>
<td><a href="mailto:bblakeney@partners.org">bblakeney@partners.org</a></td>
<td>Focus is on bringing teams together to identify opportunities, estimate the impact of change, and to construct innovations.</td>
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<td><strong>The Yvonne L. Munn Center for Nursing Research</strong></td>
<td>Dorothy Jones, RN, PhD. FAAN</td>
<td><a href="mailto:djones@partners.org">djones@partners.org</a></td>
<td>Focus is on the development and utilization of knowledge to improve patient care and optimize professional nursing practice.</td>
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<td><strong>The Maxwell &amp; Eleanor Blum Patient and Family Learning Center</strong></td>
<td>Brian French, RN, PhD (c)</td>
<td><a href="mailto:bfrench@partners.org">bfrench@partners.org</a></td>
<td>Focus is on providing the highest quality patient education and consumer health information services to MGH patients, families and staff.</td>
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<tr>
<td><strong>The Norman Knight Nursing Center for Clinical &amp; Professional Development</strong></td>
<td>Gino R. Chisari, RN, DNP</td>
<td><a href="mailto:rchisari@partners.org">rchisari@partners.org</a></td>
<td>Focus is on the dissemination and utilization of knowledge for the attainment of safe, effective and competent patient-and family-centered nursing practice.</td>
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The aim of The Center for Innovations in Care Delivery (CICD) is to bring together teams to address emerging issues in care delivery and to construct programs and interventions that enhance care delivery within Patient Care Services.

The CICD announced that Barbara Blakeney, MS, RN, FNAP, Innovations Specialist was selected through a highly competitive process to be an Innovation Advisor to the Centers for Medicare & Medicaid Services (CMS). Barbara’s project will be to evaluate the impact of the Attending Registered Nurse (ARN) role in bringing value to our patients by providing the highest quality care in the most efficient care environment.

Initiatives for 2011
AONE CIT Program
The CICD, in partnership with Adele Keeley, RN, MA, Nurse Director of Bigelow 7, GYN Oncology, successfully applied to become a site for the American Organization of Nurse Executives (AONE) Care, Innovation and Transformation (CIT) Program. The aim of this program, which builds from the Transforming Care at the Bedside (TCAB) program, is to enhance leadership development to drive innovation, culture change, and health care reform implementation. Looking forward, this is an opportunity to share the knowledge, skills and outcomes throughout the MGH community.

Partnerships and Affiliations
The CICD strengthened its strategic partnerships and affiliations with a variety of agencies and programs. A partial list includes:

- The American Organization of Nurse Executives (AONE) Care, Innovation and Transformation (CIT) Program
- Center for Integration of Medicine and Innovative Technology (CIMIT)
- Center for Medicare and Medicaid Innovation
- Dartmouth Clinical Microsystems Program
Accent Reduction Program
The CICD in partnership with the Department of Speech, Language and Swallowing Disorders is for the second year sponsoring an Accent Reduction Program. The program is designed to address one aspect of effective communication, that of intelligibility, by assisting nurses and eventually others in decreasing their accents and increasing their ability to be clearly understood by colleagues and patients. This program is generously supported by the Diversity Center with funding from the Hausman Scholarship Program and the MGH Ladies Visiting Committee.

The expected outcomes included a 40% to 60% improvement in vowels, consonants and intonation as measured by pre and post program assessments. One nurse, as part of her evaluation, stated that the most helpful aspect was the one-on-one time she spent with the Speech Pathologist. She stated that although her jaw was sore for two days her consonants were clear!

Hausman Young Scholars Program
The Center was very pleased to join with the Office of PCS Diversity in co-sponsoring the Hausman Young Scholars Program. This program, generously supported by Mrs. Hausman, a long time benefactor of the diversity initiatives within Patient Care Services, engaged several middle school children of MGH employees in an intensive six week Saturday morning program. The goal of the program was to encourage the young scholars to develop and strengthen their interest in math and science by showing them the relevance of these subjects in health care. As an example, students were not only taught CPR and first aid but also the science, anatomy and basic physiology that supports it.
The Maxwell & Eleanor Blum Patient and Family Learning Center is a state of the art patient and family health education resource center. The mission of the Blum Center is to provide the highest quality patient education and consumer health information services to a diverse community of Massachusetts General Hospital (MGH) patients, families, and staff. The primary functions of the Blum Center are to:

- Enable patients and their families to learn about their health, illness, and health care through independent and assisted research
- Support health literacy by providing a structure for the development, dissemination, review and approval of MGH patient education materials
- Assist staff in acquiring the skills necessary to effectively teach patients and families about health and illness

Blum Center patrons utilize the expertise of staff to locate high quality and accurate health information using resources available via the MGH intranet. Staff field these requests from patrons who visit the Blum Center, via phone and email. In 2011, the Blum Center staff assisted 17,789 patrons with a myriad of health information requests on a variety of clinical, health system and research-related topics.

Initiatives for 2011
Expansion of Educational Programs

Educational program offerings from the Blum Center expanded, from one monthly book offering to a series of four different lectures per month. The series are:

- “Book Talks” Series – a discussion with an MGH author of a book on a health-related topic
- Shared Decision Making Series - co-sponsored with the Stoeckle Center for Primary Care Innovation, promotes active and shared decision making between patients and clinicians
- National Health Observances Calendar Series - presented by an MGH clinician, content relates to a health-related topic of the month
- Healthy Living Series - focuses on health promotion and prevention
Health Information Services
The Blum Center held 20 regular programs attended by approximately 500 participants, an average of 25 people per session. Participant feedback was overwhelmingly positive. An important finding is that these programs have the potential to have a positive impact on participants’ health behaviors as:

- 96.5% of participants reported they had a better understanding of the health topic.
- 74.3% of participants reported that they would use the information gained in the program when talking to a doctor, nurse, or therapist.
- 82.3% of participants reported they would make a change to improve their health because of the program.

Pain Awareness Evening Lecture Series
The Blum Center sponsored a special series in September which was developed in collaboration with expert clinicians from The Pain Clinic and the Institute for Patient Care (IPC). Over 150 participants attended one of the five sessions on different aspects of pain management including patient/clinician communication, coping with chronic pain, post-surgical pain control, cancer pain, and symptom control using prescription and non-prescription medications. Overall feedback was extremely positive. One patient stated “I will be a more educated consumer of health care. I will be more knowledgeable when I go to MD appointments. When I take medications, I will be aware of what to expect (side effects, alternatives).”

MGH Patient Education Television Channel
Blum Center staff updated the MGH Patient Education television channel with 21 new educational videos. There are 230 educational videos now available to patients and families. Patients and/or families accessed a video 2,625 times using televisions on the inpatient units.

Shared Decision Making Project
Through an ongoing partnership with the Stoeckle Center for Primary Care Innovation the Blum Center hosted the Shared Decision Making Project. The goal of the program is to enhance patient decision quality and satisfaction with care. The program has two major initiatives: the provision of decision aids to patients facing significant decisions and training healthcare providers to tailor medical treatments to patients’ individual goals and concerns. Clinicians can easily “prescribe” more than 35 DVD decision aids for patients to watch. These decision aids present balanced, unbiased information on a particular health condition or treatment. Over 2,412 videos were prescribed by MGH primary care clinicians to assist patients with medical treatment decisions and learn health management behaviors.
The Assistive Technology Center
As part of our commitment to meeting the needs of patients, families and staff with disabilities, the Blum Center underwent an assessment of its equipment designed to support this population. As a result, all equipment and software was updated to maximize usability. The Blum Center also renamed the Disabilities Access Center space “The Assistive Technology Center” in order to more positively reflect the equipment and software available. As part of this redesign, an adjustable height table now accommodates both manual and electric wheelchair users.

The assistive technology software was also updated in order to enable users with visual and hearing impairments to use the tools needed to access the computer independently. Finally, Blum Center staff developed a process that allows staff to request written materials in Braille for patients with sight impairments. Braille services were provided to four patients this past year.

Health Literacy Effort
As part of an evaluation of currently offered services, Blum Center staff developed and introduced a new process to enhance support for nurses and other clinicians. While staff of the Blum Center had previously assisted clinicians in writing patient education documents on an informal basis, a plain language consulting and material development review process was officially introduced in 2011. Blum Center staff, trained in health literacy and plain language evaluation, collaborated with MGH clinicians to produce patient education documents that meet plain language guidelines to better facilitate patient understanding. A total of 125 documents were reviewed/revised. The documents ranged from a one page fact sheet to an eight page brochure.

Staff Nurse Orientation
An innovative two-hour program for all newly hired RNs was incorporated into Registered Nurse Orientation (RNO). The new nurses participated in an interactive session where they learned to identify and assess patient education needs and then integrated health literacy methods into their teaching. By the end of the session, registered nurses demonstrated that they were able to independently search the intranet for appropriate patient education materials. Attendance for this program was 310 nurses.

Patient Discharge Document Revision
The Blum Center played a key role in developing an extensive patient education database by collaborating with expert clinicians from clinical departments and patient care units to revise and update over 275 patient discharge documents. A key component of this work is ensuring that documents are developed using plain language and they are accessible to clinicians in the Partners Handbook.
The mission of the Norman Knight Nursing Center (KNC) for Clinical & Professional Development is to promote life-long learning and clinical excellence by establishing, supporting and fostering learning opportunities for the attainment of knowledge and skills necessary for safe, competent and compassionate patient and family centered care. As members of the Institute for Patient Care (IPC) within Patient Care Services (PCS), the values that motivate each KNC team member in their contributions to the greater good of the organization include being nimble, responsive and flexible. The KNC is focused on providing many opportunities for staff members to acquire new knowledge, enhance their clinical competency and chart their own professional development course. The KNC team is committed to high quality, relevant programming that is based on the most current evidence, in an environment conducive to learning and that supports the Relationship-Based Care model.

**Initiatives for 2011**

**Nurse Residency Program**

The Nurse Residency Program was introduced as an innovative and trend-setting model for transitioning new graduate nurses from student to staff. The Program was based on the concept of caring as the core mission of the nurse-patient relationship. The Program design was to promote, foster and cultivate the concepts of caring in new graduate nurses in order that they would be able to meet the unique and varied needs of patients and families. The Program was a faculty-guided, 960 hour model designed to transition the new graduate from student nurse to staff nurse. The Program recruited newly graduated and recently licensed RNs who under the careful tutelage of the Nurse Residency faculty were provided with a transition plan culminating in the nurse becoming caring, thoughtful and competent in the care of oncology and critical care patients. Each phase of the transition plan was structured around the unique needs of the Nurse Resident. Through close interface with Residency faculty and other peers, the Nurse Resident began to assemble the knowledge, skills, abilities, attitudes and competencies required for safe, effective patient care in both the general context of patient care, and in the specific needs of the oncology and critical care patient. The Program was built around the principles of Patricia Benner’s *Novice to Expert* and focused on progressive mastery of nurse competency of assimilating to a fully functional nurse.
Lunder Building Education

The Lunder Building Education initiative was created in response to the organizational need to support the patient care staff who would be occupying a new patient care building. The newly constructed inpatient areas were also introducing new technologies, systems and equipment that required all patient care staff to acquire beginning proficiency with their use. The model was devised on a 30-day schedule, including evening and weekend shifts. In collaboration with the Knight Simulation Center, the KNC developed a series of in-situ/low-fidelity simulation experiences, skills stations, equipment training and other competency-based e-learning activities focusing on patient and family centered care within the content of patient safety and quality care.

Patient Care Associate (PCA) Learning Champion

The Patient Care Associate (PCA) Learning Champion is a unit-based PCA staff member from an inpatient care unit. The champion is asked to provide real time input into the design of educational programs that support the ongoing competency of the PCA team. The Learning Champions are provided with educational information that they in turn disseminate, in a timely manner, to their PCA colleagues who, as schedules allow, also participate in learning activities. In addition, the Champions share their own learning experiences with colleagues who are unable to attend formal sessions. This has created a network of PCAs who are empowered to educate each other, has increased their job satisfaction and provides a professional enrichment/development opportunity for PCAs to learn new leadership skills.

Nursing Grand Rounds

Nursing Grand Rounds presents an opportunity for all MGH nurses to listen to scholarly presentations and participate in lively discussions focused on nursing excellence. Nursing Grand Rounds provides staff with a forum to share knowledge and expertise in a collaborative learning environment. Beginning in January 2011 the sessions have been videotaped, allowing staff who are unable to attend to view Nursing Grand Rounds sessions at their convenience. The video tapes are archived on the KNC intranet portal. The link to the video archive is also sent via email to the MGH nursing community.
The Yvonne L. Munn Center for Nursing Research (Munn Center) is dedicated to the improvement of patient care through the development, implementation and evaluation of nursing research and the dissemination and translation of evidence into clinical practice. The work of the Munn Center’s Nurse Scientists, Senior Nurse Scientists and Nurse Researcher along with a grant manager and project development coordinator and administrator is directed toward implementing these goals across patient care services. The Munn Center works collaboratively with the other Centers in the Institute for Patient Care (IPC) to evaluate strategic initiatives and participate in the development of research initiatives that impact the organization. In addition, the Munn Center is an active collaborator with groups throughout Patient Care Services (PCS), such as Collaborative Governance, the Librarians, the Clinical Research Center and the Clinical Nurse Specialists to promote inquiry and integrate research into the work of these groups.

The Munn Center facilitates the submission of grants to internal and external funding agencies and monitors compliance of all funded projects throughout the year. The Munn Center offers programs that focus on manuscript development, concept development, and data management and analysis. The staff in the Munn Center actively seek grant funding; implement funded projects; mentor staff and preceptors on the conduct of research; participate in survey and instrument development; write grant proposals and seek to disseminate research through presentations and publications.
Table 1 shows grant submission efforts over the year.

Initiatives for 2011

**The Staff Perceptions of the Professional Practice Environment (SPPPE)**
The most recent evaluation of the Staff Perceptions of the Professional Practice Environment (SPPPE) was conducted, evaluated and disseminated.

**Grants Development and Submissions**
The Munn Center continues to implement funded projects from the American Association of Retired Persons (AARP) and the Health Resources and Services Administration (HRSA) including the Ethics Residency Program, AgeWISE™ and the Evidence Based Practice Program. The number of grant submissions continue to increase, with four Institute of Medicine (IOM)/Robert Wood Johnson (RWJ), two HRSA and two National Institute of Health (NIH)/National Institute of Nursing Research (NINR) submissions. Several submissions are still in review.

**Connell Nursing Research Scholars (CNRS)**
In the summer of 2011, a proposal for funding nurse researchers in PCS was submitted to advance their research agenda to the William F. Connell Family. Through the efforts of Jeanette Ives Erickson, RN, DNP, FAAN, Chief Nurse and Senior Vice President for Patient Care and the generosity of the Connell family this project, along with another, was funded. The project will be overseen by Dorothy A. Jones, EdD, RNC, ANP, FAAN and Project Administrator, Diane L. Carroll, PhD, RN, FAAN.
AgeWISE™ is an innovative geropalliative care nursing residency program that was implemented at six United States (US) hospitals in 2010. MGH held the second annual AgeWISE™ Summit training teams from an additional six hospitals. The program is sponsored by the Massachusetts General Hospital (MGH) with technical and other resources from the Center to Champion Nursing in America, an initiative of the American Association of Retired Persons (AARP), AARP Foundation, and the Robert Wood Johnson Foundation.

Teams from twelve hospitals learned how to implement the residency using a train-the-trainer program. To sustain the momentum and provide additional training site visits were made, monthly telephone conference calls and webinars were conducted and a monthly newsletter was distributed. Phase I of the project is nearing completion. Knowledge about implementation science and what it takes to provide teaching “that sticks” has been gained. Survey data is currently being collected from 120 nurses who participated in AgeWISE™. Focus groups conducted at all sites found that nurses uniformly experienced empowerment from increased knowledge and better communication skills. They stated that involvement in AgeWISE™ was a life-changing and career-changing experience, one that taught them to view illness from the patient’s perspective.

**Achievements for 2011**

**Publications**
The MGH team published a concept synthesis of geropalliative care. This scholarly work serves as a foundational article upon which we will build.

To date, five of the six chief nursing officers from the first cohort have committed to continue the AgeWISE™ Program. They found the renaissance experienced by nurses and the improved patient outcomes to be well worth the investment.
In 2009, *Retooling for Evidence-Based Nursing Practice* (REBNP) Project was funded by the Division of Nursing, Bureau of Health Professions, Health Resources and Services Administration (HRSA), US Department of Health and Human Services (HHS) under D11HP14632-02-00 in the amount of $899,130. The overall aim was to build evidence-based nursing capacity by developing, implementing and evaluating a staged professional development program based upon the Iowa Model of Evidence-Based Practice (EBP) to Promote Quality Care. The goals were to:

- strengthen all levels of the nursing workforce by teaching knowledge, skills, competencies and outcomes EBP through multimodal continuing education programs
- provide opportunities for nurses to participate in mentored evidence-based practice projects that would improve the quality of care and patient outcomes (year 3)
- build infrastructure necessary to support and sustain EBP in our complex academic medical center

During this second year of the three year project, 48 courses and seminars were attended by over 90 nurses and other healthcare professionals. The presentations varied from a one hour overview to the extended core curriculum. In addition, a HealthStream course, *Evidence-Based Nursing Practice, Delirium Recognition and Screening*, was added to the EBP courses available on line. Thirty four advanced clinicians completed the core curriculum, *The Clinical Inquiry Institute*, which prepares expert nurses as EBP mentors within their clinical setting. To date, over 50 expert nurses received training as EBP mentors.

Susan Lee, PhD, RN Project Director, was the keynote speaker for the Annual Research and Evidence-Based Practice Conference at USD Sanford Health in September 2011.
CLINICAL AFFILIATION
CLINICAL RECOGNITION
COLLABORATIVE GOVERNANCE

** COMMITTEES **

Diversity
Ethics in Clinical Practice
Fall Prevention
Informatics
Pain Management
Patient Education
Policy Procedure and Products
Research and Evidence-based Practice
Restraint Solutions in Clinical Practice
Skin Care
Staff Nurse Advisory

GLOBAL NURSING EDUCATION
KNIGHT SIMULATION
LEADERSHIP DEVELOPMENT
NORMAN KNIGHT VISITING SCHOLAR
PATIENT CARE SERVICES AWARDS AND RECOGNITION
The Patient Care Services (PCS) Clinical Affiliations Program helps to directly advance both the hospital’s mission to educate future academic and practice leaders of the health care professions, our vision “to create a practice environment that is built on a spirit of inquiry,” and the PCS professional practice model and Department of Nursing philosophy to educate ourselves and to educate others. Each year, The Institute for Patient Care manages more than 100 contracts for academic programs. This represents contracts with over 50 schools of nursing and over 80 contracts with other health care disciplines.

Achievements for 2011

Clinical Affiliations

● In Academic Year 2010-2011, a total of 1,589 students were accommodated in groups with instructors or paired with a clinical preceptor at MGH and affiliated health clinic
  – BSN students = 68%, Graduate students (MSN, NP) = 32%
  – The benefits of providing clinical placements include: providing leadership in patient care excellence in practice, establishing a sense of good will in the greater health care and academic community, providing a community service and contributing to a pool of potential recruits.

● Contract management
  – 91 PCS contracts (53 Nursing contracts; 38 Non-Nursing contracts)
  – 45 Non-PCS contracts

● Voucher management
  Vouchers are used toward payment of course tuition. Often the vouchers are a way to “thank” staff for precepting a student. Vouchers obtained and distributed to staff from the following schools:
    – Boston College
    – Curry College
    – MGH Institute of Health Professions
    – Northeastern University
    – University of Massachusetts Boston
    – University of Massachusetts Lowell
    – Simmons College

Administrative Fellowships, PCS Clinical Rotation

Massachusetts General Hospital (MGH) operates a two-year Administrative Fellowship Program. Select applicants from throughout the country who have graduated with a Masters degree engage in a variety of service rotations. The Institute for Patient Care oversees the fellowship’s five-month PCS Clinical rotation.

The goals are to provide Fellows with a foundational understanding of:

● health care environment, systems, processes and technology that impact the care environment
● various clinical roles and their contributions to patient care
● how various members of the health care team work together to provide the best possible care
From exposure to a variety of experiences and involvement in significant organizational projects, Fellows become well prepared to assume a leadership position within a health care organization, often at MGH.

- Fellows engaged in their PCS Clinical rotation in 2011
  - Alex Brayton, precepted by Nursing Director, Tara Tehan, RN, Lunder 6 (previously Blake 12)
  - Calvin Richardson, precepted by Nursing Director, Sara Macchiano, RN, White 9

**CE/Professional Development Programs**

Facilitated the following programs:

- **Workforce Dynamics: Skills for Success** - includes the following:
  - Understanding and Leading a Multigenerational Workforce
  - Conflict in Healthcare
  - Engaging Effectively in Difficult Conversations

- **Learning to Teach, Teaching to Learn: Preceptor Development**

- **Psychological Type program**, using the Myers-Briggs Type Indicator (MBTI), addresses “differences” in a variety of functions, for example learning styles, problem-solving styles, leadership and conflict management. The program includes strategies to maximize the constructive use of differences. This program is effective for teams and “natural work groups” and is available upon request. In 2011 MBTI sessions were facilitated with the Chaplaincy Department and the ICU of the Future (Blake 12).

**Retreats/Team and Leadership Development**

Throughout PCS, groups often hold retreats with the objective of reviewing present and future goals, creating a vision, strategic planning, and building or strengthening a team. Facilitation is helpful in guiding the group to keep their planned agenda on track, and in helping the group to meet the goals of the retreat. In 2011

- Created and facilitated a 4-hour Leadership Program for Collaborative Governance co-leaders, coaches and advisors
- Created and facilitated a Leadership and Visioning retreat with the CNS group
- Co-created and facilitated Chaplaincy Retreats
The Clinical Recognition Program (CRP) is a multi-disciplinary program which recognizes and rewards the clinical practice of all direct care providers, from the beginning practitioner to the expert. Through the program, clinical staff from six disciplines in Patient Care Services (PCS) - Nursing, Occupational Therapy, Physical Therapy, Respiratory Care Services, Social Work and the Department of Speech, Language and Swallowing Disorders analyze their own practice and seek recognition for the level of practice they have achieved.

Achievements for 2011

- A “Celebration of Excellence” presentation was held during which Advanced Clinicians and Clinical Scholars replicated their interview with a member of the Review Board. Each clinician focused on a theme of practice and criteria which clinicians had identified as confusing to them.

- A “Tiger Team” led by the co-chairs of the CRP Review Board was convened to address the question whether the elements of the portfolio could be decreased. The members, clinicians who were at the Clinician, Advanced Clinician and Clinical Scholar level, met and made the recommendation, subsequently approved by the Review Board and Steering Committee; that the portfolio for the Clinical Scholar level be the same as that of the Advanced Clinician level and contain 3, not 4 letters of support.

- Creation of a pre-review for portfolios prior to submission to the Review Board. In this process applicants submit their portfolios for feedback to former Review Board members to lessen the chances for denial.

- A series of articles in Caring Headlines on all aspects of the CRP including an article on a RN who was denied recognition and what she did to improve her portfolio and prepare for the interview that allowed her to be successful when she re-applied.
Since 1997, Collaborative Governance (CG) has been a critical element within the Patient Care Services (PCS) Professional Practice Model (PPM). CG describes communication and decision making processes and places the authority and accountability for patient care with the practicing clinician. Its mission is: To integrate multidisciplinary clinical staff into the formal decision-making structure of PCS to stimulate, facilitate and generate knowledge that will improve patient care and enhance the environment in which clinicians shape their practice. (Collaborative Governance Study, 2011)

Achievements for 2011

- Successful implementation in April of the new “re-designed” Collaborative Governance committees. The committees: Diversity, Ethics in Clinical Practice, Fall Prevention, Informatics, Pain Management, Patient Education, Policy, Procedure and Products, Research and Evidence-based Practice, Restraint Solutions in Clinical Practice, Skin Care, and Staff Nurse Advisory

- Integration of the work of the committees into the PCS strategic goals as evidenced by the Skin Care committee’s work on Save Our Skin (S.O.S.) initiative, Falls Prevention committee’s work on Let’s Eliminate All Falls (LEAF)

- Collaborative Governance committees’ presence on the Excellence Every Day web site
The PCS Collaborative Governance Diversity Committee is a multidisciplinary/interdepartmental group focused on examining issues related to diversity in patient care delivery and the work environment and developing and implementing ideas for enhancing awareness and understanding to improve the experience of our patients and staff.

**Achievements for 2011**

- Champions shared best practices on creating a welcoming environment for patients and staff in which each individual can feel respected and valued.

- Champions identified opportunities to raise awareness and foster a greater understanding and appreciation for differences in the populations we serve and in each other.

- Champions shared experiences and observations from the workplace and identified ways to improve the experience of patients and colleagues.
The Patient Care Services Ethics in Clinical Practice (EICP) Committee is a multidisciplinary committee, formed to develop and implement strategies to support integrating ethical judgment into professional practice, and provide consultation at unit and organizational levels related to ethical issues in patient care.

Achievements for 2011

- **Unit-based Ethics Rounds**
  Seventeen patient care areas held regularly scheduled unit-based ethics rounds which were facilitated by past and current EICP champions. The rounds utilized a variety of formats and covered a wide range of ethics topics including research findings, ethics in the news, and case-based discussions that have ethical implications or ethical challenges. The goal of these rounds is to provide a safe space away from the bedside for interdisciplinary dialogue and deliberation of the ethical dilemmas and challenges that clinicians are facing within their particular area of practice.

- **Ethics Education and Development of Ethics Champions as Resources**
  EICP meetings routinely included opportunities for champions to broaden their knowledge of clinical bioethics, ethics terminology and principles, methods for working up an ethical dilemma, and issues confronting clinicians across the MGH continuum that are morally distressing. The goal of these opportunities is to mentor EICP champions to be ethics resources to their colleagues, to inform the work of the committee, and through the Collaborative Governance structure, inform the organization of the ethical issues clinicians are facing. The opportunities offered in 2011 included:
  - access to local and national ethics education/conferences
  - didactic ethics education by EICP leadership
  - summer book reading with a facilitated discussion of ethical issues raised
  - case-based panel presentations/facilitated discussions

- **Health Care Proxies/Advance Care Planning**
  On April 15 the EICP Committee in coordination with the Patient Education Committee sponsored the 11th Annual Advance Care Planning (ACP) information booth in the MGH White main corridor to join other health care organizations nationally to promote National Heath Care Decisions Day and the importance of completing the advance care planning process.
  - EICP Leadership (Cynthia LaSala, RN and Sharon Brackett, RN) meet regularly with Gaurdia Banister, RN, PhD, Executive Director of the Institute for Patient Care to coordinate committee ACP work with ACP-related activities organizationally
  - Sharon Brackett, RN was invited to represent PCS and EICP Committee ACP work on a Health Care Proxy Steering Committee for a Partners Pay-for-Performance Measure in 2011
  - The patient education brochures on advance care planning developed by EICP (Planning in Advance for Your Health Care; Preparing to be a Health Care Agent) were re-designed into one perforated, card-stock, legal size document in order to address fluctuating cost and usage across the organization. Education about the re-design and use of the brochures was done through inpatient and outpatient leadership groups.
The Fall Prevention Committee was formed in April 2011. The committee is comprised of staff nurses, a professional development specialist, a geriatric specialist, and clinical nurse specialists from a wide variety of patient units and specializations.

The mission is to promote fall prevention, education, and awareness among MGH staff, and the community-at-large. Working collaboratively with patients, families, community groups, and staff, the committee works strategically within existing programs, including the PCS LEAF program to improve system wide fall prevention efforts.

The aim of the committee is to impact practice, education, and policy to improve patient outcomes related to falls. The committee continues to develop strategies for the integration and sustainability of fall prevention interventions. This aim is accomplished through collaborative partnerships with key stakeholders for example the KNC, CNS committee, and the PCS Office of Quality & Safety.

Achievements for 2011

- **LEAF Fall Signage**
The evidence on fall prevention signage was reviewed including the LEAF logo, language, and sign placement. The final draft of LEAF signage was approved. The LEAF signage is a new fall prevention resource which promotes patient centered care at the bedside. The LEAF signage was developed to be environmentally friendly in its reusable form. Prior to adoption of the final version, the committee collaborated with the PCS Office of Quality & Safety to ensure HIPPA compliance.

- **National Fall Prevention Awareness Table**
The information table was located in the main lobby. The target audience was clinicians and patients/visitors. Fall prevention materials from national and local agencies were displayed and provided to over 400 visitors and staff members.

- **Excellence Every Day (EED) Fall Prevention Portal Page**
The web portal page provides staff and visitors with fall prevention quality and safety initiatives, data, and resources. The Falls Committee met the challenge of developing the inaugural EED web page by providing statistics, links, case exemplar (case study), resources and information.

- **Fall Prevention Equipment**
The committee reviewed and endorsed CNS recommendations on new standardized chair alarms and bariatric beds.

- **Community Outreach**
The geriatric specialist worked collaboratively with MGH Senior Health as a research consultant on the Tufts Foundation Fall Prevention grant. This grant provided fall outreach and prevention education in two senior housing sites in Boston. The geriatric specialist was appointed to serve on the Massachusetts Fall Prevention Coalition.
The Collaborative Governance Informatics Committee is a multi-disciplinary committee responsible for informatics education, identification of informatics issues, and development of solutions so that PCS staff will better be able to support the mission of MGH. Members of the committee act as resources for initiatives relating to informatics.

The goal of the Informatics Committee is to have a PCS staff that is knowledgeable and competent with informatics used for patient care, education and research. Committee members stimulate, facilitate, generate and disseminate knowledge that enhances the environment in which informatics plays a role for improvement of patient care, education and research.

Achievements for 2011

- **Education on Issues in Informatics**
  Champions explored how Informatics practices improve the management of all information related to patient care delivery, leading to improved interdisciplinary collaboration, patient safety, and patient satisfaction. Discussions included the need for development of informatics “competencies” to ensure clinicians possess sufficient computer skills as part of meeting patient safety and quality of care standards. Another concept explored was “meaningful use”, a set of objectives on the use of electronic information systems that providers and hospitals must meet to gain government financial incentives.

- **Education Partners Systems and Applications**
  After completing a survey to identify educational needs, champions participated in presentations and demonstrations of Microsoft Outlook, SharePoint, Trove, and PEPL. Links to presentations and to tip sheets were made available on the Informatics SharePoint site. Champions are using this information to enhance the communication practices on their units, and are seen as the “go-to” individuals for assistance with these applications.

- **Feedback and Input for the Acute Care Documentation (e-chart) Project**
  Champions participated in demonstrations of e-chart, the e-chart/eMAR interface, and the document repository that will house e-chart notes. With this background, champions offered their expertise on related topics including patient summary tool, a multi-patient list, downtime procedures, and new hardware. Because they are a diverse group of clinicians with varying workflows and documentation needs, champions continue to provide the groundwork for the acceptance of e-chart among clinicians.
The Collaborative Governance Pain Management Committee helps members develop expertise in the subject matter and use their knowledge and skill to improve the way pain is managed at MGH. The committee is also an opportunity for clinicians to share their observations of practice at the bedside and advocate for changes that facilitate the use of best clinical practices and the ethical treatment of all patients.

Committee Charges

- Ensure that clinicians have the knowledge, resources and skill needed to address and treat patients’ pain
- Serve as a resource/consultant to colleagues to ensure that all members of the team have the knowledge necessary to effectively manage patients’ pain
- Collaborate with unit/department leadership on tracking and analyzing HCAHPS pain management scores

Achievements for 2011

- **Refined Pain Assessment Tools**
  Good pain management begins with an accurate assessment of the patient’s signs and symptoms. The committee reviewed and refined the pain assessment tool selection and developed a model for selecting the proper tool for individual patients based on their age and ability. Tools were chosen that have an evidence base for validity and reliability, and that would be easy and meaningful to guide clinical decision-making for MGH patients. These tools were laminated for distribution to each bedside. An Excellence Everyday portal page on pain was developed, and the clinical resources page on Pain Assessment was updated.

- **Refined Professional Educational Offering on Pain Management**
  The professional development model of how we educate professionals in pain management was changed. A different strategy allowing more professionals to be trained in intermediate and advanced level content areas was put in place and is being refined based on evaluations and collaborative governance input.
The **Patient Education Committee (PEC)** supports staff in developing their role in culturally appropriate patient education activities. Champions facilitate and generate knowledge of patient education materials to improve care and enhance the environment in which clinicians shape their practice. The PEC supports clinical staff in developing their role in patient education activities that reflect the diverse patient population we serve. This goal is achieved through stimulating, facilitating and generating knowledge of patient education materials, programs and resources in order to improve patient care and enhance the environment in which clinicians shape their practice.

The role of PEC Champions is to influence practice through communication and education of their peers. Expectations of PEC Champions as committee members include:

- Participating actively in meetings and committee work
- Bringing ideas, thoughts and questions on patient education issues to the meeting
- Sharing knowledge gained from meetings with colleagues
- Aligning the work of the committee with PCS strategic goals
- Educating self and others about patient education resources and teaching techniques
- Disseminating patient education information and activities to the larger MGH community
- Collaborating with the Maxwell & Eleanor Blum Patient and Family Learning Center and the Norman Knight Nursing Center for Clinical & Professional Development to develop patient education programs to benefit MGH patients, families and staff
- Assuring activities and materials reflect diversity of the population served
- Engaging in joint projects with other Collaborative Governance committees

**Achievements for 2011**

- **Development of Subcommittees**
  
  An initial goal for the committee was to conduct a brief survey of committee members to identify perceived learning needs and barriers to effective patient education. The top three needs and/or barriers were a lack of time to teach, a lack of awareness of patient education resources, and a need to improve patient teaching skill. Committee goals were developed to respond to the survey results. Four subcommittees were formed to focus on specific patient education projects and increase involvement of champions in committee work.
The four committees and select achievements are:

- **Teach Back/Show Back**
  This subcommittee’s charge was to develop strategies to educate clinicians on how to utilize the teach back/show back method when educating patients and families. The subgroup created a “Teachable Moments” flyer on this educational method.

- **Health Literacy**
  This subcommittee’s charge was to coordinate activities for Health Literacy Month. Activities included:
  - A lecture targeted at patients and families entitled “How To Take an Active Role in Your Healthcare” presented by Andrea Powers, RN
  - A lecture targeted at staff entitled “Health Literacy, Just the Facts Ma’am,” presented by Jennifer Searl, MLS
  - An educational booth located in the White 1 hallway targeting all members of the MGH community

- **Communication**
  This subcommittee’s charge was to market committee activities and teach staff about patient education issues, resources and techniques through Caring Headlines articles and “Teachable Moments” flyers.
  - Caring Headlines
    - “Teachback/Showback: Effective Patient Education Tool” written by Vita Norton, RN; Anna Pandolfo; Silvianne Ngueya, RN; Kathryn Best Manzo, RN
    - “Reducing Healthcare Costs by Improving Health Literacy” written by Jennifer Searl, MSL.
  - Teachable Moments Flyers
    - “Advance Directive” created by Angelica Tringale, RN; Michelle Allen, RN
    - “Teachback/Showback” created by committee members Judy Gullage, Amanda Murphy, Rachel Lacasse, Lucy Cavanaugh, Suzanne Magri, Mary McKinley, Christopher Isibor, Jen Hovsepian.
    - “Creating a Welcoming and Inclusive Environment for Patients with a Disability” created by Shellie Legere, Brian French, Judy Lynch, Maika Escandon, Vita Norton, Mary Connolly.

- **Pay It Forward**
  This subcommittee’s charge was to develop materials to support champions with in-serving colleagues on MGH patient education resources. The goal was for each champion to educate five peers and each peer in turn would “pay it forward” by in-serving two additional peers.

- **Organizational Initiatives**
  In addition, a goal of PEC is to promote development of champions through dissemination of patient education knowledge and involvement in organizational initiatives. Two strategies used to accomplish this goal are to review and discuss journal articles that highlight patient education topics and work with other Collaborative Governance Committees.
  - Journal Article Reviews:
    - “Discharge Teaching About Patient Retention and Knowledge: Health Literacy and Outcomes Among Patients with Heart Failure”. Discussion led by Julie McCarthy, RN.
    - “Caring For Patients with Limited Health Literacy”. Discussion led by Joan Gallagher, RN.
  - Collaborations
    - Committee Champions took part in the Advance Directive/Care Planning booth
    - Champions met and have begun collaborations with Zary Amirhosseini, Disability Program Manager, to raise staff, patient and family awareness of disability issues.
The Policy, Procedure and Products Committee is charged with the process of reviewing and revising policies and procedures which impact the standards of nursing practice at MGH. The committee is also responsible for reviewing and approving new products that will improve care of patients at MGH. The committee members are responsible for ensuring that revisions and changes to nursing practice are communicated to staff throughout Patient Care Services.

Achievements for 2011

● Revision of Heparin Flush Policy
Revision of Heparin Flush Policy for central access catheters was approved. Evidence from the Infusion Nurses Society (INS) standards was presented indicating that changes in the amount of Heparin utilized to flush Central Access Catheters had changed. The policy was revised meeting these standards then approved by the committee. Once approved by Medication Education Safety and Approval Committee (MESAC), Nursing Leadership and the CNS group, these changes in practice were communicated to nursing staff through HealthStream and practice alerts.

● Revision of Transfusion Policy
Revisions to the transfusion policy were approved. Revisions included a clarification/update of terms, the addition of universal precautions and clarification of the consent process.

● O₂ Saturation Probes
A discussion on the use of permanent O₂ saturation probes was presented to the committee. This process had been adopted by the ED and was presented as a possible future plan for other units. Some medical units that have adopted this practice have had no difficulty with patient monitoring. It was felt that more data would be needed before a decision could be made to change practice throughout MGH.

● Addition to Nursing Data Set
Two questions were added to the Nursing Data Set to assess for suicidal ideation. This was in response to an alert by the Joint Commission who determined that all inpatients need to be assessed for this risk. The committee approved the questions with some minor revisions.

● Policy Review
Several policies were reviewed and approved. Policies include the Esophageal Probe to monitor temperature in hypothermic patients, Chemotherapy Desensitization and CVVH (Continuous Veno-Venous Hemofiltration). These policies were added to the Nursing Procedure Manual. Several analgesia and pain control policies were presented by representatives from the Pain Service.
The Research and Evidence-based Practice Committee’s mission is to disseminate new knowledge derived from clinical research and support clinicians in the implementation of evidence-based practice. The committee is comprised of professionals from speech and language pathology, respiratory therapy, nursing, library services, and social services who work in diverse areas in the hospital.

Achievements for 2011
The committee has three subcommittee initiatives that disseminate new knowledge to bedside clinicians in order to support optimal outcomes for patient care:

- **“The More than Just a Journal Club”**
  This sub-committee holds bimonthly presentations by nurses who have published recent original research. These informal sessions welcome discussion from participants and explore how the research relates to clinical practice. The format is unique because the nurse author shares the lived experience of developing and conducting research. In 2011, the journal club hosted five researchers.

- **Evidence-based Practice (EBP)**
  This sub-committee is a newly formed group which progressively expanded membership and began project work to increase awareness of EBP. A baseline educational offering on EBP was presented to the committee at the beginning and close of the calendar year. Included in the preparation, all members were given the opportunity to participate in *The Clinical Inquiry Institute: An EBP Approach, (CII)*. This intensive two day course in EBP was offered in the Spring of 2011. All participants were required to take two pre-requisite HealthStream courses and other preparatory work.

- **“The “Did You Know...?”**
  These posters are summaries of the most current EBP’s written by MGH clinicians. This year’s topics included:
  - “Save the Veins” - illuminated the need for vein sparing in patients with renal dysfunction (developed and released for distribution)
  - "Transporting Patients on Isolation Precautions" (developed with release date 2012)
  - “What is Evidence Based Practice? An Inter-professional Approach to Clinical Decision-making” - based on a survey with clinical nurse specialists of their specialty specific resources (developed with release date 2012)
The Collaborative Governance Restraint Usage Committee was initiated in May of 2011 to address the clinical challenges of restraint utilization. Membership is interdisciplinary with representatives from the departments of Social Work, Occupational Therapy, Quality & Safety, the KNC, and nurses from general care and specialty units (Psychiatry, Medicine, ICU, Neurology, Emergency Department, PACU, and Orthopedics). Champions bring a wealth of clinical experience from their practice areas to partner in an effort to minimize the use of restraints, and when necessary, to use restraints safely and for the least amount of time possible.

Committee members demonstrate broad interest and passion for shared practice, assessment and utilization of restraints in areas including:

- Monitoring regulatory changes and effectively broadcasting this information to unit staff
- Clarifying guidelines for restraint assessment and restraint reduction
- Identifying alternatives to restraint, for example sensory interventions
- Sharing expertise across practice areas for optimizing restraint usage
- Providing education to patients and families about the use of restraint
- Identifying and critiquing the impact of policy/regulations on practice incorporating current evidence based research on restraint use

Achievements for 2011

- **Patient Brochure**
  Restraints are often instituted during an acute change in the patient’s clinical presentation and can be a troubling experience for the patient and family/friends. The restraint brochure provides information including the definition of a restraint, how and when the intervention is used, what resources are available to patients and families, and how families can help a loved one who is restrained.

- **Exploration of Restraint Alternatives**
  Decreasing the use of restraint requires exquisite attention to the patient’s behavioral concerns and underlying causes, the environment, and myriad interventions that may reduce the risk of injury to the patient and the staff who care for them. This year the committee began exploration in two related areas. One involves attention to sensory evaluation and interventions that is being led by Occupational Therapy champions. The other involves decision-making practices for initiating and removing restraints and is being led by Surgical ICU champions.

- **Educational Activities**
  Members bring varying clinical knowledge, patient care problems, and lessons learned to this committee. Consistent committee time was dedicated to case presentations about patients at risk for injury to self and others, education about sensory interventions, and hospital compliance concerns and data. This agenda helped build group understanding of the challenges in different clinical areas/perspectives and potential solutions.
The **Collaborative Governance Skin Care Committee** is a multidisciplinary team of professionals that collaborate to ensure clinicians have the knowledge, skills, and resources to maintain skin integrity and prevent and treat pressure ulcers. The Committee utilizes four subcommittees to stimulate and disseminate knowledge to improve patient care.

**Achievements for 2011**

Creation of four subcommittees

- **“S.A.F.E.R.” Fair**
  (S-KIN, A-Analgesia, F-Falls, E-Education, R-Restraints) was proposed and approved by Collaborative Governance committee leaders. Dr. Lela Holden of the Center for Quality & Safety supported featuring the S.A.F.E.R. Fair during “Safety Week.”

- **“Did you know...?” Poster**
  The subcommittee submitted to the Research and Evidence-based Practice Committee a draft of the poster entitled “Take the Time to Prevent Pressure Ulcers.” The aim is three-fold:
  - increase staff awareness of the time and conditions under which pressure ulcers develop
  - provide education to staff on relevant interventions
  - maintain a zero tolerance policy for hospital acquired skin ulcers

- **Education**
  The first focus of the Education Subcommittee was to improve access to TROVE for staff to have quicker access to resources such as the Nursing Practice Guideline for Skin and Wound Care and the Wound Care Formulary. A goal is to put the six-step list on a card small enough to attach to a computer.

- **Research**
  The subcommittee members reviewed the research literature related to prevention of skin injury associated with cleansing the skin of patients who are incontinent. The subcommittee is working with Materials Management to obtain samples of large moistened flushable wipes in order to conduct a trial and select the product which best meets the needs of patients and caregivers.
The Patient Care Services Staff Nurse Advisory Committee provides a forum for communication between nursing leadership and clinical nurses at the MGH. Committee members representing all patient care units engage in dialogue with nursing leaders about matters of patient care and professional development.

Achievements for 2011

- **Excellence Every Day**
  - Participated in planning for and communication of key initiatives for promoting and sustaining regulatory and Magnet designation readiness
  - Communicated colleagues’ questions on preparing for the upcoming JCAHO and Magnet visits

- **Peer Review Process**
  Provided feedback on the new Peer Review process and its implementation

- **Liaison and Collaboration**
  - Served as a liaison to colleagues on the hourly rounding initiative
  - Served as a liaison between unit-based colleagues and senior nursing leadership regarding day-to-day clinical, quality of work-life and work-life balance issues
  - Collaborated with workplace violence tiger team on experiences dealing with disruptive behavior
  - Communicated patient and family concerns on issues of unit cleanliness
  - Identified opportunities for efficiency in patient care delivery and additional cost savings
  - Communicated opportunities to reduce non-salary expenses
  - Identified obstacles and potential solutions to increase patient throughput
The Global Nursing Education Program (formerly The International Nurse Consultant Program) was developed in 1995. This program provides an opportunity for nurses from all over the globe to come to MGH to observe clinical care and consult with expert nurse leaders and clinicians. The primary goals of the program are to improve global healthcare and to promote collegial dialogue across cultures. Options for learning include clinical observation, leadership consultation and didactic lectures. MGH nursing consultants are also available for global healthcare consultation projects.

Achievements for 2011
2011 was an exciting year for global nursing education at MGH. The Global Nursing Education program hosted 143 international and domestic nurse visitor colleagues within 31 individually planned educational programs (up from 97 visitors within 46 programs in 2010). The average length of stay was 2.34 days (range 1-43).

In addition to the US, visitors from the following countries were hosted:

- Australia
- Bermuda
- China
- Haiti
- Israel
- Japan
- The Netherlands
- Norway
- Singapore
- South Korea
- Spain
- Uganda
- Nantucket Cottage Hospital
- Partnership: Huashan Hospital/ Shanghai, China
  During 2011 the strong partnership between MGH and Huashan Hospital in Shanghai China continued. Seven nursing leaders from Huashan Hospital participated in intensive educational exchange programs at MGH. Each nurse was partnered with an MGH nursing leader who served as a mentor for the experience. While at MGH, the Huashan Hospital nursing leadership team participated in a wide variety of experiences including didactic education programs, leadership operational meetings, individual meetings with key MGH leaders and clinical observation experiences. A group of five MGH nursing leaders also traveled to Huashan Hospital later in the year as part of a twinning model of exchange.

Educational Initiatives for Local Hospitals
The Global Nursing Education program also encompasses educational initiatives for nursing colleagues from local hospitals. During 2011, MGH nursing provided a pediatric education program for nurses at Wentworth-Douglass Hospital and a training program for Melrose Wakefield Hospital nurses in the Cardiac Catheterization Lab. Nantucket Cottage Hospital, which is now a part of the MGH system, sent several of their nurses for clinical observation in the Emergency Department and PACU.
Since 2004, the Knight Simulation Program team has provided educational sessions for MGH nurses, other clinicians and interdisciplinary teams at all experience levels. The program’s mission is to provide nurses and members of interdisciplinary teams with learning opportunities designed to improve the quality and safety of patient care. Programming, developed in collaboration with both central and unit-based staff, has been designed to complement other educational programs. Simulation programming continues to address the overall themes of leadership, communication, teamwork and decision-making. A faculty-guided debriefing follows all simulation scenarios. This debriefing focuses on aspects of performance with the goal of promoting self-reflection and application of knowledge to clinical practice.

2011 Achievements

Ongoing Programming
The simulation programs continue to focus on new and experienced nurses from a variety of clinical areas including medical/surgical care, critical care, OB and pediatrics.

Program Expansion
In addition to programs beneficial to all nurses, the Knight Simulation team expanded programs designed to benefit specific role groups. In collaboration with physician educators and staff from the MGH Learning Laboratory, programming was developed and implemented for nurse practitioners (NPs) on the Oncology and Academic Hospitalist Services. The overall goal was to provide a safe learning environment in which NPs acquire knowledge and skills needed to manage common bedside emergencies such as GI bleeding, pulmonary embolism, urosepsis, anaphylaxis, tachyarrhythmias, heart failure, hypertensive emergencies and hypercalcemia. Each scenario and debriefing session was followed by a short lecture related to the management of the specific medical condition. Knight Simulation staff continued to collaborate with the Chaplaincy Department to provide simulation-based learning programs for Clinical Pastoral Education interns. The scenarios focused on end of life care, limitation of life sustaining treatment, refusal of pain medication and the provision of support to families experiencing conflict and grief.
In order to build upon programs implemented in 2009 and 2010, the team continued to expand offerings delivered “in-situ” or on the clinical units. Ongoing interdisciplinary programs were held on Ellison 17/18 pediatrics, Blake 14 obstetrics, Bigelow 9 Respiratory Acute Care Unit (RACU), and the Ellison 4 Surgical Intensive Care Unit (SICU). Nurse-focused programs were held on Ellison 19 thoracics and Phillips House 22 surgery based on the specific patient population on each unit. In-situ initiatives engaged clinicians to work together in routine clinical as well as emergent situations. The scenarios were designed to promote effective teamwork, leadership, communication and judgment.

Support of Key Organizational Initiatives
In 2011, the Knight Simulation Program partnered with educators from the Norman Knight Nursing Center for Clinical & Professional Development, clinical nurse specialists, and other unit-based staff to develop and implement programs to support organizational initiatives. Examples include the Oncology and Critical Care Nurse Residency Programs, opening of new practice areas including the Lunder Building, the Blake 12 ICU and the Pediatric Endoscopy Suite.

Nurse Residency Program
Each group of residents participated in 8 hours of simulated experiences integrated into the curriculum as a learning method for application of clinical knowledge and skills, inter- and intra-disciplinary team communication, critical thinking (i.e. recognition of critical patterns, choosing the most appropriate therapeutic intervention, and outcome evaluation) and professional role clarification.
Norman Knight Visiting Scholar Program

The Norman Knight Visiting Scholar Program is designed to support professional development, creativity and innovation in practice by inviting a nurse scientist/scholar to share his/her knowledge and expertise through consultation, teaching, mentoring and research.

Leadership Development Program

The Leadership Development Program comprises a series of learning opportunities designed to promote individual and group learning. Leadership and emerging leaders are given opportunities to learn and reflect and hopefully take that new learning back to their practice setting.

Achievements for 2011

- Barbara Blakeney, RN and guest faculty led an innovations series for directors, clinical specialists and clinical nurse specialists guiding participants through a series of activities to support creativity and problem solving.

- Judith Lower, RN presented on conflict management as part of the Knight Visiting Scholar Program.

- Michael Bleich, RN met with members of the interdisciplinary education unit, leadership of Collaborative Governance and presented grand rounds on interdisciplinary collaboration.

- Mary Ann Fralic, RN met with emerging leaders and presented on strategic leadership.
Yvonne L. Munn Nursing Research Award

“Patients’ Experiences of Hatha Yoga during Autologous Hematopoietic Stem Cell Transplant”

Principal Investigator

Jennifer Brock, RN, BSN
Staff Nurse
Oncology, Lunder 10

Mentor

Annemarie Barron, RN, PhD, CS
Clinical Nurse Specialist
Faculty Nurse Scientist

"Examination of the Incidence and Prevalence of Constipation among Hospitalized Older Adults"

Principal Investigator

Andrea Thurler, MSN, RN, FNP-BC
Nurse Practitioner
GI Associates

Mentor

Leiba Savitt, MSN, NP-C, RNC
Patient Access Coordinator
Colorectal Surgery Center/ Pelvic Floor Disorders Service

Norman Knight Award for Excellence in Clinical Support

Carrole Caillet
Medical Assistant
Infectious Disease, Cox 5

Anthony Kirvilaitis Jr. Partnership in Caring Award

Amy Christmas
Operations Associate
Neuroscience Intensive Care, Lunder 6

Mark Clarke
Unit Service Associate
Medical Intensive Care, Blake 7

Patricia A. McGrail, BSN, RN, Nurse Mentoring Award

Julie Cronin, BSN, RN, OCN
Staff Nurse
Gynecology, Bigelow 7

Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

Tracey DiMaggio, RN
Staff Nurse
Oncology, Phillips 21

Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy

Tracey DiMaggio, RN
Staff Nurse
Oncology, Phillips 21

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Staff Nurse
Gynecology, Bigelow 7

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Amy Christmas
Operations Associate
Neuroscience Intensive Care, Lunder 6

Mark Clarke
Unit Service Associate
Medical Intensive Care, Blake 7

Norman Knight Award for Excellence in Clinical Support

Carrole Caillet
Medical Assistant
Infectious Disease, Cox 5
### Award Recipients

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<td>Brian M. McEachern Extraordinary Care Award</td>
<td>Sacha Field, CCLS</td>
<td>Child Life Specialist</td>
<td>Pediatrics, Ellison 18</td>
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<td>Jean M. Nardini, RN, Nurse Leader Award</td>
<td>Mary Ellen McNamara, RN</td>
<td>Staff Nurse</td>
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<td>Norman Knight Preceptor of Distinction Award</td>
<td>Richard Soria, RN</td>
<td>Staff Nurse</td>
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<td>Marie C. Petrilli Oncology Nursing Award</td>
<td>Katie Guerino, RN</td>
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<td>Infusion, Yawkey 8</td>
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<td>Jolene Marangi, RN</td>
<td>Staff Nurse</td>
<td>Gynecology Oncology, Bigelow 7</td>
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<td>Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award</td>
<td>Janet Callahan, PT, MS, NCS</td>
<td>Physical Therapy</td>
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<td></td>
<td>Julie Park, OTR/L, Ed.M.</td>
<td>Occupational Therapy</td>
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<td>Katrina Scott, M.Div.</td>
<td>Chaplaincy</td>
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<td>Todd Rinehart, LICSW</td>
<td>Social Services</td>
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<td>Orren Carrere-Fox Award for NICU Caregivers</td>
<td>Teresa MacDonald, RN</td>
<td>Staff Nurse</td>
<td>Newborn ICU, Blake 10</td>
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<td>Molly Catherine Tramontana Award for Outstanding Service and Patient Care</td>
<td>Joan Cogliano, RN</td>
<td>Staff Nurse</td>
<td>Labor &amp; Delivery, Blake 14</td>
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### Fellows and Scholarships

**Hausman Student Nurse Fellowship**  
**Vicky Yu**  
University of Massachusetts Boston

**Jennifer Etienne**  
**Anna Diane**  
Boston College

**Sedina Giaff**  
**Marthe Pierre**  
Simmons College

**Jeffrey Jean**  
University of Massachusetts Boston

**Lauren Kang-Kim**  
Linfield College in Oregon

**Rosalee Tayag**  
University of Massachusetts Boston

**Jeremy Knowles Nurse Preceptor Fellowship**  
**Katherine Swigar Droste, RN**  
Staff Nurse, Cardiac Intensive Care Unit  
Ellison 9

**Elizabeth Henderson, RN**  
Staff Nurse, Emergency Department

**Mary T. Ryan Scholarship**  
**Andrea Farrington**  
Brookfield High School  
North Brookfield, MA

**Mary Forshay Scholarship**  
**Darlene Sawicki, MSN, NP**  
Nurse Practitioner  
Co-Director ALS Clinic

**The Norman Knight Nursing Scholarship**  
**Catherine Benacchio, RN**  
Staff Nurse  
Medical Intensive Care Unit, Blake 7

**Siobhan Durkin, RN**  
Staff Nurse, General Medicine, White 10

**The Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity in Patient Care Services**  
**Kenia Giron**  
Anesthesia Technologist

**Nghi Huynh**  
Staff Assistant III

**Audrey Jasey, RN**  
Staff Nurse, General Medicine, Ellison 16

**Suja Philipose, RN**  
Staff Nurse, Newborn Nursery, Ellison 13

**Topaz Samuels-Sioley, PCA**  
Post Anesthesia Care Unit, Ellison 3

**Carmen Vega-Barachowitz**  
Director Speech, Language, Swallowing and Reading Disabilities

**Ben Corrao-Clanon Memorial Scholarship**  
**Alison Strong, RN**  
Staff Nurse, Newborn ICU, Blake 10
INITIATIVES

65 PLUS PROGRAM

ETHICS IN CLINICAL PRACTICE

MGH CARES ABOUT PAIN RELIEF

SAVE OUR SKIN (S.O.S.)
The mission of the 65 Plus Program is to improve health outcomes for older adult patients by creating a comprehensive evidence-based program that addresses the specific physical and psychosocial needs of the individual, ensures their optimum health and well-being, and respects their particular values, beliefs and background. Understanding the complexities of caring for older adults is a challenge faced by most clinicians in today’s hospital environment. To some degree, virtually all healthcare providers touch on the lives of older adults. Yet, as noted in the recent IOM report, *Retooling for an Aging America*, very few health care workers receive the training needed to address the specialized health care needs of this growing population and less than 1% of nurses are certified in geriatrics.

Recognizing the important role geriatrics plays in our interdisciplinary clinical practice, the 65 Plus program, and the Patient Care Services (PCS) program addresses the needs of older adults, through providing interdisciplinary education, policy guidance, consultation and clinical leadership. The Massachusetts General Hospital (MGH) is a certified Nurses Improving Care for Health System Elders (NICHE) hospital which is a nationally recognized program of The John A. Hartford Foundation Institute for Geriatric Nursing at New York University. The goal of NICHE is to achieve systematic practice change that will benefit hospitalized older patients.

An interdisciplinary 65 Plus Advisory Team guided the implementation of the program into the health system. This work is accomplished through partnering with units and interdisciplinary staff throughout the system.

The program recently hosted its 6th annual “Best Practices in Acute Care for Older Adults” conference. The interdisciplinary conference focused on increasing geriatric knowledge, sensitivity, and competence in geriatric syndrome management, while also serving to help prepare nurses for American Nurses Credentialing Center (ANCC) geriatric certification. The conference was sponsored in collaboration with the Norman Knight Nursing Center for Clinical & Professional Development.
Examples of 65 Plus program activities:

- Published an article about the 65 Plus program: *The Plus of 65 Plus*, Nursing Management, November 2011.
- Development and implementation of unit based Geriatric education, for example Geriatric Rounds, Lunch and Learn geriatric educational series on several units
- Continued to provide geriatric education and training of staff including Nursing Directors (NDs), Clinical Nurse Specialists (CNSs), and clinicians throughout the institution. Provided evidence based geriatric education to over 500+ staff members in either a one hour or two hour geriatric 65 Plus program module
- Developed and successfully implemented a system wide Fall Prevention Educational program which incorporated unit based nurses and Quality & Safety champions as faculty. The data from this pilot led to the system wide Fall Prevention Program; Lets Eliminate All Falls (LEAF)
- Continued to offer the annual Best Practices in Acute Care for Older Adults Conference. Each year the conference draws a multitude of attendees from MGH and outside healthcare organizations
- Multiple geriatric presentations throughout the year for example, Pain and the Older Adult, The Acute Care Needs of Older Adults
- Several teleconferences with Geriatrics Bermuda Teleconference, Kings Hospital and Mid Atlantic Wellness Institute
- Rounding Project - providing clinical and research leadership for the unit in the development and evaluation of hourly rounds
- Through a grant from the Partners Council on Disability, Education Committee funded 188 hearing and 90 vision assistive aides for our patients
- Developed a HealthStream Module for education related to Older Adults' hearing and vision Impairment

Overview of the Fall Prevention Program: Let’s Eliminate All Falls (LEAF)

The LEAF Program is an evidence based approach to fall prevention and intervention. It is grounded in the PCS Quality & Safety goals. The 65 Plus Program had successfully piloted the LEAF Fall Intervention Program in several areas including outpatient radiology, a medical unit, and Registered Nurse (RN) and Patient Care Associate (PCA) orientation. The LEAF Program provides a standardized, integrated program for PCS staff. The program was piloted on three units and in seven months was implemented on the remaining 37 inpatient units and several outpatient units.
Multi-faceted Interdisciplinary Approach

- Practice, Education, and Policy
  - Practice-development and implementation of a fall prevention bundle. The bundle includes risk assessment, multimodal interventions, and post-fall guidelines and processes.
  - Documentation
  - Equipment and Environment of Care
  - Development of LEAF Tool Kit
  - LEAF Program represented in new Collaborative Governance Structure
  - Communication and integration strategies, for example quality/safety, hourly rounds, and existing processes/structures
  - Partnerships and collaboration with key stakeholders
  - Strategies for integration and sustainability, for example Collaborative Governance
  - Fall Advisory Committee - interdisciplinary team to provide guidance, combined expertise and consultation during implementation
  - Implementation Team: CNSs and Knight Center
  - Unit Based Teams: NDs, CNSs, and interdisciplinary staff
  - Ad Hoc Subcommittees concurrently worked on other core components of the fall program, including fall prevention resources and equipment
  - The LEAF team provided ongoing coaching and monitoring of falls and unit based support during implementation

Educational Components

- Train the Trainers Model to develop unit based fall prevention teams
- Risk assessment - risk for falls/injury
- Prevention strategies
- Patient centered care plans for prevention of falls
- Restraint free guidelines
- Creating a safe environment of care
- Universal fall assessment and prevention strategies
- Communication, documentation, policies
- Clinical application to practice for example, rounding
- Post fall guidelines and post fall debriefing, review of interventions
- Review of Resources: ND, CNS, Geriatric Specialist, Interdisciplinary colleagues, PCS Quality & Safety, EED champions, CNS Psychiatric Service, Collaborative Governance, Practice committees
Massachusetts General Hospital (MGH) Nursing, within the context of Patient Care Services (PCS), has made strides in advancing clinical ethics resources for staff nurses at MGH. The PCS Ethics in Clinical Practice Committee (EICPC) continues to thrive within the PCS Collaborative Governance structure. With over 40 champions representing all PCS disciplines, plus physicians, the committee meets on a monthly basis, working on several initiatives, with exceptional attendance and participation (see section on EICPC).

Clinical Ethics Residency Program in Nursing (CERN)
Clinical ethics education is alive and well in MGH PCS. After a five year collaborative, under MGH leadership, with the Brigham & Women’s Hospital (BWH), the Dana Farber Cancer Institute (DFCI) and Boston College (BC); a Division of Nursing Health Resource Service Administration Grant awarded to MGH for July 2010 through June 2013. The grant provided funding for a Clinical Ethics Residency Program in Nursing (CERN), currently in its second year.

Nurse residents from MGH, BWH and North Shore Medical Center (NSMC) receive 98 hours of contact time in the program, which is comprised of online learning, classroom and simulation lab learning, and a clinical mentorship. This program, led by MGH nurse ethicists, has extended the collaboration with BWH and Boston College. CERN residents who have completed the first year of the strengthened residency program now attend continuation sessions in order to stay engaged in clinical ethics.
Graduation of the first class of residents took place in May 2011. Nineteen registered nurses in both staff and leadership roles successfully completed the program. These nurses went on to demonstrate evidence of application of their knowledge and skill in the clinical arena. Two Nursing Grand Rounds presentations highlighted the impact of CERN on practice. In addition, the CERN program was presented by the CERN team (Ellen M. Robinson, RN, PhD; Martha Jurchak, RN; Rev. Angelika Zollfrank and Pamela Grace, RN) at the American Society of Bioethics and Humanities annual meeting on October 16, 2011.

Connell Ethics Fellowship
In late 2011 the family of William F. Connell funded the Connell Ethics Fellowship which will be administered through the PCS Institute for Patient Care. The Connell Ethics Fellowship is a one year intensive training in clinical ethics under the supervision of a senior clinical nurse ethicist. The training consists of opportunities to acquire historical, philosophical and empirical knowledge related to ethical problems in health care in an acute care setting.

The fellowship provides mentorship in clinical ethics problem solving, consultation, facilitation and scholarship. Each year, two fellows (one nursing and one allied health professional) will be selected from an applicant pool.

The goal of the Connell Fellowship is to prepare two committed and experienced health professionals who are educated at the graduate level to develop and refine their clinical ethics expertise. The knowledge and skill acquired by these fellows will contribute to overall ethics capacity in MGH Patient Care Services and the hospital and community-at-large. A desired outcome is that the fellow, upon completion of the program, will be identified as a health professional with clinical ethics expertise at MGH. Ultimate goals are increased capacity to recognize and address developing and actual ethical problems in patient care through clinical ethics consultation, unit based intervention and ethics committee participation.

Unit Based Ethics Rounds
MGH PCS, in collaboration with physician colleagues, continue to grow “Unit Based Ethics Rounds” at the MGH. Currently, 20 units host ethics rounds. The primary contact on each of the units is a staff nurse within the unit, who, in collaboration with fellow nurses and interdisciplinary colleagues, identify cases and topics for discussion at the rounds. Nursing Directors and Clinical Nurse Specialists continue to be very supportive of these unit based discussion sessions, whose objectives allow for knowledge acquisition and interdisciplinary sharing in both current and past cases. At the present time, a planning committee is underway to plan an all day educational program for the facilitators of unit based ethics rounds.
Optimum Care Committee
The MGH Optimum Care Committee, the oldest ethics consultation committee in North America, is co-chaired by the PCS nurse ethicist and a physician in Medicine and Palliative Care. Membership on this committee includes staff nurses, social workers, chaplains, allied health professionals, community members and physicians. The committee’s primary work is ethics consultation in times of conflict within or between families and interdisciplinary teams. Anybody can place a consult, and nurses who identify conflict are consistently supported by their Nursing Directors, Clinical Nurse Specialists and Co-Chair, Nurse Ethicist, in placing consults. The Institute for Patient Care Nurse Ethicist is also represented on the MGH Hospital for Children Pediatrics Ethics Committee.

Ethics Leaders
Ethics leaders at MGH include the PCS Nurse Ethicist & MGH Optimum Care Committee Co-Chair, EICPC leaders (advisor, coach, co-chairs) and Co-Chair of the Pediatric Ethics Committee. These leadership roles work in synchrony to identify the educational needs related to clinical ethics in PCS.

Ethics Program Integration
The Patient Care Services Ethics Program is also integrated into ethics networks and leadership groups at Harvard Medical School (HMS) Division of Medical Ethics-Harvard Teaching Hospitals, and the Partners Hospital Ethics network. At Harvard, MGH Ethics leadership sit on the Harvard Ethics leaders group, which meets quarterly at HMS. MGH ethics leaders who participate include Nurse Ethicist & Optimum Care Committee Co-chairs, EICPC leaders, Pediatric Ethics Committee Co-Chairs and the Chair of the MGH Ethics Task Force. The Harvard Medical School Division of Medical Ethics (HMS DME) sponsors learning opportunities throughout the academic year, such as the Harvard Ethics Consortium, of which MGH ethics leaders are an integral part in both presenting and learning. Each year, the HMS DME hosts the Harvard Bioethics Course. Into its 5th year now, this course is frequently attended by MGH nurses and PCS staff.

HMS DME sponsors an internationally renowned ethics fellowship during the academic year which is highly competitive. MGH PCS has recommended and supported applicants to this program, and many of MGH’s ethicists and aspiring ethicists are graduates or currently in the fellowship. In 2011, MGH chaplains, nurse directors, CNSs, and speech language pathologists have been successfully accepted into and completed this highly competitive program.
MGH CARES ABOUT PAIN RELIEF INITIATIVE

MGH Cares About Pain Relief is an educational program that disseminates evidence-based information and best practice guidelines to professionals across the MGH system. These services are provided to patients, professionals and the public in a variety of venues. Education is provided in formal and informal group presentations to audiences ranging from a few, to over one hundred professionals at a time. Education is also provided through a monthly newsletter that is widely disseminated within and outside the MGH community. MGH Cares About Pain Relief also serves as a resource across the Partners system for the promotion of education, research and policy development designed to enhance the safety and efficacy of pain management.

MGH Cares about Pain Relief worked closely with the new Collaborative Governance Pain Management Committee to develop the expertise of Pain Champions and restructure the pain-related education and training programs offered through the Norman Knight Center for Clinical & Professional Development. The pain assessment tools were refined, especially for patients who have difficulty communicating their pain needs, and are available at the bed space where clinicians need them the most. Additionally, the group launched an Excellence Everyday webpage, from which clinicians can download tools and learn more about their proper use. MGH Cares about Pain Relief also refined the orientation materials RNs need for regulatory readiness and developed a program needed by nurse practitioners to attain or retain prescriptive authority.

MGH Cares about Pain Relief also worked with pharmacists in developing a plan for ensuring the safe use of high-risk pain relievers through the updating of pump drug libraries and clarifying pump selection based on the specific needs of different patient populations. This effort is expected to save the hospital tens of thousands of dollars, prevent medication errors, and enable clinicians’ speedy access to needed medications for patients experiencing severe pain. MGH Cares about Pain Relief was also instrumental in developing educational materials that will be integrated into the physician-trainee orientation program. Helping to meet the needs of public education, MGH Cares about Pain Relief worked closely with the Maxwell & Eleanor Blum and Patient Learning Center to develop Pain Awareness Month offerings during September. Hundreds of people stopped by the Pain Awareness Day table display and dozens attended the evening education series.
Between March 2009 and March 2010, Patient Care Services (PCS) Executive Committee noted a rise in the overall prevalence rate of hospital-acquired pressure ulcers (HAPUs) during quarterly pressure ulcer surveys, from 3.2% to 3.5%. Thus, in the 2011 PCS Strategic Plan, the Committee included a tactic, “Reduce hospital-acquired pressure ulcers.” Two methods were delineated 1) create an evidence-based standardized approach to prevention of HAPUs and 2) evaluate the efficacy of specialty bed use.

In order to achieve “an evidence-based standardized approach to prevention of HAPUs” a multi-disciplinary Pressure Ulcer Strategic Initiative Task Force was convened.

The S.O.S. Campaign was rolled-out during the first week of September 2011 championed by unit-based CNSs and staff nurse champions from the Collaborative Governance Skin Care Committee. The SKIN Bundle, where S = Skin assessment / Risk assessment and Surfaces, K = Keep moving / turning, I = Incontinence management, and N = Nutrition, was adopted. S.O.S. Toolboxes were distributed to the unit-based CNSs. The contents of the Toolboxes included promotional materials, such as “SKIN Saver” pins, posters in three sizes, “SKIN Saver” magnets and decals identifying the location of patients at very high risk of pressure ulcer formation. Also included were data collection tools to facilitate unit-based “huddles” when a pressure ulcer is first detected and weekly thereafter, and a tool for weekly audits of nursing documentation. Through synergy among several initiatives (hourly rounding, Let’s End All Falls [LEAF], and S.O.S.), the prevalence rate of HAPU declined for four quarters, from 2.8% in December, 2010 to 1.7% in September, 2011.

A recent “Best Practices” publication by the Advisory Board highlighted a novel technology, the “Dolphin Mat,” which was developed by Biologics, Inc. in collaboration with the U.S. Navy in order to prevent pressure ulcers during air transport of dolphins to war zones, where they are very effective at detecting weapons in bodies of water. The technology which is based on “fluid immersion technology” did successfully prevent pressure ulcers in dolphins. However, although there is a paucity of research literature related to the Dolphin Mat, research on immobile healthy subjects has demonstrated that it can effectively preserve skin perfusion. As a result, funding was approved to purchase seven Dolphin Mats and evaluate their effectiveness in preventing pressure ulcers in our highest risk critical care patients.
For more information on the Institute for Patient Care please call (617) 726-3111 or visit our website at www.mghpcs.org/ipc