EP 3: The structure(s) and process(es) that include direct care nurse involvement in tracking and analyzing nurse satisfaction or engagement data.

Every year at the end of the Senior Vice President for Patient Care and Chief Nurse’s (CNO’s) Nurse Recognition Week address to Massachusetts General Hospital (MGH) Nurses, a photo montage of MGH Nurses is displayed to the tune of Tina Turner’s “Simply the Best!” The CNO chose this song to celebrate the high level of excellence, pride, satisfaction and commitment that MGH Nurses possess.

This strong sense of satisfaction by nurses has been cultivated and measured over time. When the CNO assumed the helm of Nursing and Patient Care Services (PCS) in 1996, she identified that the disciplines in PCS worked in silos and the nursing staff needed strong, visible leadership. She collaborated with her executive team to create a four-point plan (attachment EP 1.a) which focused on 1) improving communication; 2) developing a professional practice model; 3) positioning nurses and health professionals to have a strong, positive voice in the institution, and, 4) addressing salaries and resource allocation. This simple, but profound plan, served as the initial roadmap to the creation of a strong professional practice environment in which nurses and other members of the healthcare team can do what they do best – provide exquisite care to their patients and families.

Aligned with this four-point plan to promote communication and staffs’ voice in decision-making, the Staff Perceptions of the Professional Practice Environment Survey (SPPPE), has been used since 1998 to evaluate the MGH Professional Practice Model. As discussed in EP 1 and TL 10, this evidence-based and psychometrically-sound tool measures PCS clinicians’ sense of satisfaction regarding eight organizational characteristics: autonomy; clinician-MD relations; control over practice; communication; teamwork; conflict management/handling disagreements; and internal work motivation. Benchmarking against previous years’ results for their respective areas of accountability, Patient Care Services’ leaders have found the results invaluable in addressing issues across Nursing and Patient Care Services and at the unit/department level (attachment EP 1.e). The SPPPE does not provide national benchmarks.

Towards that end, to augment the robust SPPPE findings and to meet the Magnet Recognition Program criteria for OOD 12, EP 3 and EP 3EO to provide nationally-benchmarked nurse satisfaction data, MGH Nursing has administered an RN survey through the National Database of Nursing Quality Indicators (NDNQI) since April 2010.

**NDNQI RN Survey Tool**

The NDNQI Nurse Survey with Practice Environment Scale (NDNQI Nurse Survey) is utilized. This Survey tool contains the Practice Environment of the Nursing Work Index (PES-NWI) published by Eileen Lake, PhD, RN, FAAN from the University of Pennsylvania School of Nursing (Penn Nursing) in 2002. Dr. Lake cites in her biography on the Penn Nursing site, “To assure the best care for our patients, we must provide work environments for nurses that support professional nursing practice and the development of nurses’ clinical expertise. These environments facilitate nurses’ caring, advocacy, clinical judgment and action, as well nurses’ collaboration with physicians and others. The professional rewards of nursing practice in these environments will keep nurses in direct patient care and will attract young people to nursing as a career."

The PES-NWI subscale measures five organizational characteristics:
- Nurse Participation in Hospital affairs
- Nursing Foundations for Quality of Care
- Nurse Manager Ability, Leadership, and Support of Nurses
- Staffing and Resource Adequacy
- Collegial Nurse-Physician Relations

The questions associated with these characteristics can be found in attachment EP 3.a.

**Benchmarking**

The NDNQI national database is used for benchmarking. Specifically, MGH compares mean scores at the unit level to Academic Medical Center national mean scores from the NDNQI database for the unit’s respective unit type, (e.g. Adult Medical, Adult Surgical, Obstetrics, etc.).

**Administration of the Survey**

An RN Survey Coordinator (currently the Magnet Program Director) ensures accurate data collection and adherence to RN Survey Data Collection Protocol is maintained. Eligible RNs and Advanced Practice RNs (APRNs), per the Data Collection Protocol, are invited to participate in the Survey and currently include 70 units (attachment EP 3.b). All clinical units reporting into Patient Care Services have participated in the survey process since its first administration in August 2010. Seven ambulatory sites were added to the July 2011 administration of the survey and nine additional ambulatory sites in June 2012. The Associate Chief with oversight of Ambulatory Care has collaborated with the RN Survey Coordinator to enroll ambulatory sites in the survey process over time.

**Staff Participation and Communications**

Since MGH Nurses have been participating in the SPPPE every 12-18 months since 1998, they are very familiar with being surveyed about their practice and the importance of a high-response rate. They also know that their input will be reviewed and analyzed and that issues that are identified will be addressed. The CNO has demonstrated that with her fast turnaround of SPPPE data in the past and resultant resolution of issues (attachment EP 1.e). Recognizing that we didn’t want to over-burden the staff with surveys, the NDNQI Nurse Survey is administered in alternating years than the SPPPE survey:

- 2010: NDNQI Nurse Survey
- 2011: SPPPE Survey
- 2012: NDNQI Nurse Survey
- 2013: SPPPE Survey

Tapping into the committee and meeting structures described in TL 4, Nursing leadership are provided with details about the timing of the surveys at the CNO’s Nursing Director meetings an via email (attachment EP 3.c). They play an integral role in encouraging staff to participate, if interested. They maintain that participation in the survey is voluntary and confidential.

Eligible staff are emailed a pre-survey announcement about the survey from the CNO stressing the importance of sharing their input. This correspondence is followed up with an initial email with the survey link, and weekly reminders until the survey closes. Attachment EP 3.d contains the series of communications to staff for the August 2010 NDNQI Nurse Survey.

Overall response rates for the three administrations of the NDNQI RN Survey have ranged from 52% in 2010 to 71% in 2011 to 68% with the most recent June 2012 survey. A detailed list of response rates by unit and survey are in attachment EP 3.b).
Incentives

One incentive is offered to promote staff participation in the NDNQI Nurse Survey. For units that achieve 100% response rate, one nurse from each of those units will be selected to attend the next Magnet Conference. This has resulted in 100% response rates for 3 units in 2011, 1 unit in 2011 (sample was only 7 units) and 7 in 2012. In addition, in 2012, two units achieved 94% and 96% response rates respectively and were invited by the CNO to have a Staff Nurse from each of their units to the October 2012 Magnet Conference in Los Angeles (Attachment EP 3.e). This is always a wonderful opportunity for Staff Nurse to attend this strategic conference with members of the Magnet Core Team to identify best practices from other Magnet Hospitals. In addition, staff who attend the Magnet Conference often share that they feel increased pride in being an MGH nurse because the conference sessions and interactive poster displays validate that we’re aligned with the five Magnet Components. Meghan Rudolph, RN, a Staff Nurse on the Psychiatry Unit (Blake 11) was selected to attend the 2011 Magnet conference. She reflected on being at the conference, “It was a wonderful opportunity and one I am very grateful to Jeanette for. The seminars were very informative and I learned about best practices from around the world. It was inspiring to hear about the research and innovations occurring at all these hospitals and to meet so many nurses who are transforming care. The biggest thing I learned is that MGH is a Magnet hospital and I left Baltimore so proud to be a nurse at MGH.”

Data Dissemination and Analysis

Once the RN Survey Coordinator receives word from NDNQI that the survey results are available, the full report is shared with the CNO and Associate Chief Nurses. The report is particularly helpful to the Associate Chief Nurses and enables them to benchmark across like units, (E.g. General Medicine units). What follows is a description by the Associate Chief Nurse of the General Medical Units, Medical ICUs, Cardiac Care Units and the Emergency Department about how she uses the report’s information. She says, “The recent distribution of the NDNQI Nurse Survey report data enables our ability to utilize the data more readily in discussions with Nursing Directors. It facilitates ease of comparison between units where some similarities exist in terms of workforce profile, patient population and/or tenure of the Nursing Director. While recognizing that no two patient care units nor nursing leaders are the same, the opportunity to compare and contrast has helped highlight opportunities for improvement as well as potential best practices that might be adopted to help facilitate improvements.

I discuss survey data in Nursing Director performance reviews and it is utilized by the Nursing Directors to help frame and plan staff retreats, and has ultimately led to some major attention to teambuilding and enhance communication within the team and with leadership. Survey data has also been voluntarily shared amongst Nursing Directors, leading to best practice sharing and enhanced collaboration within the leadership team.

The staff in the PCS Office of Quality and Safety update unit- or department-level graphs and post the data to a Shared File Area (SFA) which is communicated by email to the Nursing Directors (attachment EP 3.f). In addition, the updated data is distributed in hard copy to update the Nursing Sensitive Indicator binders on each unit. Many units post their data on unit bulletin boards. Nursing Directors and Clinical Nurse Specialists engage staff (attachment EP 3.g) on their respective units to review the data as compared with the NDNQI benchmark and complete a Performance Improvement Plan using a template provided by the PCS Office of Quality and Safety (attachment EP 3.h) to outline tactics for addressing any areas of concern in regard to the survey.

How Data Informs Action

The following two examples illustrate two performance improvement plans based on the RN Survey results and the process outlined above.
Performance Improvement Plan: Pediatrics (Ellison 17)

Upon receipt of the June 2012 NDNQI Nurse survey data for Ellison 17, the Nursing Director key in the drop in the “Collegial RN-MD Relations” scores from 3.25 against a NDNQI Academic Medical Center (AMC) benchmark of 3.07 in August 2010 to 3.06 against an NDNQI AMC benchmark of 3.14 in June 2012 (attachment EP 3.i). She shared, “First, I talked to the physicians – both the Chief Residents and the Chief of the unit and said I would be asking Nursing Staff for input about the drop for Ellison 17 in this area. I did this so in case they overhear anyone talking about it, they would know what it was about.” She noted that the physicians asked how representative the same was and I shared that 2010, 62% of the staff responded and in 2012, 81% responded – that’s 4 out of every 5 nurses voicing their input.

The Nursing Director continued, “I then set up a staff meeting to discuss the data with my staff. The nurses shared that with the change in resident hours the hand-offs per day (not week) were different and currently the residents may say ‘I don’t know’ instead of ‘I don’t know, but I will find out.’ The staff also stated that they historically had a different relationship with the Chief Residents – having informal interactions where issues could be discussed as the Chiefs rounded on the units.” Having just been appointed to the role of Nursing Director on Ellison 17 in the past year, the Nursing Director reflected on what impact, she may have had on changing the “dynamics” of communication on the unit. She shared, “On assuming the role of Nursing Director, I began to meet routinely with the Chief Residents. I brought this up to the staff trying to explore if I had inadvertently affected their relationships. Staff felt this was not a factor.” Attachment EP 3.j contains staff meeting minutes discussing this issue.

After meeting with the staff, the Nursing Director followed up with the physicians, “I took the input from the staff back to the Chief of the Residency Program. We then talked to the Chief Residents who said they will coach the residents in an upcoming retreat in articulating ownership for their patients’ care. They can illustrate this by saying ‘I will find out’ if they don’t know the information and follow-up on getting it so hand-offs are efficient and effective. I’ve also invited the Chief Residents to attend a future staff meeting to discuss the survey results and identify additional opportunities to enhance the physician/nurse relations on Ellison 17. As new residents are orientated to the unit, we’ll provide a “meet and greet” session so there are “formal” introductions to the staff of the Chief Residents and their team. We all agreed it’s was learning moment for us all.”

Lastly, the Nursing Director discussed shared this information with the Vice Chair of the MassGeneral Hospital for Children and the Associate Chief Nurse that oversees Pediatrics so they were in the loop.

When reviewing the Ellison 17 performance improvement plan (attachment EP 3.k), the Nursing Director also noted opportunities for staff to become more involved in Collaborative Governance and to also explore attending conflict resolution courses. Both of these initiatives will empower Ellison 17 with information and new skills to more effectively advocate for their patients and families with physicians and other members of the healthcare team.

Performance Improvement Plan: Gynecology Clinic (Yawkey 4)

While she initially did not think so, receiving the July 2011 NDNQI Nurse Satisfaction survey data for the Gynecology Clinic (Yawkey 4) is now considered as “a pivotal moment” by the Nursing Director for her and her staff. In four of the five organizational characteristic categories, nurses in the clinic scored below the NDNQI Academic Medical Centers benchmark (attachment EP 3.l). The Nursing Director began a process to understand the data and to work with her staff to develop a process improvement plan. “I met with the Magnet Coordinator on how to interpret the results and to develop a plan" the Nursing Director shared. She recognized from her discussion with the Magnet Coordinator that there were opportunities to improve nurse satisfaction in the clinic (attachment EP 3.m).
The Nursing Director began by meeting with staff, one-on-one, as well as in staff meetings. The nurses shared that they often felt outside of informational and decision-making forums. "I recognized that I needed to create greater transparency in what was happening in the clinic – administratively and clinically – and involve them in the decision-making meetings we have." The Nursing Director immediately opened the clinic's weekly multi-disciplinary working meeting to the nurses; she also shared reports and documents including the clinic's patient satisfaction portal (PDQM- portal data quality management).

Reviewing this data, the nurses recognized there were opportunities to improve the patient experience. The Nursing Director notes "The ideas and insights they had were so valuable that together we created "the patient experience" workgroup (attachment EP 3.n). To support this work, I also brought in a member of the MGH/MGPO Practice Improvement Department." She adds, "The nurses are empowered now through knowledge, information and ongoing forums to improve the environment for patients and their own professional development and are currently working on designing a button to reinforce that we always want the best experience for our patients."

Reflecting on the improvement in the scores, the Nursing Director said that what was key to the improved scores was improved communication and transparency. She shares, "Improved communication and transparency empowered the nurses in the clinic which influenced the June 2012 scores and all the great things that have followed."

Application of the Five Organizational Characteristics of the NDNQI RN Practice Environment Survey

The five organizational characteristics in the NDNQI RN Practice Environment Survey provide a wonderful framework to guide administrative and clinical practice. Data obtained from the survey help inform the practice environment from the staff's perspective and guides new innovations. Here are some illustrations in the words of MGH Nursing Directors.

Nurses Participation in Hospital Affairs

"We have representation on all Collaborative Governance Committees except restraints. Staff are given indirect time to attend committee meetings and bring the work back to the unit. The time allowed is twice the meeting time commitment. The understanding is that the additional time is to bring the work of the committee back to the unit and integrate it into practice. Nursing Director, General Medicine (Bigelow 11)"

Nursing Foundations for Quality of Care

"There are two examples that I can think of related to Nursing education. First the relationship between the Designated Education Units (DEU) and UMASS Boston has prompted three Associate-degree nurses to return to school. They are both in their second year of the BSN-completion program. In addition other nursing staff on the DEU units have collectively taken 12 masters-level courses at UMASS per year. Our unit also offers a monthly educational series that is staff-run. They identify current clinical issues on the unit and present an hour-long lunch time educational series. “Lunch bunch” focuses on the educational needs identified by staff. Staff receive contact hours for most of the presentations” (attachment EP 3.o). Nursing Director, Surgery (White 7)
Nurse Manager Ability, Leadership, and Support of Nurses
“I role play difficult conversations with staff and offer to be present if they wish during those conversations. If the staff member is not ready to have the conversation themselves and it is patient critical, I have them come with me to witness what I say and then we discuss what they can do in the future to have the conversation themselves.” Nursing Director, Medicine (White 9)

Staffing and Resource Adequacy
“When patients need close observation, we often group two high-risk patients in the same room. We then assign a nurse to only those two patients. This has been very effective preventing falls and injuries and increases the level of care the patient receives while decreasing the need for observer and restraints.” Nursing Director, Medicine (Bigelow 11)

“A number of staff needed light duty so I had these staff get engaged in a readmission grant and discharge facilitation work. They shared what they learned and developed with their peers via a discharge binder to be used as a reference when discharging patients. Attachment EP 3.p contains a reference document one of the Staff Nurses developed based on feedback from peers. The same nurse also developed a document to facilitate rollout of “warm handoffs” in collaboration with nurses on the RACU (Bigelow 9) who have been doing warm handoffs for years” (attachment EP 3.q). Nursing Director, Medicine (White 9)

Collegial Nurse-Physician Relations
“We host a welcome lunch every four weeks for each new team.” Nursing Director, Cardiac ICU (Ellison 9) (attachment EP 3.r contains slide deck). The last slide is powerful, “ALWAYS stop and listen to a CICU nurse who has a concern and/or suggestion.”

“We have a weekly multidisciplinary Operations Committee co-chaired by ED CNS, ED MD and ED Administrator, where all disciplines come together and discuss practice, supply and equipment, operational issues that have occurred during the week and work together on solutions that work for all disciplines.” Nursing Director, Emergency Department

Additional Survey Tools
Of note, it is important to highlight additional survey tools that are administered to assess MGH Nurses’ satisfaction with their practice environment or particular programs and initiatives.

Staff Perceptions of the Professional Practice Environment Survey (SPPPE)
As briefly mentioned in the beginning of this source of evidence and detailed in TL 10 and EP 1, the SPPPE has been administered every 12-18 months since 1998 to provide an assessment of the professional practice environment. The CNO views it as a “report card” designed to evaluation clinician’s perceptions and satisfaction with the environment in which they practice. Results from the survey are used in many ways including identifying opportunities to improve the environment of care, as well as, to assure that MGH remains the “employer of choice” for all professional and support staff. These survey results, in conjunction with the NDNQI Nurse Satisfaction survey provide key information about “what’s working” and, more importantly, “what’s not working.”

Collaborative Governance Evaluation
In 2011 and 2012, pre- and post- implementation of the newly-redesigned Collaborative Governance communication and decision-making model, the Institute for Patient Care (IPC)
administered a survey with three measures: “Condition of Work Effectiveness”, “Psychological Empowerment” and “Power as Knowing Participation in Change”. A thematic analysis of the CG Champions’ comments was conducted to better understand the CG experience and compare the results from the two surveys (SE 1). The qualitative comments reflect the value of CG to empower Staff Nurses in influencing practice, patient care, and their own professional development. Attachment EP 3.s contains a presentation of the CG Evaluation results to the Staff Nurse Advisory Committee.

**Innovation Unit Evaluation**

As discussed in TL 4EO, twelve Innovation Units were launched on March 19, 2012. A robust evaluation is currently underway and will be reported out to the Innovation Unit leadership and staff at a retreat on September 13, 2012. As part of the evaluation schema, a series of focus groups were conducted to obtain Staff Nurse and Attending Nurse input regarding the Innovation Unit initiative.

Preliminary findings from focus groups with the Attending Nurses provided unique insights into the operationalization of this role. As there was not a blueprint to follow, this role was viewed by some as an opportunity to define the new role and a challenge to manage standardization of Attending Nurse practice across the Innovation Units. The underlying theme during this focus group can be characterized as “expectations.” The Innovation Units are designed to optimize patient expectations and experiences and findings suggest that this can be accomplished in part through expectation setting for staff regarding role expectations and outcomes and from leaders supporting development of an Innovation Unit and organizational culture. The focus groups identified unit leadership as a necessity for successful implementation of an Innovation Unit plan and it was identified that the Innovation Unit initiative was equally a performance improvement project, but more so a culture change toward further empowerment of nurses as leaders, coordinators, and decision makers in the care of patients within an inpatient environment.

The full evaluation results will be available for review on site-visit.

**Staff Nurse Advisory Committee**

As presented in TL 10, the Staff Nurse Advisory Committee provides a forum for the CNO to directly engage Staff Nurses in dialogue regarding the professional practice environment. The CNO often begins the meeting by asking, “What rumors are you hearing?” This forum provides an opportunity for two-way communication by which nursing leadership can directly seek input from Staff Nurses and staff can candidly raise questions and concerns about practice and quality of work-life. Champions, who represent both inpatient and outpatient care areas, engage in dialogue with nursing leaders about patient care, the work environment and professional development. Examples of Staff Nurse Advisory Committee meeting minutes are utilized as evidence throughout the MGH Magnet submission.
NDNQI RN Survey with Practice Environment Scale
Organizational Characteristic: Survey Questions

For each item, please indicate the extent to which you agree that the item is PRESENT IN YOUR CURRENT JOB.
Response options: strongly agree, agree, disagree, strongly disagree.

Nurse Participation in Hospital Affairs
1. Career development/clinical ladder opportunity.
2. Opportunity for staff nurses to participate in policy decisions.
3. A chief nursing officer which is highly visible and accessible to staff.
4. A chief officer equal in power and authority to other top-level hospital executives.
5. Opportunities for advancement
6. Administration that listens and responds to employee concerns.
7. Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committee)
8. Staff nurses have the opportunity to serve on hospital and nursing committees.
9. Nursing administrators consult with staff on daily problems and procedures.

Nursing Foundations for Quality of Care
1. Active staff development or continuing education programs for nurses.
2. High standards of nursing care are expected by the administration.
3. A clear philosophy of nursing that pervades the patient care environment.
4. Working with nurses who are clinically competent.
5. An active quality assurance program.
6. A preceptor program for newly-hired RNs.
7. Nursing care is based on a nursing, rather than a medical, model.
8. Written, up-to-date nursing care plans for all patients.
9. Patient care assignments that foster continuity of care.
10. Use of nursing diagnoses.

Nurse Manager Ability, Leadership, and Support of Nurses
1. A supervisory staff that is supportive of the nurses.
2. Supervisors use mistakes as learning opportunities, no criticism.
3. A nurse manager who is a good manager and leader.
4. Praise and recognition for a job well done.
5. A nurse manager who backs up the nursing staff in decision-making, even if the conflict is with a physician.

Staffing and Resource Adequacy
1. Adequate support services allow me to spend time with my patients.
2. Enough time and opportunity to discuss patient care problems with other nurses.
3. Enough registered nurses to provide quality patient care.
4. Enough staff to get the work done.

Collegial Nurse-Physician Relations
1. Physicians and nurses have good working relationships.
2. A lot of team work between nurses and physicians.
3. Collaboration (joint practice) between nurses and physicians.
### Massachusetts General Hospital

NDNQI RN Survey (PES-NWI) Response Rates 2010 – 2012

<table>
<thead>
<tr>
<th>Unit/Site</th>
<th>8/2010 %/N</th>
<th>7/2010 %/N</th>
<th>6/2012 %/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Medicine (White 11)</td>
<td>55% (18)</td>
<td>63% (22)</td>
<td></td>
</tr>
<tr>
<td>General Medicine (White 9)</td>
<td>52% (17)</td>
<td>54% (20)</td>
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</tr>
<tr>
<td>Cardiac Medicine</td>
<td>46% (24)</td>
<td>69% (31)</td>
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<tr>
<td>Cardiac Intervention</td>
<td>37% (19)</td>
<td>55% (34)</td>
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<tr>
<td>General Medicine (Ellison 16)</td>
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<td>43% (25)</td>
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<tr>
<td>General Medicine (Phillips 20)</td>
<td>32% (9)</td>
<td>75% (24)</td>
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<tr>
<td>General Medicine (White 8)</td>
<td>40% (14)</td>
<td>82% (31)</td>
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</tr>
<tr>
<td>General Medicine (White 10)</td>
<td>100% (35)</td>
<td>65% (22)</td>
<td></td>
</tr>
<tr>
<td>General Medicine (Bigelow 11)</td>
<td>69% (33)</td>
<td>58% (28)</td>
<td></td>
</tr>
<tr>
<td>Respiratory Acute Care &amp; Medicine</td>
<td>54% (19)</td>
<td>70% (30)</td>
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<tr>
<td>Plastics/Burn/ICU</td>
<td>33% (13)</td>
<td>57% (21)</td>
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<tr>
<td>Vascular (Bigelow 14)</td>
<td>55% (23)</td>
<td>43% (18)</td>
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<tr>
<td>Orthopaedics (Ellison 6)</td>
<td>25% (13)</td>
<td>40% (21)</td>
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<tr>
<td>Gyn/Oncology (Phillips House 21 – formerly Bigelow 7)</td>
<td>39% (11)</td>
<td>94% (30)</td>
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<tr>
<td>General Surgery (Ellison 7)</td>
<td>38% (20)</td>
<td>66% (41)</td>
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<td>Cardiac Surgery (Ellison 8)</td>
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<td>63% (20)</td>
<td>76% (29)</td>
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<td>47% (15)</td>
<td>29% (11)</td>
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<td>22% (8)</td>
<td>60% (29)</td>
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<tr>
<td>Transplant (Blake 6)</td>
<td>64% (18)</td>
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<tr>
<td>Thoracic/Medicine (Ellison 19)</td>
<td>63% (27)</td>
<td>47% (21)</td>
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<tr>
<td>Neuroscience (Lunder 8 – formerly Ellison 12)</td>
<td>44% (24)</td>
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<tr>
<td>Neuroscience (Lunder 7 – formerly White 12)</td>
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<td>65% (31)</td>
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<tr>
<td>Hem/Onc/BMT (Lunder 10 – Formerly Ellison 14)</td>
<td>38% (20)</td>
<td>62% (42)</td>
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<tr>
<td>Hem/Onc (Lunder 9 – formerly Phillips House 21)</td>
<td>44% (14)</td>
<td>55% (35)</td>
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<tr>
<td>Cardiac Surgical ICU (Blake 8)</td>
<td>48% (25)</td>
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<td>Cardiac ICU (Ellison 9)</td>
<td>46% (26)</td>
<td>96% (50)</td>
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<td>Medical ICU (Blake 7)</td>
<td>52% (27)</td>
<td>60% (37)</td>
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<tr>
<td>Neuroscience ICU (Lunder 6 – formerly Blake 12)</td>
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<td>Labor and Delivery (Blake 14)</td>
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<td>63% (35)</td>
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<tr>
<td>Family/Newborn (Blake 13)</td>
<td>72% (39)</td>
<td>73% (45)</td>
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<tr>
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<td>66% (33)</td>
<td>69% (45)</td>
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<tr>
<td>Neonatal ICU (Blake 10)</td>
<td>52% (28)</td>
<td>68% (38)</td>
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<tr>
<td>Pediatrics (Ellison 17)</td>
<td>62% (16)</td>
<td>81% (21)</td>
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<tr>
<td>Pediatrics (Ellison 18)</td>
<td>46% (13)</td>
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<tr>
<td>Pediatric ICU (Bigelow 6)</td>
<td>71% (30)</td>
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<tr>
<td>ORs (Gray 3/Lunder 2, 3, &amp; 4)</td>
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<td>69% (142)</td>
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<td>Center for Periop Care (WAC 3 – formerly Same Day Surgery)</td>
<td>61% (33)</td>
<td>72% (21)</td>
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<td>MGH West Orthopaedic ASC</td>
<td>92% (24)</td>
<td>100% (26)</td>
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<td>Unit/Site</td>
<td>8/2010 %/N</td>
<td>7/2011 %/N</td>
<td>6/2012 %/N</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>MGH North Shore ACC Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PACU (Ellison 3) PACUs (White 3, Ellison 3, Lunder 2, 3, 4)</td>
<td>34% (13)</td>
<td>70% (81)</td>
<td></td>
</tr>
<tr>
<td>PACU (Wang 3) PACUs (White 3, Ellison 3, Lunder 2, 3, 4)</td>
<td>56% (18)</td>
<td>70% (81)</td>
<td></td>
</tr>
<tr>
<td>PACU (White 3) PACUs (Wang 3, Ellison 3, Lunder 2, 3, 4)</td>
<td>21% (5)</td>
<td>70% (81)</td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology (Cox LL/Lunder LL 2 &amp; 3)/Proton Beam</td>
<td>100% (10)</td>
<td>100% (11)</td>
<td></td>
</tr>
<tr>
<td>Infusion (Yawkey 8)</td>
<td>45% (22)</td>
<td>60% (33)</td>
<td></td>
</tr>
<tr>
<td>Oncology Infusion (Cox 1)</td>
<td>50% (5)</td>
<td>100% (14)</td>
<td></td>
</tr>
<tr>
<td>GI/Endoscopy (Blake 4)</td>
<td>70% (39)</td>
<td>69% (50)</td>
<td></td>
</tr>
<tr>
<td>MGH North Shore ACC Oncology</td>
<td></td>
<td></td>
<td>39% (7)</td>
</tr>
<tr>
<td>Psychiatry (Blake 11)</td>
<td>21% (6)</td>
<td>78% (25)</td>
<td>100% (24)</td>
</tr>
<tr>
<td>Preadmission Testing (Jackson 121)</td>
<td>67% (8)</td>
<td>65% (13)</td>
<td></td>
</tr>
<tr>
<td>Anticoagulation Service (POB 1)</td>
<td>100% (13)</td>
<td>64% (9)</td>
<td></td>
</tr>
<tr>
<td>Bulfinch Medical Group</td>
<td></td>
<td></td>
<td>79% (11)</td>
</tr>
<tr>
<td>Obstetrics Clinic</td>
<td>100% (18)</td>
<td>40% (6)</td>
<td>78% (14)</td>
</tr>
<tr>
<td>Gynecology Clinic (Yawkey 4)</td>
<td></td>
<td></td>
<td>81% (21)</td>
</tr>
<tr>
<td>Back Bay Health Center</td>
<td></td>
<td></td>
<td>100% (5)</td>
</tr>
<tr>
<td>Chelsea Health Center</td>
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<td></td>
<td>55% (21)</td>
</tr>
<tr>
<td>Charlestown Health Center</td>
<td></td>
<td></td>
<td>100% (10)</td>
</tr>
<tr>
<td>Internal Medicine (Wang 6)</td>
<td></td>
<td></td>
<td>63% (15)</td>
</tr>
<tr>
<td>Everett Health Center</td>
<td></td>
<td></td>
<td>100% (4)</td>
</tr>
<tr>
<td>Revere Health Center</td>
<td></td>
<td></td>
<td>50% (9)</td>
</tr>
<tr>
<td>Pediatric Clinic (Yawkey 6)</td>
<td></td>
<td></td>
<td>54% (15)</td>
</tr>
<tr>
<td>Outpatient Hem/Onc (Yawkey 7/9)</td>
<td></td>
<td></td>
<td>26% (9)</td>
</tr>
<tr>
<td>Emergency Dept. (Ellison 1/Lunder 1)/Bigelow 12 ED Observation</td>
<td>47% (70)</td>
<td>74% (151)</td>
<td></td>
</tr>
<tr>
<td>Clinical Research (White 13)</td>
<td></td>
<td></td>
<td>68% (17)</td>
</tr>
<tr>
<td>IV Therapy (Jackson 104)</td>
<td>50% (13)</td>
<td>82% (23)</td>
<td>82% (18)</td>
</tr>
<tr>
<td>Dialysis (Bigelow 10)</td>
<td>74% (14)</td>
<td>88% (14)</td>
<td></td>
</tr>
<tr>
<td>Cath Lab (Blake 9)</td>
<td>28% (5)</td>
<td>78% (14)</td>
<td></td>
</tr>
<tr>
<td>EP Lab (Gray 1)</td>
<td>42% (5)</td>
<td>69% (11)</td>
<td></td>
</tr>
<tr>
<td>Radiology Nursing</td>
<td></td>
<td></td>
<td>66% (27)</td>
</tr>
<tr>
<td>Case Management (Founders 7)</td>
<td></td>
<td></td>
<td>53% (50)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>52% (1,175)</td>
<td>71% (179)</td>
<td>68% (2,090)</td>
</tr>
</tbody>
</table>
Email Notice About NDNQI Survey

From: Ditomassi, Marianne, R.N., D.N.P.
Sent: Thursday, May 31, 2012 12:55 PM
Cc: Gallivan, Theresa M., R.N.; Whitney, Kevin B., R.N.; Tenney, Dawn L., R.N.; Burke, Debra, MGH R.N.; Millar, Sally G., R.N. MGH; McCarthy, Nancy J., R.N.; Shanteler, Patricia M., R.N.; Giuliano, Amy L.; Lacke, Linda; Ditomassi, Marianne, R.N., D.N.P.
Subject: NDNQI RN Survey - Letter of Invitation - PLEASE READ
Attachments: NDNQI survey letter 2012.pdf; Picture (Metafile)

Attached is a copy of an email that will be sent to your respective staff
(staff nurses and nurse practitioners) today in preparation for the June 4-24, 2012
RN Survey.

Please encourage your staff to participate!
May 31, 2012

Dear Colleague:

As an integral component of our Magnet Recognition application, we will be administering the National Database of Nursing Quality Indicator RN Survey from **June 4-24, 2012**. The purpose of the survey is to learn more about the climate in which nurses practice and patients receive care. (See attached overview letter from NDNQI describing the survey). The survey will be sent to staff nurses and nurse practitioners to complete.

I know this comes on the heels of several other surveys including our own Staff Perceptions Survey and the Hospital's Culture of Safety Survey, but data collected in the NDNQI survey is important for nurses and patients across the country. While the Staff Perceptions Survey provides good feedback on our own practice environment, the NDNQI survey allows us to benchmark care at the national level.

In order to make an impact, we must have a significant response rate, so I hope you’ll participate. The survey is voluntary and **anonymously**. It takes about 20 minutes to complete. Results go directly to NDNQI, and we will receive a summary report.

On June 4, 2012, you will be sent a link and RN survey code, along with step-by-step instructions about how to participate. Please join your colleagues in sharing what you know about MGH Nursing.

For more information, please contact our survey coordinator, Marianne Ditomassi, RN, DNP, MBA, at 4-2164 or mditomassi@partners.org.

As always, thank-you,

---

P.S. Every survey gives MGH Nursing a stronger voice. Nurses on units with a 100% response rate to the NDNQI survey will be entered into a drawing to attend the 2012 Annual Magnet Conference this Fall in Los Angeles, California. (One nurse will be selected at random from every unit with a 100% response rate).
NDNQI Survey Communications
August 2-22, 2010 Survey

#1: Letter of Invitation to participate: 7.28.10 (to be sent with NDNQI letter of invitation next page)

July 28, 2010

Dear Colleague:

The American Nurses Credentialing Center (our Magnet appraisers), The Joint Commission, and most recently, US News and World Report, have once again confirmed that MGH is one of the top hospitals in the nation. The rest of the country has caught on to what I’ve known all along: MGH nurses are simply the best!

Along with 750 other hospitals in the United States, MGH will soon participate in The National Database of Nursing Quality Indicators Survey, being conducted August 2 – 22, 2010. The purpose of the survey is to learn more about the climate in which nurses practice and patients receive care. (See attached overview letter from NDNQI describing the survey).

I know this comes on the heels of our own Staff Perceptions Survey and at peak vacation time, but data collected in the NDNQI survey is important for nurses and patients across the country. While the Staff Perceptions Survey provides good feedback on our own practice environment, the NDNQI survey allows us to benchmark care at the national level.

In order to make an impact, we must have a significant response rate, so I hope you’ll participate. The survey is voluntary and anonymous. It takes about 15-20 minutes to complete. Results go directly to NDNQI, and we only receive a summary report.

On August 2, 2010, you will be sent a link and RN survey code, along with step-by-step instructions about how to participate. Please join your colleagues in sharing what you know about MGH Nursing.

For more information, please contact our survey coordinator, Marianne Ditomassi, RN, at 617-724-2164 or mditomassi@partners.org.

As always, thank-you,
Jeanette Ives Erickson, RN

P.S. Every survey gives MGH Nursing a stronger voice. Nurses on units with a 100% response rate to the NDNQI survey will be entered into a drawing to attend the 2010 Annual Magnet Conference in Phoenix, Arizona. (One nurse will be selected at random from every unit with a 100% response rate).
Lead the nation.
Share what you know.
Complete an NDNQI survey before Aug. 22.

Mass General is joining hospitals across the country and participating in The National Database of Nursing Quality Indicators (NDNQI) Survey August 2-22, 2010. While our Staff Perceptions Survey provides good feedback on our own practice environment, the NDNQI survey allows us to benchmark care at the national level. It will also help us identify opportunities to improve and share what we do best with others.

In order to make an impact, we need to have a significant response rate, so I hope you'll participate. The survey is voluntary and **anonymous**. It takes about 15-20 minutes to complete. Your input will go directly to NDNQI, and then Mass General will receive a summary report.

The survey website is available to you for the three-week period starting midnight Central Standard Time Monday morning, August 2, 2010. The deadline for participation is midnight Central Standard Time Sunday night, August 22, 2010.

To participate, visit [www.nursingquality.org/survey](http://www.nursingquality.org/survey) and follow the step-by-step instructions:

1. Step 1: Enter our hospital RN Survey Code which is **5F6PHY3**.
2. Step 2: Select your unit from a list box.
3. Step 3: Confirm your selections.
4. Step 4: Complete the survey (will take 15-20 minutes). **NOTE: The survey needs to be completed in one sitting.**
5. Step 5: Submit the survey.

Please join your colleagues in sharing what you know about MGH Nursing.

For more information, please feel free to contact Marianne Ditomassi, RN, survey coordinator, directly at 617-724-2164 or mditomassi@partners.org.

Many thanks for your participation,

Marianne Ditomassi, RN, MSN, MBA
*MGH Survey Coordinator*

**P.S.** Nurses on units with a 100% response rate to the NDNQI survey will be entered into a drawing to attend the 2010 Annual Magnet Conference in Phoenix, Arizona. (One nurse will be selected from every unit with a 100% response rate).
**#3: Follow-up reminder #1 – 8.9.10**

Lead the nation.
Share what you know.
Complete an NDNQI survey before Aug. 22.

---

Thank-you to everyone who has contributed data to the RN Survey! If you have not participated as yet, please take a few minutes to fill out the questionnaire on-line at: [www.nursingquality.org/survey](http://www.nursingquality.org/survey). You will need to enter to follow the step-by-step instructions:

- **Step 1:** Enter our hospital RN Survey Code which is **5F6PHY3**.
- **Step 2:** Select your unit from a list box.
- **Step 3:** Confirm your selections.
- **Step 4:** Complete the survey (will take 15-20 minutes). **NOTE:** **The survey needs to be completed in one sitting.**
- **Step 5:** Submit the survey.

Your response is very important and results are **anonymous**. A high response rate on the survey will improve the reliability of the data for your unit and our hospital.

Please join your colleagues in sharing what you know about MGH Nursing.

For more information, please feel free to contact Marianne Ditomassi, RN, survey coordinator, at 617-724-2164 or [mditomassi@partners.org](mailto:mditomassi@partners.org).

Many thanks,

Marianne Ditomassi, RN, MSN, MBA
*MGH Survey Coordinator*

---

**P.S.** Nurses on units with a 100% response rate to the NDNQI survey will be entered into a drawing to attend the 2010 Annual Magnet Conference in Phoenix, Arizona. (One nurse will be selected from every unit with a 100% response rate).
#4: Follow-up reminder #2 – 8.16.10

Lead the nation.
Share what you know.
Complete an NDNQI survey before Aug. 22.

Have you responded to the RN Survey for the National Database of Nursing Quality Indicators (NDNQI)? If yes, thank-you for your participation!

If you have not yet responded, please consider making your voice heard. The survey is available on-line at www.nursingquality.org/survey. You will need to enter to follow the step-by-step instructions:

Step 1: Enter our hospital RN Survey Code which is 5F6PHY3.
Step 2: Select your unit from a list box.
Step 3: Confirm your selections.
Step 4: Complete the survey (will take 15-20 minutes). **NOTE: The survey needs to be completed in one sitting.** Results are anonymous.
Step 5: Submit the survey.

Thank-you for your help in making this survey a success.

For more information, please feel free to contact Marianne Ditomassi, RN, survey coordinator, at 617-724-2164 or mditomassi@partners.org.

Many thanks,

Marianne Ditomassi, RN, MSN, MBA
*MGH NDNQI Survey Coordinator*

**P.S.** Nurses on units with a 100% response rate to the NDNQI survey will be entered into a drawing to attend the 2010 Annual Magnet Conference in Phoenix, Arizona. (One nurse will be selected from every unit with a 100% response rate).
From: Ditomassi, Marianne, R.N., D.N.P.
Subject: June 2012 NDNQI RN Survey -- TOP RESPONSE RATES and RECIPIENTS of TRIP to MAGNET CONFERENCE

Thank you for your support in achieving an overall response rate of 68% across 70 unit/sites throughout Massachusetts General Hospital. The surveys are currently being analyzed by NDNQI at the University of Kansas. Results should be back at the end of July. You will receive your respective unit/department/health center's results as soon as they are available.

As an incentive to maximize the response rate, the marketing for the survey noted that for each of the units that achieved a 100% response rate, a member of the staff will be randomly-selected to attend the Annual Magnet Conference in Los Angeles, California from October 10-12, 2012. The response rates were terrific and we've extended the incentive to units with greater than 90% response rate. They are as follows:

- ACC Oncology North Shore (100%)
- Back Bay Health Center (100%)
- Charlestown Health Center (100%)
- Everett Health Center (100%)
- MGH West Orthopaedic Ambulatory Surgery Center (100%)
- Cox 1 Oncology Infusion Unit (100%)
- Radiation Oncology/Proton Beam (100%)
- Ellison 9 Cardiac ICU (96%)
- Phillips House 21 Gynecology/Oncology Unit (94%)

Congratulations!!! Early next week, I'll be in touch with the respective leadership of these sites re: logistics for the Magnet Conference.

Again, thank-you all, for your support of this important effort.

Marianne Ditomassi, RN, DNP, MBA
MGH Magnet Program Director
mditomassi@partners.org  617-724-2164
Good Afternoon,

RN Satisfaction results from the June 2012 NDNQI Survey have been posted to PCSNSI (\Sfa60\pcsnsi$. Overall results of this survey were favorable! (See below.)

Please review the June 2012 performance report for your area and complete a Performance Improvement (PI) Plan. Attached is a template for you to use when meeting with your staff to complete the template. Simply note the date along with any new improvement interventions and action steps. If no new interventions are planned, please date and write 'Continue with current plan.'

In order to highlight all the excellent strategies and tactics in our MAGNET re-designation evidence, we are asking that you complete and save your PI plans to PCSNSI by Tuesday, August 14. In addition, please be sure your PI Plans for Clinical Quality Indicators (through March), Patient Satisfaction (through June), and/or specialty indicators are up-to-date for the most recent data posted to the shared file area.

Many thanks for your hard work. If you need assistance, please call the Office of Quality and Safety. See attached unit liaison list for your contact person.

<< OLE Object: Picture (Device Independent Bitmap) >>

\Sfa60\pcsnsi$\2.Additional Resources\NSI Unit Liaison Partnerships 8.01.12.pdf

Examples of Unit Meeting Minutes

Ellison 11 Cardiac Intervention Unit Minutes

From: Silva, Judith H., R.N.
Sent: Tuesday, August 14, 2012 10:24 AM

Subject: Staff Meeting Minutes 8/13/12

1. Thank you to all who have remembered to sign in and out with the new Kronos system. We are all learning as we go. However, I appreciate how well everyone has adjusted given the short lead time.

2. Now is the time of the year to apply for Collaborative Governance Committee membership. We have needs on Practice Committee. You can find out more information on the Excellence Everyday website and click Collaborative Governance. You will find out more about each committee and the times that they meet.

3. Conference Room is empty of belongings. Please no bags or clothes in the back room or on the refrigerator. There are still some nice boxes in the Conference Room if you are moving. Feel free to take them. In the back room, we need a new microwave (broken?) and electrical outlets on the new wall. On the opposite wall where there is a bulletin board, I just found out that we will have a flat screen monitor for giving presentations. Every Ellison unit is getting one.

4. It is July/August and we are seeing some groin issues related to catheter insertion, both on Ellison 11 and Ellison 10. NPs have asked fellows to give them a heads up about any patient issues including difficult access with variable success. RNs, please use the pink report sheets when getting report and ask the question on the sheet, "Was the access difficult?" which is code for, "Will there be any potential groin issues?" Please check in with your sheath puller more often than usual and ensure that patients are prepared for sheath removal (B/P and pain control...
and empty bladder, etc.). Also, as NPs continue to be short staffed, any sheath pulling assistance after 7 PM if possible would be greatly appreciated.

5. You may have notices that our USAs are wearing new uniforms. Blue polo shirts with bark blue scrub pants. Shirts say, Unit Service Associate, Environment of Care.

6. NDNQI Ellison 11 Nurse Satisfaction Survey results show improvement in all categories from last year which is higher than MGH and the national average. I will post when I get the results printed in color and encourage your input into strategies to continue to promote nurse satisfaction. Thanks to all who completed the survey. It really will help the Magnet Redesignation process!

7. Thanks to the Ellison 11 Safety Committee for their strong work and great ideas from our last meeting. The minutes have been completed and once the group approves them, we will present them to staff at a special meeting. The improvements that were made in the Ellison 11 Staff Responsiveness patient satisfaction scores were due to the strategies put in place during our last meeting. This data was also sent to the Magnet writers as evidence of process improvement on Ellison 11.

Judy Silva RN MSN NE-BC
Nursing Director
Cardiac Interventional Unit
and Cardiac Access Program
Ellison 11
Massachusetts General Hospital
617-726-1437
jhsilva@partners.org
Charlestown Health Center
Staff Meeting Minutes

Date: August 28, 2012
Present: Mary Ungaro-Delaney, RN, Lori Hooley, RN, Christine McKinnon, RN, Margie Marino, RN, Tatiana Vicente, RN, and Jean Bernhardt, RN, PhD
Minutes submitted by Mary Ungaro-Delaney, RN

The following was discussed regarding the Ambulatory RN Satisfaction Magnet Survey:

1. Nurse Participation in Hospital Affairs:
   - Attend ambulatory meetings Q month
   - 100% career development for RN/NP
   - Administration to offer more brown bag lunches

2. Nursing Foundations for Quality Care:
   - Team model
   - Have a clear philosophy of nursing

3. Nurse Manager Ability, Leadership, and Support of Nurses:
   - Weekly face to face with each RN

4. Staffing and Resource Adequacy:
   - Adequate support services
   - Team meetings
   - Participate at the top of your license

5. Collegial Nurse-Physician Relations:
   - Weekly meeting with MD
   - Working with MD to carve out time for face to face
### PERFORMANCE IMPROVEMENT PLAN

**NURSING-SENSITIVE QUALITY INDICATORS – NURSE SATISFACTION**

NDNQI Survey Results – June 2012

**UNIT/PRACTICE:**

**SUMMARY OF FINDINGS AND ANALYSIS OF PERFORMANCE**

- Mean Satisfaction scores relative to the Database were higher, lower, or the same for the following Practice Environment Scales of the Nursing Work Index (PES-NWI):

  - Nurse Participation in Hospital Affairs
  - Nursing Foundations for Quality of Care
  - Nurse Manager Ability, Leadership, and Support of Nurses
  - Staffing and Resource Adequacy
  - Collegial Nurse-Physician Relations

  □ higher  □ lower  □ same

- The following factors could have influenced our performance:

- **Improvement interventions in place and underway:**

- **Key Action Steps:**
Massachusetts General Hospital
Patient Care Services Office of Quality and Safety
Nurse Satisfaction - Practice Environment Scale of the Nursing Work Index (PES-NWI)
NDNQI Database - Academic Medical Centers Benchmark

### Pediatrics (Ellison 17)

<table>
<thead>
<tr>
<th>PES-NWI Component</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Cycle</td>
<td>8/2010</td>
<td>6/2012</td>
</tr>
<tr>
<td>Response Rate (# of responses)</td>
<td>62%(16)</td>
<td>81%(21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PES-NWI Component</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrics (Ellison 17) Mean</td>
<td>2.92</td>
<td>2.82</td>
<td>3.21</td>
<td>3.03</td>
<td>2.69</td>
<td>2.91</td>
<td>2.64</td>
<td>2.78</td>
<td>3.25</td>
<td>3.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NDNQI Med-Surg Comb.-Pediatric Mean</td>
<td>2.84</td>
<td>2.93</td>
<td>3.11</td>
<td>3.14</td>
<td>2.89</td>
<td>2.97</td>
<td>2.83</td>
<td>2.86</td>
<td>3.07</td>
<td>3.14</td>
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</table>

### Pediatrics (Ellison 17) vs. NDNQI Med-Surg Combined Pediatric Mean

(Academic Medical Centers)

<table>
<thead>
<tr>
<th>Mean Score</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
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<tr>
<td>Nursing Participation in Hospital Affairs</td>
<td>2.92</td>
<td>2.84</td>
<td>2.82</td>
<td>2.93</td>
<td>3.21</td>
<td>3.11</td>
<td>3.03</td>
<td>3.14</td>
<td>2.69</td>
<td>2.89</td>
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<tr>
<td>Nursing Foundations for Quality of Care</td>
<td>2.89</td>
<td>3.03</td>
<td>2.88</td>
<td>3.11</td>
<td>2.91</td>
<td>2.97</td>
<td>2.89</td>
<td>2.97</td>
<td>2.64</td>
<td>2.86</td>
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<tr>
<td>RN Manager Ability, Leadership, &amp; Support of RNs</td>
<td>2.83</td>
<td>3.14</td>
<td>2.86</td>
<td>3.14</td>
<td>3.25</td>
<td>3.07</td>
<td>3.06</td>
<td>3.14</td>
<td></td>
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</tr>
<tr>
<td>Staffing and Resource Adequacy</td>
<td>3.06</td>
<td>3.14</td>
<td>3.06</td>
<td>3.14</td>
<td></td>
<td></td>
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<tr>
<td>Collegial RN-MD Relations</td>
<td>3.06</td>
<td>3.14</td>
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<td>3.14</td>
<td></td>
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</tbody>
</table>

- Pediatrics (Ellison 17) Mean
- NDNQI Med-Surg Comb.-Pediatric Mean
Email from Nursing Director, Pediatrics (Ellison 17): Staff Meeting Minutes

From: Miller, Brenda, R.N., MGH
Sent: Tuesday, August 14, 2012 3:29 PM
Cc: Hardiman, Wendy Ouellette, R.N.; Murphy, Kim M., R.N.; Stakes, Kathleen A., R.N.
Subject: Staff Meeting

Staff meeting: Aug 13th 11 am

Presiding: Brenda Miller, RN
Present: Elise Drew, RN, Jessica Walton, RN, Wendy Hardiman, RN, Lori Applemen, RN, Kim Murphy, RN, Kathy Conley, RN

Agenda:

Payroll sheets: A separate email went out regarding the Staffing at a Glance Sheets. We need to do away with them and use the payroll print out for legibility when the payroll is done. It's an adjustment and I am sorry, but I really need to do it....

Kronos: Per Diem staff (including RNs, PCAs and Co-ops) are now needing to clock in and out. They have to attest to an uninterrupted lunch or dinner break and that they have not worked since they were last on duty. It's a big deal, they need to arrive to work on time and if not they get docked their pay, same as leaving on time, if they leave early or stay late it affects the pay. It's a Federal Law we pay this way so it's about no choice.

RN Satisfaction with RN / MD relationships: On the NDNQI Nurse Survey (it was done several months ago) the scores for RN/MD relationship are down: How satisfied with your relationships with the MDs? It does not specify which MD's. When asked at the staff meeting staff said the hours the residents work makes it hard (their new rotations). MDs may answer "I don't know" instead of "I'll find out" or communication may not occur around things like writing orders or discharges and the parents might tell you instead of the MDs. IF YOU HAVE THOUGHTS ON WHY THIS IS DOWN PLEASE TELL ME, we need to work on it, I know the MDs don't want it this way either.

Kim Murphy brought the new boxes that will hold some stocked supplies in the pts rooms. We still can't have syringes, flushes or needles in the rooms but alcohol swabs, tape, IV stickers, transfusion stickers, etc will be in the rooms. The boxes will go up soon, has to be better than running and fetching everything.

Chloroprep on central lines: The PICU uses Chloroprep on their central lines but we don't. The PICU made the change because of the cardiac program, and the need to be the same as CHB (Children's Hospital Boston). It's not a research based change and we don't have any issue with central line infections (the PICU had an issue in the past) so no we won't adopt this practice, it will remain different than the PICU's.
PERFORMANCE IMPROVEMENT PLAN
NURSING-SENSITIVE QUALITY INDICATORS – NURSE SATISFACTION

NDNQI Survey Results – June 2012

UNIT/PRACTICE:
Ellison 17 Pediatrics

SUMMARY OF FINDINGS AND ANALYSIS OF PERFORMANCE
- Mean Satisfaction scores relative to the Database were higher, lower, or the same for the following Practice Environment Scales of the Nursing Work Index (PES-NWI):

  Nurse Participation in Hospital Affairs
  - higher x lower same
  Nursing Foundations for Quality of Care
  - higher x lower same
  Nurse Manager Ability, Leadership, and Support of Nurses
  - higher x lower same
  Staffing and Resource Adequacy
  - higher x lower same
  Collegial Nurse-Physician Relations
  - higher x lower same

The following factors could have influenced our performance:
1) Transition of new leadership
2) A lot of change on the unit
3) Frequent rotations of house staff; constraints in Resident work hours

- Improvement interventions in place and underway:
  1) Currently rolling out Innovation Unit interventions. Only have one Attending RN that covers both Ellison 17 and Ellison 18. Am re-evaluating whether this scope is too high. Having one Attending RN per unit may help facilitate smoother hand-offs and communication across the healthcare team.

- Key Action Steps:
  1) Nurse Participation – Given that it is CG enrollment time, identify what committees Ellison 17 should have representative on to help promote communication.
  2) Nursing Foundations for Quality of Care – During performance appraisals, continue to clearly outline professional development plans with each staff member to promote acquisition of clinical expertise including conflict resolution skills.
  3) Staff have articulated communication issues with Residents. Need to collaborate with the Chief Residents and Chief of Ellison 17 & 18 to identify strategies to foster better relations between Residents and the Nursing staff.
    Tactics include:
    - Meet and greet/orientation of new Residents to the unit
    - Use of key words during “hand-offs”
Gynecology Clinic (Yawkey 4)

<table>
<thead>
<tr>
<th>PES-NWI Component</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gynecology Clinic (Yawkey 4) Mean</td>
<td>2.67</td>
<td>3.03</td>
<td>2.87</td>
<td>3.18</td>
<td>2.79</td>
<td>3.16</td>
<td>2.82</td>
<td>3.10</td>
<td>3.13</td>
<td>3.59</td>
</tr>
<tr>
<td>NDNQI Ambulatory Mean</td>
<td>2.87</td>
<td>2.85</td>
<td>3.02</td>
<td>3.05</td>
<td>2.99</td>
<td>2.99</td>
<td>2.81</td>
<td>2.76</td>
<td>3.16</td>
<td>3.19</td>
</tr>
</tbody>
</table>

Massachusetts General Hospital
Patient Care Services Office of Quality and Safety
Nurse Satisfaction - Practice Environment Scale of the Nursing Work Index (PES-NWI)
NDNQI Database - Academic Medical Centers Benchmark

MGH Gynecology Clinic vs. NDNQI Ambulatory Practice Mean
(Academic Medical Centers)
SUMMARY OF FINDINGS AND ANALYSIS OF PERFORMANCE

- Mean Satisfaction scores relative to the Ambulatory Mean were higher, lower, or the same for the following Practice Environment Scales of the Nursing Work Index (PES-NWI):
  - Nurse Participation in Hospital Affairs
  - Nursing Foundations for Quality of Care
  - Nurse Manager Ability, Leadership, and Support of Nurses
  - Staffing and Resource Adequacy
  - Collegial Nurse-Physician Relations
  - Total Mean Satisfaction Score

The following factors could have influenced our performance:

- We need to better understand the perspectives of staff nurse.

- Improvement interventions in place and underway:

  To encourage and prepare the nurse staff to participate in the survey, we explained the survey process to them.

- Key Action Steps:

  We will do the following in the next quarters:
  - Speak with Magnet Coordinator about how to interpret the data.
  - Set up meetings with administrative staff for us to better understand NDNQI data.
  - Share nurse satisfaction results with nurse coordinators in various units, and then discuss and review the results with nurse coordinators and staff nurse, so that we can learn about their perspectives and consider how we could do better.
  - Share our results with all nurse directors in ambulatory settings within MGH and learn best practices--what they do in ambulatory setting.
  - Consider sharing results of inpatient units so that we both can learn together and do even better.

*Unit-dependent
Gynecology Clinic
Patient Experience Workgroup
Thursday 7/19  8:30am-9:30am
Meigs Conference Room

Agenda:

- "Always" button campaign
- Review service behaviors/expectations identified in last meeting
- Next steps

I am forwarding a copy of the Service Expectations Development worksheet. If possible, please review prior to the meeting.

Warm regards,
Sharon
White 7 Surgery
Lunch Bunch Series

6/16/11  Drug Fever  (1 contact hour)
9/22/11  Hyponatremia  (1 contact hour)
11/14/11 Acute Kidney Injury  (1 contact hour)
12/2/11  Peripheral Edema  (1 contact hour)
2/16/12  Relationship based Care  (1 contact hour)
3/8/12   Effects of Noise  (1 contact hour)
3/26/12  Gastric Residual Volumes (1 contact hour)
6/2/12   ETOH pathway  (no contact hours)
6/29/12  Ventriculostomies (0.6 contact hours)
# Discharge Forms Cheat Sheet - What Forms to Print and Where to Put Them

<table>
<thead>
<tr>
<th></th>
<th>GIVE TO PATIENT</th>
<th>MEDICAL RECORD</th>
<th>AGENCY</th>
<th>Additional Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOME without Service</strong></td>
<td>Post Hospital Patient Care Plan</td>
<td>Patient Face Sheet</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Patient Discharge Medication List (PDML)</td>
<td>Nursing Discharge Note</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care/Drug Notes or Uptodate Info</td>
<td>Signed Post Hospital Patient Care Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HOME with Services (VNA, PT, OT)</strong></td>
<td>Post Hospital Patient Care Plan</td>
<td>Patient Face Sheet</td>
<td>Fax to Agency:</td>
<td>OA will be responsible to: Fax paperwork to Agency. Call agency to confirm they has received fax. Staple Confirmed fax receipt to discharge paperwork to go in the medical record.</td>
</tr>
<tr>
<td></td>
<td>Patient Discharge Medication List (PDML)</td>
<td>Patient Care Referral Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Care/Drug Notes or Uptodate Info</td>
<td>Nursing Discharge Note</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nutrition PT, OT, SLP referrals (if applicable)</td>
<td>Nutrition PT, OT, SLP referrals (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signed Post Hospital Patient Care Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FACILITY (Rehab, SNF, or Blake 11)</strong></td>
<td>Post Hospital Patient Care Plan</td>
<td>Patient Face Sheet</td>
<td>Send with Transport:</td>
<td>CM: Enters phone # of PAC facility in &quot;Post Acute Care Providers&quot; Screen.</td>
</tr>
<tr>
<td></td>
<td>Patient Discharge Medication List (PDML)</td>
<td>Patient Care Referral Form</td>
<td></td>
<td>RN: Call PAC facility to provide verbal report to accepting RN.</td>
</tr>
<tr>
<td></td>
<td>Care/Drug Notes or Uptodate Info</td>
<td>Nursing Discharge Note</td>
<td></td>
<td>RN: Document verbal report given/ or inability to on face sheet in medical record.</td>
</tr>
<tr>
<td></td>
<td>Nutrition PT, OT, SLP referrals (if applicable)</td>
<td>Nutrition PT, OT, SLP referrals (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Signed Post Hospital Patient Care Plan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DEX MD Summary</td>
<td></td>
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</table>
A Discharge Initiative to Reduce Readmissions – The “Warm” Hand-Off

What is it?

Starting January 23rd, we will begin a new discharge initiative aimed at decreasing preventable readmissions. This practice has successfully implemented by our neighbors on Bigelow 9 and they will be helping us during our transition into this new practice.

This new practice change includes now providing a **verbal RN to RN report** for patients discharged to a PAC (post acute care) facility (Rehab, SNF, etc.) and patients discharged home with VNA services.

(add Information about Grant & research study . . .)

Why is this Important?

A publication by the Advisory Board entitled “Nurse Led Strategies for Preventing Avoidable Readmissions, states:

"We’ve automated the process so much that we feel we’ve lost the human-to-human interaction that is so critical during hospital to PAC transfer. Despite hospitals’ best efforts to standardize and clearly communicate patient information, caregivers from these facilities often have additional questions, which are not answered by a form. Structured two-way verbal patient handoff between hospital-based nurse and PAC nurse provides PAC caregivers an opportunity to ask questions, clarify patient information, and seek additional context about our patient’s health care needs.”

How do we plan on accomplishing this?

A Simple Three Step Process:

<table>
<thead>
<tr>
<th>Patients Discharged to a Facility</th>
<th>Patients Discharged Home with VNA services</th>
</tr>
</thead>
</table>
| **1.** Case Manager will enter phone number for PAC facility in the discharge form “Post Acute Care Providers.” (If phone number is not entered in the discharge screen, either ask Joan for help locating it or on weekends page the case manager on call.) | **1.** OA will:  
  - Fax discharge paperwork to VNA agency,  
  - After 1 hour call to confirm receipt of paperwork.  
  - Ask agency if there are any questions for the nurse.  
  - If there are no questions the OA will write “VNA has no questions” on the fax confirmation sheet- and attach the sheet to the discharge paperwork.  
  - If there are questions- the OA will direct the call to the discharging nurse. |
| **2.** RN discharging patient will be responsible to call the PAC facility before the patient has left the floor, locate RN accepting the patient, provide a simple verbal report and answer any questions they may have. | **2.** RN will be responsible for answering any questions the VNA may have and will document on the discharge paper work, if applicable. |
| **3.** RN will document verbal hand-off has/has not been completed on discharge paperwork. | |
What Information to Include in the Verbal Report?

*** This is a sample guide to have in front of you while calling verbal report to another RN. Bigelow 9 RN’s found it helpful to take the most important information from their most recent nursing notes and summarize it into no longer than a 5 minute verbal report.

Basic Information:

- Admit Date:
- Reason for Admission/Diagnosis:
- Past Medical History:
- Code Status/Precautions:

Current Patient Status:

- Most recent Vitals:
- Pain/ Interventions for pain:
- Mobility/ADLs/ Assistive Devices:
- IV access/ Date of Insertion

Head to Toe Assessment OR Problem- Based Nursing Assessment Based on Previous Nursing Progress Note

- Neurological:
- Respiratory:
- Cardiovascular:
- Genitourinary:
- Gastrointestinal:
- Skin Integrity:
- Infections (If applicable):

Other Important Information

*** Often useful patient information is not included in the discharge paper work; use the verbal report to give the RN a better “snapshot” of this patient. Some information Bigelow 9 nurses found useful to include in addition to above was:

- Helpful patient or caregiver tips, information on patient’s social situation, patient’s support system (or lack thereof), any visitor restrictions.
- Date of any falls while in the hospital: how it happened and how we are preventing them.
- How a patient best takes their pills
- Diet restrictions
- Last BM
- Date of foley placement
- Current wound care orders, measurements, time of last dressing change.
- Time of last medications given

*** Make sure to provide your name and call back number for any additional questions. ***
**Sample Verbal Report**

(It looks like a lot of information but reading it through only take ~2-3 minutes, try it!)

*Remember you don’t have to give the pt’s entire hospital course – that will be in the MD’s DEX summary. Just provide the patient’s current status so the accepting nurse can identify any important changes.

**Basic Information:**
Patient “X” was admitted to White 9 on 11/1/11 for persistent pneumonia and increasing SOB after completion of oral antibiotic course. **Significant PMH** includes HTN, COPD, hypothyroidism and severe c.diff colitis in 2006 requiring total colectomy and ileostomy placement. They are a **Full Code, on Universal Precautions**, and currently are a **Fall Risk**.

**Current Patient Status:**
Most recent vitals are BP 115/80, HR 85, Satting >90% on RA while sitting up and ambulating in hallways, however continues to require 1-2L NC while laying down or sleeping. Patient endorses mild **pain** (2-3/10) only while coughing, currently taking benzonate for cough relief with good effect. Patient is **alert and oriented x3**. Able to **ambulate** with a rolling walker. Uses a cane at baseline however currently deconditioned due to present illness. No other assistive devices, besides glasses for reading. At home patient able to complete all ADLs independently, requiring only minimal assistance in hospital. Patient is at risk for falls d/t deconditioning but calls appropriately for assistance. For **IV access** they have a single lumen PICC intact to right upper extremity, inserted 11/3/11, no erythema at insertion site, flushing well, positive blood return.

**Head to Toe:**
Neuro: A&O x3, communicates well – English is primary language.
Resp: CT scan & CXR completed this admission both indicating PNA. Satting >90% on RA while sitting up in chair and ambulating in hallways, continues to requires 1-2L NC while laying down or sleeping to maintain sats>90%. RR 18-22. Has strong productive cough with yellow/tan sputum.
Cardio: HTN well controlled on current BP medications, 110-120/70-80, HR NSR. No s/s of cardiac distress.
Genito: Voiding c/y/u in bathroom.
GI: Poor nutritional intake and ~10 lb weight loss in past month d/t present illness. Nutrition consult completed and recommending ensure supplements at each meal. SLP consult completed, no s/s of aspiration. No diet restrictions. Patient has ileostomy which was placed in 2006. Pt is independent with changing bags q3days, currently draining dk brown stool, bag last changed on 11/2.
Skin: Intact
Infection: Afebrile, WBC WNL, no rigors/chills/diaphoresis noted. Continues on IV cefepime and vancomycin for HCAP. Sputum and blood cx with NGTD. PICC placed for patient to finish abx course at SNF.

**Other Info:**
Last meds given at 3pm, pt prefers to take them with applesauce. Lived independently with VNA services prior to admission, seems to lack family support system, will need support when returning home.

My name is ___ and I’ll be here until 7:30pm. Feel free to call (617)726-3342 if you have any other questions.
CICU RN/MD Welcome Lunch

2012

Innovation Unit

- What is an innovation unit?
- Relationship Based Care
- Attending Nurse Role
- Interdisciplinary Rounds
- Voalte
- White boards - electronic & in room

MD Coverage

- Closed Unit Model of MD coverage began June 2012
- Attending Cardiologist
- Heart Failure Attending
- Pulmonary Critical Care Attending – MICU and complex cardiology patients & boarders
- Fellow coverage

Intensivist Consult 5/2011

- 1) Need for endotracheal intubation \( \geq 24 \text{ hours} \)
- 2) Need for non-invasive ventilation \( \geq 24 \text{ hours} \)
- 3) Sepsis/Systemic inflammatory response syndrome
- 4) Multi-organ system failure \( \geq 2 \text{ organs} \)
- 5) Use of CVVH
- 6) Use of therapeutic hypothermia
- 7) Use of ECMO
- 8) Non-cardiac boarders with complex medical issues
- 9) Unstable airway
- 10) Nursing request

Communication

- Nurse caring for patient presents patient update on rounds, advocates, and informs the plan
- Resource RN – 24x7
  - 9 AM movers, 4 PM and 10 PM check ins
  - Admissions – Swing breaks during rounds
- Census board
  - write in covering resident names
  - Check off MD box for movers when passed off done
  - Check box for OA when attending cardiologist is communicated to admitting
- Family Meetings – RN should always be present
- Must always get pass off from cath lab admits
Rounds

- RN – alert to rounding on pts
- 8 AM – Heart Failure
- 9 AM – Intensivist
- 10 AM – Ward Cardiologist
- Cardiology Fellow – rounds on all cardiac pts, acts as senior on Sundays
- Connect with Resource Nurse – 9 AM, 4 PM, & 10 PM and with any major updates/changes (CVVH, travels, status changes)

MD Orders

- Communicate time sensitive orders to nurses verbally
- Use CICU order template for admissions
  - Attention to detail in what is ordered, don’t just click
  - Don’t forget ALL labs, vent changes, etc should have orders

Regulatory Requirements

- CalStat
  - Hand hygiene before & after pt contact
  - Precautions – gowns etc..
  - Clean Stethoscopes
- New England Organ Bank
- Universal protocol
- Central line checklist
- Consents – all new lines/procedures require new consent

CICU Specific Issues

- CICU Nursing expertise
  - Cardiogenic shock, cardiac arrest, heart failure, hypothermia
  - Defibrillation
  - PA-lines
  - IABPs
  - Ellison regional code team
  - Code Team
    - Responds to ALL MGH codes
    - Intra-oesous kit – responsible for safe return, staff will re-stock
  - Hypothermia
    - Stroke team consult
    - Protocol on line
    - Nursing expertise

CICU – TOP 10 Never Events

**Never:**

1. Change ventilator settings
2. Loan out the ultrasound machine without signing it out
3. Touch an IV or IABP pump
4. Insert a line without coordinating with the nurse
5. Attend a family meeting without the nurse
6. Round on patient without the nurse
7. Ignore a request to bump something up to a more senior level MD or ignore a request to call the intensivist
8. Return the IO kit
9. Discount a nurse who has a clinical concern
10. Change a patient’s code status without discussing the attending MD and nurse

#1 CICU ALWAYS Event

**ALWAYS**

stop and listen to a CICU nurse who has a concern and/or suggestion.

“Reason and free inquiry are the only effective agents against error.”

Thomas Jefferson
2012 CG Survey

Collaborative Governance
“promoting excellence every day”
Staff Nurse Advisory
September 4, 2012
Gaurdia Banister, PhD, RN
gbanister@partners.org

Collaborative governance (CG) is a formal, organizational governance structure within the MGH Patient Care Services Department for the purpose of engaging frontline PCS staff in organizational decision-making.

CG Definition

CG Study Purpose

- To describe the components of structural and psychological empowerment in current MGH CG participants;
- To compare 2011 participants’ CG scores to 2012 CG participants scores; and
- To describe the CG experience of current participants.

Theoretical Framework

Derived from:
- Kanter’s Theory of Structural Power in Organizations and
- Barrett’s Power as Knowing Participation in Change Theory


Kanter’s Theory of Structural Power in Organizations

- **Formal power**
  - Job definition
  - Job Activity
- **Informal power**
  - Connections made inside the organization
  - Alliances with peers and other groups
  - Connections outside the organization

Empowerment
- Access to:
  - Opportunity
  - Resources
  - Information
  - Support

Barrett’s Power as Knowing Participation in Change Theory

- **Power** is an experiential process that is inherently value free and is defined as an individual or group’s knowing participation in change through being aware of what one is choosing to do, feeling free to do it and doing it intentionally.
- The 4 observable and measurable dimensions of power are:
  - Awareness
  - Choices
  - Freedom to Act Intentionally
  - Involvement in Creating Change
Empowerment

- The ability to get things done in the organization & consists of both structural & psychological components.
  - Structural Empowerment refers to a person’s power related to one’s position in the organization. It is considered to be a structural determinant that influences behavior within the organization. Empowered employees are able to fulfill the tasks the organization asks of them.
  - Psychological Empowerment refers to an individual’s fundamental personal conviction that she/he has about their role in the organization. It is a personal psychological determinant encompassing the reactions of the employee to the conditions of the work environment.


Study Instruments

Conditions of Work Effectiveness Questionnaire (CWEQ) II

- Structural Empowerment domains:
  - Access to Opportunity: Possibility for growth & movement within the organization & to increase knowledge and skills.
  - Access to Resources: Ability to acquire the financial means, materials, time & supplies needed to accomplish one’s work.
  - Access to Information: Having the formal & informal technical knowledge & expertise to accomplish the job as well as an understanding of organizational policies and decisions.
  - Access to Support: Entails receiving feedback & guidance from subordinates, peers & superiors.


Psychological Empowerment Scale (PES) measures:

- Meaning: the value of a work goal or purpose in relation to an individual’s own ideals or standards.
- Competence: a person’s belief in one’s own capability to perform activities skillfully; also called self-efficacy.
- Self-determination: an individual’s sense of having choice in initiating & regulating one’s actions.
- Impact: the degree to which a person can influence strategic administration or operating outcomes at work.


Power as Knowing Participation in Change Tool (PKPCT)

- Consists of 4 sets of 13, 7-point, semantic differential scales that measure an individual’s sense of power, namely:
  - The nature of the awareness of one’s experiences;
  - The type of choices one makes;
  - The degree to which one uses the freedom to act intentionally; &
  - The manner of involvement in creating specific changes in one’s life.


Demographic Items:

- Age
- Gender
- Work Status
- Highest Educational Degree
- Profession & Number of Years in Profession
- Number of Years and/or Months on CG
- Service on other MGH Committees

Open-Ended CG Questions

- What has it been like serving on a CG committee?
- What are the 3 most positive things you have accomplished by working on a CG committee?
- How has being on a CG committee influenced your professional development?
- How has being on a CG committee influenced your participation in decision-making?
Data Collection

- The CG survey was developed and carried out electronically using Qualtrics, an online survey software system.
- Following human subjects approval, the online survey and 2 email reminders were sent via Partners email to all 2011-2012 CG members (N=471) in March 2012.
- Completion of CG survey served as participants’ consent.
- The Qualtrics survey software randomly generated ID numbers so as to avoid duplication of mailings, allow the survey to be completed in multiple sessions, and ensure that each participant completed the survey only once.
- All survey responses were completely confidential, never linked to participants’ names or email addresses which were removed from the database prior to data analyses, and were never shared with anyone in Patient Care Services.

2012 CG Participants

- Of the 471 CG members, 228 completed the CG survey for a 48.4% response rate.
- The typical CG study participant was a female (77%) nurse (68%) with a Bachelors or higher degree (75%) who worked full-time (71%) in a staff / clinician role (66%). Participants, whose median age was 46 years, had been in their professions an average of 17.2 + 12 years, worked at MGH almost 14 years and served on a CG committee about 3 years.
- CG participants currently serve on a variety of committees including: Diversity; Ethics in Clinical Practice; Fall Prevention; Informatics; Patient Education; Policy, Procedures & Products; Quality; Research & Evidence-Based Practice; Restraint Usage; Skin Care and Staff Advisory committees.

CG Quantitative Findings

- Cronbach’s alpha internal consistency reliability estimates for the Conditions of Work Effectiveness (CWEQ), Psychological Empowerment (PES) and Knowing Participation in Change (PKPCT) scales subscales ranged from 0.85 to 0.97, indicating that the instruments were very reliable.
- 2012 CG participants scored above average on all instruments’ subscale scores, indicating a positive trend that reflects the MGH professional practice environment.

Summary of Comparison Results

- 2012 CG participants’ mean scores on study scales were very similar to 2011 scores. Mean difference scores were very slight between the two CG groups.
- Thus, 2012 CG participants continue to maintain their greater than average scores on the Conditions of Work Effectiveness (CWEQ), Psychological Empowerment (PES) and Knowing Participation in Change (PKPCT) scales.

What has it been like serving on a CG Committee?

- I truly enjoy serving on a Collaborative Governance Committee because it allows me to collaborate with other staff from different departments throughout the hospital. It allows all of us to bring our diverse experiences and perspective together and work toward improving health education and literacy for patients, which I feel is crucial to improving health care and empowering patients to take an active role in their health.
- I like serving on Collaborative Governance because it gave me much awareness for what was happening hospital wide. Also, for me, learning reportable events, and reporting agencies and how it impacts reimbursement was enlightening. Identifying strategies for improvement with various disciplines was very interesting, especially when a great or innovative idea was generated.

What has it been like serving on a CG Committee?

- It has been an interesting experience in understanding other staffs’ values and practices. Innovative strategies for change have been important discussions.
- I have found the work valuable and thought provoking. I feel it is a vital connection for our staff nurses to keep this connection to upper management and have a true voice across the disciplines. I have found it extremely frustrating not to be able to attend meetings from our unit. Our unit has high acuity and very tight staffing, so it is almost impossible to attend on a work day. The Director does not support or acknowledge CG as a priority for staff to attend.
What are the 3 most positive things you have accomplished as a CG champion?

• Increased knowledge (my own and others); identified areas in which we can improve the experiences of our patients and staff; participated in true collaboration.

• Having an opportunity to represent my unit on this hospital wide committee and provide feedback both to the committee and back from the committee to my unit; being a part of the decision-making on both policies, procedures and products; connecting with a multi-disciplinary group on a variety of issues that impact the way in which we do our job and, ensuring that the patients we care for are getting what they need.

What are the 3 most positive things you have accomplished on a CG committee?

• It has given a voice to the concerns of colleagues on my unit. I have drawn on my prior experiences and been recognized for that experience. I have been given an opportunity to work with staff from other units/disciplines and share their experiences.

• I have gained a greater understanding for how much work goes into making any changes and decisions. I feel more connected to some of the administrators of this hospital, especially in the field of nursing. I hope to assume more of a leadership/champion role on my unit.

How has being on a CG committee influenced your professional development?

• I am more empowered to create change.
• It has improved my leadership skills.
• It has helped expand my circle of influence.
• It gives me a broader perspective from which to care for my patients.
• It has given me a better base of understanding of our strengths and challenges and has enriched me professionally by learning from other champions. Had it not been for CG, the opportunities would not have been there to collaborate with other professionals in different role groups.

How has being on a CG committee impacted your clinical practice?

• It has given me more ideas of what I could be doing.
• I think more deeply about clinical issues that present themselves.
• Every time 50 gloves pop up... I know that it is under consideration for change. Seriously, it feels very empowering to explain to staff innovations and reasoning behind them, i.e. patient surveys and possible changes in Medicare reimbursement which could impact the MGH.
• I have been enabled to better care for my patients with information and from "seasoned" nurses about the “best way” in patient care delivery.

2012 Collaborative Governance Survey Summary

• Findings of the 2012 CG study clearly demonstrate the positive impact of CG, personally & professionally, on its members.
• Data show that CG continues to have a positive impact on the MGH professional practice environment as evidenced by the maintenance of overall CWEQ, PES empowerment scores and Power scores from 2011 to 2012.
• Qualitative data capture the rich experience of CG participation leading to many opportunities for: meaningful personal & professional growth; feelings of being known, valued & trusted with information; connections with other disciplines across the hospital; & making positive contributions to practice.