TL 1: Describe and demonstrate how Nursing’s mission, vision, values, and strategic and quality plans reflect the organization’s current and anticipated strategic priorities.

In Peter Senge’s hallmark book, *The Fifth Discipline* (1990), he discusses the importance of alignment in order to achieve team goals. He states ‘Jazz musicians know about alignment. There is a phrase in jazz, ‘being in the groove’ that suggests the state when an ensemble ‘plays as one.’ He continues, ‘These experiences are very difficult to put into words – jazz musicians talk about them in almost mystical terms: ‘the music flows through you rather than from you.’” The Hospital’s mission and strategic direction is dependent on the alignment of all components of its operation such as nursing services to plan and operate in synchrony.

MGH Mission

Massachusetts General Hospital’s mission reads as follows, “Guided by the needs of our patients and their families, we deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.” This four-pronged mission of practice, education, research and community serves as the foundation for the Nursing and Patient Care Services (PCS) Vision, Guiding Principles, Nursing Philosophy, Professional Practice Model, and strategic plan (OOD 1).

The PCS Vision and Guiding Principles were developed by the PCS Executive Team (Attachment TL 1.a), with input from clinical staff and leadership throughout the disciplines that report into PCS. They illustrate how practice, education, research, and community are integrated into the core values of the organization and align clinicians, leadership and support staff throughout the Department of Nursing and PCS in a shared strategic direction. A critical review of these foundational documents that have been in place since 1996 is conducted every year at the annual PCS Executive Team Retreat to determine if revisions are needed.

MGH Patient Care Services Vision Statement

As Nurses, Health Professionals, and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day.

We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally-competent workforce supportive of the patient-focused values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth everyday by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

MGH Patient Care Services Guiding Principles

- We are ever alert for opportunities to improve patient care; we provide care based on the latest research findings.
- We recognize the importance of encouraging patients and families to participate in the decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff.
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of the Massachusetts General Hospital.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources.
• *We view learning as a lifelong process* essential to the growth and development of clinicians striving to deliver quality patient care.

• *We acknowledge that maintaining the highest standards* of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

At MGH, each clinical discipline is guided by its own philosophy, which synthesizes the belief of its practice as it relates both to the overall mission of the Hospital and also the PCS vision and guiding principles.

**MGH Nursing Philosophy**

*We believe that the essence of nursing practice is caring.*

Caring which is

...a science and an art
...deliverable, teachable, researchable, and
...accomplished with wisdom, knowledge, compassion, and competence.

*We believe that the clinical practice of nursing is built on a scientific base*  
...evaluation of nursing practice is a professional responsibility, and  
...critical thinking and scientific inquiry are essential to the improvement of practice.

*We believe that we have the responsibility to*  
...educate ourselves and educate others  
...expand our knowledge and expertise  
...share this growing body of knowledge, and  
...provide such opportunities to the greater healthcare community.

The mission of MGH relates to quality patient care through practice, research, education, and the needs of our community. The philosophy of nursing ties to the hospital’s mission and supports that the essence of nursing practice is a science and an art; deliverable, teachable, researchable and accomplished with wisdom, knowledge, compassion and competence. The philosophy of nursing is operationalized through the development of strategic planning goals and initiatives within the hospital and department.

**Professional Practice Model**

The PCS Professional Practice Model (PPM) is the framework that translates the PCS Vision Statement into reality. The PCS Professional Practice Model helps to:

• Articulate the work of clinicians across settings and disciplines
• Provide a framework to guide clinical practice, education and research
• Promote communication among and between disciplines
• Provide a framework for charting the strategic direction
• Guide the allocation of resources, and
• Establish a framework in which to evaluate practice.

The MGH Professional Practice Model (PPM) was developed to provide a comprehensive view of professional practice and the discipline-specific contributions of providers engaged in patient care. It was originally developed around nine essential elements including: values; philosophy;
standards of practice; professional development; patient care delivery models; authorization, credentialing and peer review; research; and descriptive theory models. Ten years later, after undergoing significant review by the PCS Executive Team, nursing leadership and staff throughout PCS, the nine components of the PCS PPM were revised to include: vision and values; standards of practice; narrative culture; professional development; patient-centeredness; clinical recognition and advancement; collaborative decision-making; research; and innovation and entrepreneurial teamwork (see Figure below). The revised PPM is showcased in the April 5, 2007 issue of Caring Headlines (OOD 11.a).

![Professional Practice Model](image)

**Partners HealthCare Systems’ Case for Change**

In 2010, Gary Gottlieb, MD, MBA, assumed the helm of Partners HealthCare System, which MGH is a founding institution along with the Brigham and Women’s Hospital. After his initial assessment of the System in relation to the evolving healthcare landscape and healthcare reform, Dr. Gottlieb presented his “case for change.” He articulated that his intention is for the system to become far more affordable over the next one to two years by reducing the cost of services as well as the amount of services provided — while not harming patient care, research, and training programs for new doctors and other members of the healthcare team. In an interview with the Boston Globe on November 1, 2010, Dr. Gottlieb stated, “We’re running a health care system that has as its driving mission to bring the best and brightest to care for the sickest. If that’s crowding out society’s ability to pay for firefighters, that’s not OK with us,” said Gottlieb, adding that Partners “clearly has to step up the intensity” of its cost-control efforts. Dr. Gottlieb presented his “case for change” to all Partners’ institutions. A recap of his presentation to MGH can be found in the Hospital’s weekly newsletter, MGH Hotline (Attachment TL 1.b).
At a series of Partners retreats, the priorities for Partners HealthCare System and its member institutions were unveiled (see Attachment TL 1.c). The two primary strategic priorities were Care Redesign and Patient Affordability. These two goals were both aimed at the improvement of our care processes. Care Redesign is designed to improve the efficiency and effectiveness of the care of patients with specific diseases and Patient Affordability is designed to reduce the cost of care in direct care and overhead expense. There were also a few cross-cutting priorities such as external communication efforts and particularly the development of a Partners-wide clinical IT infrastructure known as eCare.

MGH’s Mission-Driven Strategic Planning Process

To align with Partners’ strategic direction, MGH embarked on a long-term strategic planning process in April 2012 to ensure that it is continuing to meet the changing needs of the four prongs of our mission: clinical practice, education, research and our community. The Hospital began its strategic planning process by reviewing its internal and external environments. Quantitative data, employee and patient interviews, and external market reviews and benchmarks were compiled into a Harvard Business School-style case that laid out the current state of the institution in narrative form. The Hospital’s executive leaders held an all-day retreat to review the ideas from the case, at which the Chief Nurse, the four Associate Chief Nurses and Executive Directors for Patient Care Operations and Institute for Patient Care were participants. A copy of the retreat agenda can be found in Attachment TL 1.d.

After the retreat, the challenges for the institution to tackle became much clearer. The themes and takeaways from the retreat were distilled into six major strategic agendas:

- Redesigning the Delivery System for Population Health
- Differentiating MGH Episodic Care
- Improving the Integration of the Clinical and Research Missions
- Organizing Research for Greatest Success and Impact
- Redefining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape
- Explicitly Linking Community to Our Other Missions

The next phase of the strategic planning process was to develop specific strategies to address these agendas (See OOD 3.g for detailed description of each strategic agenda’s guiding questions and Attachment TL 1.e for the text of the Strategic Planning update in the July/August 2012 issue of the Fruit Street Physician Newsletter outlining strategic goal leadership). Interdisciplinary workgroups will be formed by late Summer 2012 for each of these six strategic initiatives, each with strong PCS membership. Their tasks are to design specific strategic recommendations for review and vetting. Implementation will begin on these recommendations in early 2013, with a 5-10 year horizon. Of note, the Senior Vice President for Patient Care and Chief Nurse has been charged with co-chairing the initiative, “Redefining the Teaching Model to Prepare Trainees for the Changing Health Care Landscape.” This goal is in strategic alignment with her recent leadership of a grant submission in response to the Center for Medicare and Medicaid’s Innovation Centers call for proposals for Graduate Nurse Education (GNE) Demonstration solicitation as mandated under Section 5509 of the Affordable Care Act (Pub. L. 111-148). As the largest provider of health care within the Partners Health Care System, MGH is committed to increasing the supply of Advanced Practice Registered Nurses (APRNs). More APRNs means better access to professional healthcare services for the growing number of Medicare beneficiaries in Massachusetts. A copy of the grant
submission cover letter from MGH President and Chief Nurse can found in Attachment TL 1.f. Of note, CMS did not select MGH’s grant submission. However, this important collaborative effort will inform the work of MGH’s Strategic Planning initiative on education the CNO is co-leading.

The Edward P. Lawrence MGH/MGPO Center for Quality & Safety

The Center for Quality and Safety (CQS) serves as the hospital’s central data hub for quality and safety data and reporting. Each year, it collects qualitative and quantitative quality data from across the institution, even including outside regulatory and governmental priorities. It then summarizes this information into the quality and safety priorities for the institution. This year CQS has articulated five goals for 2012. They are as follows:

- Enhance our quality & safety measurement and performance improvement infrastructure to advance the six Institute of Medicine (IOM) aims,
- Achieve outstanding external review results via Excellence Every Day efforts,
- Advance our safety culture,
- Reduce harm events through better handoffs, improved transitions, and reduced readmissions,
- Make measureable progress in efficiency, affordability and effectiveness through support of key institutional programs.

A description of this planning process and the detailed tactics to achieve these goals can be found in OOD 3.j.

Nursing and Patient Care Services Strategic Plan

The Nursing and Patient Care Services’ strategic plan is well-aligned with the Hospital’s mission, institutional goals and anticipated long-term strategies. Based on the fundamental mission and values of both MGH and PCS, these goals are developed annually, as described in TL 3. The Hospital’s goals are reviewed as an integral part of the planning process to guide PCS goal development. In 2012, the PCS Strategic Goals and tactics are as follows (see complete plan in OOD 3.i for more detail):

Goal #1: Develop an efficient and effective patient- and family-centered model of care delivery advancing a relationship-based care philosophy.
- Establish 12 innovation units to test the elements of the care delivery model across the care continuum.
- Capture and integrate best practices and spread to other units.
- Conduct patient and family focus groups to inform our work.
- Ensure robust measurement systems to capture outcomes of innovation units.
- Focus on patient and staff satisfaction.
- Address inequities in quality and access to care: conduct unit-level culture rounds.

Goal #2: Lead Patient Affordability and Care Redesign initiatives.
- Reduce supply expenses (inpatient, ED, and OR).
- Develop inpatient, ED and OR staffing standard.
- Ensure appropriate utilization of ED resources; reduce ED length of stay (LOS) for both admitted and discharged ED patients.
• Utilize best practice strategies to contribute to a hospital wide initiative to reduce LOS.
• Create new process for safe and effective transitions of care including those to outpatient practices and with Partners Continuing Care (PCC).
• Participate in Care Redesign team efforts and integrate ideas generated from these teams into practice.
• Ensure care is equitable across the continuum.

Goal #3: Design and implement new programs to improve patient and family satisfaction.
• Design and develop new tactics to improve cleanliness, noise reduction and staff communication.
• Engage interpreters more in patient and family dialogue and in quality related activities.
• Increase volunteer presence at Information Desks to proactively support patients, families, and visitors.
• Increase presence of Patient Advocates to patients, families and clinician; engage volunteers in this work.
• Develop and implement a Cultural Competence education program.
• Utilize Service Excellence programs to create a greater “presence” with patients and families.

Goal #4: Advance the culture of Excellence Every Day.
• Develop structures for collecting and submitting Patient-Centered outcome measures.
• Further develop Excellence Every Day portal as a practice resource for staff.
• Inform, educate and engage others in advancing the PCS strategic goals.
• Develop a strategic communication plan to promote Excellence Every Day culture.

Goal #5: Design and implement clinical and business information systems that support patient care, education, and research.
• Participate in design and implementation of new documentation and safety enhancement systems.
• Implement new timekeeping systems.
• Participate in Enterprise Clinical System Development.
• Educate the workforce regarding utilization and compliance of new electronic applications, e.g., electronic white boards, i-Phones.

By achieving these important goals, PCS will not only be furthering its culture of excellence and learning, but will also help ensure that the Hospital meets its overall strategic imperatives. To illustrate this alignment, a crosswalk of Partners HealthCare System, MGH, PCS and MGH Center for Quality & Safety Goals regarding advancing the Patient Affordability/Care Redesign and Quality and Safety agendas are presented in Attachment TL 1.g.

PCS Office for Quality & Safety Strategic Plan
Both MGH/MGPO Center for Quality and Safety and the PCS Office of Quality and Safety (Office of Q & S) use the Institute of Medicine’s six aims for quality improvement to guide their work. The Office of Q & S’s strategic plan cites that the Office is committed to the Excellence Every Day (EED) philosophy adopted across the MGH Community. The plan describes this philosophy as MGH's commitment to providing the highest quality, safest care that meets or
exceeds all standards set by the hospital and external organizations. The main message and goal for all MGH staff is that staff across role groups and disciplines is striving to provide the best possible care to every patient and family in every moment of every day.

To achieve alignment in setting the strategic direction, the Office of Q & S utilized the PCS Strategic Goals as the organizing framework to draft the Office’s goals and tactics (See OOD 3.k and Attachment TL 1.h). In addition, the Office of Q & S has adopted the Plan-Do-Check-Act performance improvement framework to help develop tactics to achieve each of its quality and safety goals.

In summary, by beginning its strategic planning process with the Hospital’s mission, and aligning itself with the strategic goals of the Hospital, Nursing and Patient Care Services ensures that its efforts will always be aimed to achieve what is best for patients, staff, and the hospital itself.
## Patient Care Services Executive Team

<table>
<thead>
<tr>
<th>Name/Credentials</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeanette Ives Erickson, RN, DNP, FAAN</td>
<td>Senior Vice President for Patient Care and Chief Nurse</td>
</tr>
<tr>
<td>Gaurdia Banister, RN, PhD</td>
<td>Executive Director, The Institute for Patient Care</td>
</tr>
<tr>
<td>Debra Burke, RN, MSN, MBA</td>
<td>Associate Chief Nurse</td>
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<tr>
<td>Leila Carbunari, RN, MEd</td>
<td>Director, International Patient Program</td>
</tr>
<tr>
<td>Deborah Colton</td>
<td>Senior Vice President for Strategic Communication, MGPO/PCS</td>
</tr>
<tr>
<td>Marianne Ditomassi, RN, DNP, MBA</td>
<td>Executive Director, PCS Operations</td>
</tr>
<tr>
<td>Theresa Gallivan, RN, MS</td>
<td>Associate Chief Nurse</td>
</tr>
<tr>
<td>Marie Elena Gioiella, MA, MSW, LICSW</td>
<td>Director, Social Service</td>
</tr>
<tr>
<td>Robert Kacmarek, RRT, PHD, FCCM, FCCP, FAARC</td>
<td>Director, Respiratory Care Services</td>
</tr>
<tr>
<td>Robin Lipkus-Orlando, RN, MS, PMHCNS-BC</td>
<td>Director, Office of Patient Advocacy</td>
</tr>
<tr>
<td>Sally Millar, RN, MBA</td>
<td>Director, PCS Informatics; Interim Director, PCS Financial Management Systems</td>
</tr>
<tr>
<td>Wayne Newell</td>
<td>Director, Volunteer and Information Associate Services</td>
</tr>
<tr>
<td>Anabela Nunes, MBA</td>
<td>Director, Medical Interpreter Services</td>
</tr>
<tr>
<td>Rev. John Polk, DMin, BCC</td>
<td>Director, Chaplaincy</td>
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<tr>
<td>George Reardon, MBA</td>
<td>Director, Clinical Support Services</td>
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<tr>
<td>Susan Sabia</td>
<td>Executive Editor, Caring Headlines</td>
</tr>
<tr>
<td>Michael Sullivan, PT, DPT, MBA</td>
<td>Director, Physical Therapy and Occupational Therapy</td>
</tr>
<tr>
<td>Dawn Tenney, RN, MSN</td>
<td>Associate Chief Nurse</td>
</tr>
<tr>
<td>Carmen Vega-Barachowitz, MS, CCC-SLP</td>
<td>Director, Speech, Language and Swallowing Disorders</td>
</tr>
<tr>
<td>Deborah Washington, RN, PhD</td>
<td>Director, PCS Diversity Program</td>
</tr>
<tr>
<td>Kevin Whitney, RN, MA, NEA-BC</td>
<td>Associate Chief Nurse; Interim Director, PCS Office of Quality &amp; Safety</td>
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Leadership meeting describes path for the future
Published in MGH Hotline, 10/29/10

At an Oct. 20th leadership meeting held in the O’Keeffe Auditorium, Gary L. Gottlieb, MD, MBA, president and CEO of Partners HealthCare, joined with supervisors and managers from across the MGH and MGPO to describe the challenges facing Partners and provide an overview of a strategy that will shape a path for the future.

Gottlieb first discussed that, though the state of the economy is uncertain at best, health care costs continue to be disproportionately high and on the rise. Employers and employees have been struggling for years to afford health care insurance premiums, and the situation is worsening. To respond to the challenges in the months and years ahead, he noted, Partners institutions must collaborate to reduce costs and embrace payment reform options. He emphasized that, in doing so, it is crucial Partners not lose sight of its core values.

Leadership from across Partners has been meeting since early this year to identify and define strategies to redesign how care is delivered, making it more integrated and patient-centered while increasing affordability. Gottlieb pointed to the Centers for Medicare and Medicaid Services Demonstration Project at the MGH as an example of an innovative approach to improving care in a cost-effective manner. He described the formation of three teams – Care Redesign, Patient Affordability and Reputation – to lead the way in implementing care and cost reform within Partners institutions. The Reputation team will focus specifically on communicating Partners’ commitment to community programs and quality-focused messages through a public education campaign.

Peter L. Slavin, MD, MGH president, reinforced the message about the need for change, explaining that if the MGH and Partners are to have a say in preserving and enhancing the health care system into the future, taking a leadership role locally and nationally now is vital. “We have the opportunity and responsibility – indeed, an obligation – to rise to this challenge thoughtfully and aggressively,” said Slavin. He pointed to the MGH’s 200-year history of meeting many challenges. David F. Torchiana, MD, MGPO chairman and CEO, and Ann Prestipino, senior vice president of MGH Surgical and Anesthesia Services and Clinical Business Development, and director of the Partners Office of Strategy Implementation, also offered their insight. Emphasizing that good care is efficient care, Torchiana explained that while the MGH and Partners have been through difficult times before, the current health care environment is ominous. He stressed the importance of understanding the urgency and responding thoughtfully. Acknowledging concerns about management from the Partners level rather than locally from the hospitals and practices, Torchiana noted that reform strategy needs to be balanced and collective. “Central decisions are collective decisions, made with the input of each member of our system,” he said.

Prestipino closed the presentation by providing an overview of the MGH and MGPO’s critical role in the Partners strategic initiatives and encouraging people throughout the system to take an active part in the effort. “We have a clear vision of what needs to be done moving forward,” said Prestipino. “I think it’s important Mass General help lead the way in this initiative, and we have the talent and experience to do so.”
Partners Care Redesign and Patient Affordability

- Vaginal delivery
- Joint replacement
- Endovascular
- Lung cancer
- Transplant

Care Redesign
- Colon cancer
- AMI
- CABG
- Diabetes
- Stroke

Patient Affordability
- Direct patient care
- Overhead
- Human capital

Reputation/Communications
- Public education
- New web site

Innovation Units

Primary Care

Employee Health Benefits
MGH/MGPO Strategy Retreat  
Babson Executive Conference Center  
April 20, 2012, 7:30am-4:30pm

Retreat Agenda

Continental Breakfast 7:30am-8:00am

Introduction 8:00am-8:30am
  - Retreat Goals/Objectives
  - Retreat Mechanics
  - Introduction: James Cash, PhD
  - Brief Case Introduction

Breakout Session #1 8:30am-9:15am
  - Review the Case and Discuss Findings

Case Discussion 9:15am-11:15am
  - Hold Formal Case Discussion as Group

Breakout Session #2 – Instructions 11:15am-11:30am

Break 11:30am-11:45am

Breakout Session #2 11:45am-12:30pm
  - Develop Recommendations Based on Mission-Focused Questions

Lunch 12:30pm-1:15pm

Super Group Breakout Session 1:15pm-2:15pm
  - Collate Recommendations and Develop Key Themes

Break 2:15pm-2:30pm

Super Group Report Outs 2:30pm-4:00pm
  - Discuss Recommendations and Themes as a Group

Wrap Up & Next Steps 4:00pm-4:30pm
MGPO NEWS

Strategic Plan Update: Next Steps

Having digested the information from the April day-long retreat, senior leadership has begun the next phase of the MGH/MGPO strategic plan: team formation and the development of high level strategies and associated tactics by each team, estimated to be completed in the late fall of 2012. These recommendations will then be discussed with and approved by the Strategic Planning Executive Committee.

WORKGROUPS FORMING
Six workgroups are currently forming, and will include a team lead, an executive sponsor, and a project manager. The groups have been asked to develop recommendations for strategies and associated tactics for their area. The six teams are:

Clinical 1: Redesigning the delivery system for population health. This team will consider how to leverage and support team-based care while improving quality and patient outcomes, and ensuring it is done cost effectively, as measured through total medical expense.

Team Leader: Timothy Ferris, MD
Executive Sponsor: Joan Sapir
Project Manager: Caryn Wilson

Clinical 2: Differentiating MGH episodic care. This group will explore the roles of departments versus centers and will develop approaches targeted to both referring physicians and patients that also improve cost effectiveness and quality. In addition, they will consider better integration of the work in care redesign, network development, access and referral management, the Executive Registry (formerly known as executive health services), and international medicine.

Team Leader: Michael Jaff, DO
Executive Sponsor: Greg Pauly
Project Manager: Debra Doroni

Research and Clinical: Better integration of our research and clinical missions. Innovation and the future of personalized medicine will be the themes explored by this group who will also examine ways to increase clinical and translational research.

Team Leader: Merit Cudkowicz, MD
Executive Sponsor: Daniel Haber, MD
Project Manager: Andrea Paciello

Community: Linking to our other missions. This group has been asked for recommendations that will better integrate the community mission and the other three missions, and will especially consider how to best bring population health management initiatives to the local community.

Team Leader: Joy Rosen
Executive Sponsor: Britain Nicholson, MD
Project Manager: Jean Bernhardt, RN

Team member selection is under way. Anyone interested in serving on a team should contact the team lead – they will determine size and make up of each team.

Ann Prestipino at aprestipino@partners.org, (617) 726-5111.

MA Leaders Comment on MGH’s #1 Spot on the US News Best Hospital List

“We know a little bit about celebrating in Boston – when we’re the best at something, we bring out the Duck Boats for a rolling rally!”

– Mayor Thomas Menino, who surprised the MGH staff with a Duck Boat ride.

“We are pleased to confer upon you this Governor’s Citation ... in appreciation of your talented physicians, skilled nursing staff and dedicated workforce who are committed to delivering the highest quality medical care to patients and their families.”

– Governor Deval Patrick

“Mass General has provided a place of hope for all those who needed help. It is the employees of MGH that have made this possible from generation to generation. I have seen on my visits to the hospital that it is the people – the nurses, doctors, orderlies, administrators, security guards, and medical students – who make MGH the nation’s best.”

– Senator John Kerry
May 24, 2012

Centers for Medicare & Medicaid Services
Center for Medicare & Medicaid Innovation
Attention: Alexandre Laberge
Mail stop: WB-06-05
7500 Security Boulevard
Baltimore, MD 21244-1850

To Whom It May Concern:

Please accept this proposal from The Massachusetts General Hospital (MGH) to the Centers for Medicare and Medicaid (CMS) in response to the Graduate Nurse Education (GNE) Demonstration solicitation as mandated under Section 5509 of the Affordable Care Act (Pub. L. 111-148). As the largest provider of health care within the Partners Health Care System, MGH is committed to increasing the supply of Advanced Practice Registered Nurses (APRNs). More APRNs means better access to professional healthcare services for the growing number of Medicare beneficiaries in Massachusetts.

As you know, we are the first and only state to offer Universal Health Care Insurance Coverage. We are challenged to provide care to our entire population. This Demonstration Project would greatly enhance our ability to recruit APRNs to meet the needs of our growing patient population (including Medicare beneficiaries). And this Project would extend into Maine and New Hampshire, as well.

In 2005, MGH and the Mass General Physicians Organization (MGPO) were selected to participate in the CMS Case Management for High-Cost Beneficiaries Demonstration. As a founding member of Partners HealthCare System, Inc., We are participating in the new Pioneer Accountable Care Organizations (ACOs) initiative under the Affordable Care Act.

We are committed to providing and coordinating the resources necessary for APRN training in order to make this Demonstration Project a success. In our role as applicant hospital we would:

- coordinate placement of students within hospitals and non-hospital community-based care sites (CCSs)
- coordinate preceptors and mentoring of APRN nursing students within our hospital, our partnership hospitals, and our non-hospital CCS settings

We would be happy to enter into formal written agreements with participating schools of nursing and non-hospital CCSs should the Demonstration Project be funded. We look forward to working with CMS and our strategic partners to advance the goals and objectives of this exciting undertaking.
Contact Information:
- Massachusetts General Hospital
- 55 Fruit Street, Bulfinch 230, Boston, MA 02114
- Jeanette Ives Erickson, RN, DNP, FAAN
- Senior Vice President for Patient Care and Chief Nurse
- 617-726-3100 (phone) 617-724-3486 (fax) jiveserickson@partners.org (email)
- CMS Certification Number: 22-0071

Sincerely yours,

Peter L. Slavin, MD
President

Jeanette Ives Erickson, RN, DNP, FAAN
Senior Vice President for Patient Care
Crosswalk: Partners, MGH and PCS/Nursing Goals

<table>
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<tr>
<th>Partners Priorities</th>
<th>MGH Strategic Goals</th>
<th>CQS Strategic Goals</th>
<th>PCS Strategic Goals</th>
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<tbody>
<tr>
<td>Patient Affordability</td>
<td>Make Care Better &amp; More Affordable</td>
<td>Support Patient Affordability &amp; Care Redesign efforts</td>
<td>- Innovation Units - Lead Patient Affordability efforts</td>
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<td>Care Redesign &amp; Quality Improvement</td>
<td>- Quality Improvements - Population Mgmt.</td>
<td>- Better Handoffs - Safety Culture - Excellence Every Day</td>
<td>- Patient Satisfaction programs - Excellence Every Day</td>
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<tr>
<td>Partners eCare</td>
<td>EMR System Selection</td>
<td>Enhance Quality Measurement Infrastructure</td>
<td>Design &amp; Implement Clinical and Business IT</td>
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</table>
The Patient Care Services Office of Quality and Safety supports the overall quality and patient safety goals of Massachusetts General Hospital. This is done by understanding the overall vision of the organization as a national leader in quality and safety as well as the vision and strategic plan of Patient Care Services (PCS). The work of the department is to contribute to the strategic goals of PCS.

Massachusetts General Hospital (MGH) Vision
To lead the nation in quality and safety

Patient Care Services (PCS) Vision
As nurses, health professionals, and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day. We believe in creating a practice environment that has no barriers, that is built on the spirit of inquiry, and reflects a culturally-competent workforce supportive of the patient-focused values of this institution. It is through our professional practice model that we make our vision a demonstrable truth everyday by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

Patient Care Services Office of Quality and Safety (OQS) Vision and Mission
Patient Care Services Office of Quality and Safety embraces the MGH vision “leading the nation in quality and safety”. Our message is to offer patients and one another our best in every moment. The PCS Office of Quality and Safety is responsible for developing, implementing and supporting strategies for improving health care quality.

The PCS Office for Quality and Safety has responsibility to work with PCS staff to understand and translate regulatory compliance issues, to implement state-of-the-art safety programs, and to translate evidence into the creation of the highest quality and safest care environment for patients and staff. Our focus is to effect change, transform the culture, and promote clinical excellence.

The following FY2012 (October 2011-September 2102) Strategic Tactics reflect the commitment to advance the quality and patient safety components of the Patient Care Services. This plan will inform the work of the PCS Quality and Safety team and will be a fluid document, which will change if needed, to accommodate the needs of the PCS Strategic Plan for 2012.
Patient Care Services FY 2012 Strategic Goals

<table>
<thead>
<tr>
<th>Goal #1</th>
<th>GOAL # 2</th>
<th>GOAL # 3</th>
<th>GOAL # 4</th>
<th>GOAL # 5</th>
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<tbody>
<tr>
<td>Develop an efficient and effective patient and family centered model of care delivery advancing relation-based care philosophy</td>
<td>Lead Patient Affordability and Care Redesign initiatives</td>
<td>Design and implement new programs to improve patient and family satisfaction</td>
<td>Advance the culture of Excellence Every Day</td>
<td>Design and implement clinical and business information systems that support patient care, education, and research.</td>
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Patient Care Service Office for Quality and Safety 2012 Strategic Plan and Tactics
(utilizing the PCS 2012 Strategic Goals as an organizer)

<table>
<thead>
<tr>
<th>Goal # 1 Tactics</th>
<th>Goal # 2 Tactics</th>
<th>Goal # 3 Tactics</th>
<th>Goal # 4 Tactics</th>
<th>Goal # 5 Tactics</th>
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<tbody>
<tr>
<td>Support Innovation Unit leadership by sharing best practices and respond to requests for data</td>
<td>Collect and submit staffing data to national and state databases to assist in comparing performance with external sources</td>
<td>Guide, support and measure unit-based performance for patient satisfaction improvement efforts</td>
<td>Engage and collaborate quality and safety constituents by participating on committees, task forces, and Tiger Teams</td>
<td>Enhance data tracking tools</td>
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<td>Design and maintain Innovation Unit dashboard; including patient outcome and satisfaction data</td>
<td>Design and maintain Innovation Unit dashboard, including LOS data</td>
<td>Participate in MGH initiative with the Picker Grant</td>
<td>Expand data collection, measurement, and reporting of patient-centered outcome metrics</td>
<td>Create and maintain databases for storing data</td>
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<td>Measure and report staff satisfaction</td>
<td>Actively participate on MGH Care Redesign Teams</td>
<td>Identify patient satisfaction improvement opportunities and engage constituents for action planning</td>
<td>Report data to national benchmarking organizations and measure performance compared to other organizations</td>
<td>Be prepared to actively participate in system-wide design and implementation electronic medical record system</td>
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<td>Participate on Patient and Family Advisory Councils and focus groups to obtain feedback</td>
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<td>Identify patient care improvement opportunities and engage constituents for action planning</td>
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<td>Develop and maintain quality, safety and regulatory content for EED portal</td>
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<td>Conduct signal detection, analysis and response to safety reports for PCS</td>
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<td>Perform documentation audits and tracers to assess adherence to philosophy of Excellence Every Day</td>
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<td>Design and disseminate communication tools to promote Excellence Every Day</td>
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