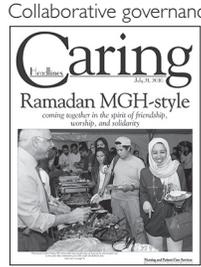


January 19, 2017

Caring

Headlines



Collaborative governance champions

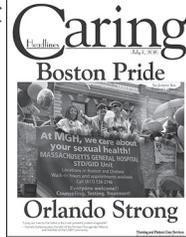
Caring
Headlines
Ramadan MGH-style
comes together in the spirit of friendship, security, and solidarity

Partners 2.0
Care nurse residents

eCare
super users
an integrated health information system
excitement
Discharge planning
implementation
and upgrade
Downtime learning curve

Speak up for Safety

Nursing



Chaplaincy

Equity MGH Diversity & Inclusion Statement
Unconscious Bias
Confronting racism
Zero tolerance
micro-aggression
Diversity

Physical Therapy

Partners 2.0
Care nurse residents

BIG The election decisions
Ceiling lifts

SOCIAL DETERMINANTS OF HEALTH

2016

Capacity
I-PASS Patient flow
Volunteers



Lunder-Dineen Health Education Alliance of Maine
HCAHPS
Flexibility



Orthotics
Sharing
best practices
Story-telling
Narrative
culture

Workflows

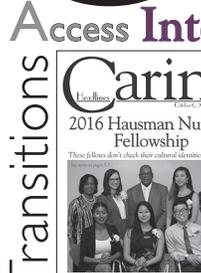
Home Care

Evidence based practice
needlestick safety
Social Work

Global health
Safety
Inter-professional
Quiet at night

Respiratory Care • **RESPONSIVENESS**
innovation Efficiency

Change



Transitions
The patient experience
Definite Discharge
Team Service
Zow Tickets
Patient-centered
Fall-prevention
CLABSI

Interpreter Services
tPA within 60 minutes
re-admissions



Perseverance
Collaboration
optimism
Advocacy
Substance-use treatment
Leadership
PFACs

Endowed chairs in Language Pathology
Professionalism
Accountable Care Organizations
Prevention Teamwork
Attending nurse

Compassion
Dedication
Productivity

Faith
Opioid epidemic
Occupational Therapy
Jeanette

The Institute for Patient Care

Quality CIG-CAHPS
Transgender day of remembrance

A look back at 2016

*embracing change, transforming care, and
fostering a spirit of inclusion*

2016 may have been a year of unexpected outcomes. But there was nothing unexpected about the successes we enjoyed in Nursing and Patient Care Services.

It was a year of unlikely victories—from the election of Donald Trump, to the dominating performance of 19-year-old Simone Biles at the Rio Olympics, to the Chicago Cubs winning the World Series for the first time in more than a century. It was a year that saw more racial unrest and gun violence in our country; a shift in international relations with Brexit and the death of former Cuban President, Fidel Castro; and the devastation of Hurricane Matthew from the Caribbean to the Carolinas. We lost icons like Prince; Muhammad Ali; John Glenn; David Bowie; Carrie Fisher; and Debbie Reynolds. Big Papi retired from our beloved Red Sox; Tom Brady sat out the first four games of the season in the wake of his ‘deflategate’ suspension then went on to lead the Patriots to the top of the American League Conference. Yes, 2016 was a year of unexpected outcomes.

But there was nothing unexpected about the successes we enjoyed in Nursing and Patient Care Services. After years of planning, coordinating, training, and preparing, we were a major part of the successful implementation of Partners eCare, the most unprecedented hospital- and system-wide change in the history of MGH. We worked together like never before with colleagues in and outside of MGH. And when the time came to pull the switch, we performed like a well-oiled machine, putting our training into practice, identifying, reporting, and responding to issues as they arose. And because of the seamless transition we orchestrated, not a single patient was adversely affected by the change.



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

As part of our ongoing efforts to foster a welcoming and inclusive workplace, we updated the MGH Credo and Boundaries Statement to explicitly highlight our pledge to diversity and equity. And we introduced the MGH Diversity and Inclusion Statement to reaffirm our commitment.

MGH was named the #3 hospital in the nation by *US News & World Report*, the only hospital on the list to earn a ranking in all 16 specialty areas. And *The Boston Globe* named MGH to its list of Top Places to Work in 2016.

Nursing and Patient Care Services welcomed Ann Marie Dwyer, RN, to the position of director of Informatics, replacing Van Hardison, RN, who was so instrumental in our eCare preparations. We thank them both for their leadership during a time of monumental change.

Speech, Language and Swallowing Disorders did a lot of work around the treatment of adult patients with Down syndrome. Speech pathologists learned much about communication and swal-

continued on next page

lowing issues among this population and had a chance to share that knowledge at the ASHA convention this year. Through research at the Chelsea Healthcare Center, one speech pathologist validated the need to involve families in the care of children to help stimulate bilingual language development. Speech pathologists partnered with LEAP (Language-Learning Early-Advantage Program) to enable clinicians to assess school-age children with learning disabilities while at the same time enhancing the quality of the evaluation process. The Feeding Team expanded to include a senior dietitian, a feeding psychologist, two speech-language pathologists with advanced training in feeding, and an occupational therapist to allow the team to address the needs of children in a more holistic way.

Physical and Occupational Therapy collaborated with the ED Capacity Task Force to advance clinical practice through care re-design initiatives. Occupational therapists championed implementation of the Behavioral Support Plan to facilitate care of patients with sensory-processing challenges. Occupational therapist, Karen Turner, assumed the inaugural role of navigator for patients with autism spectrum disorders. To augment Orthopedic and Sport residencies, the department sought to add a Neurologic residency from The American Board of Physical Therapy Residency and Fellowship Education. The first class of residents will be admitted in June of 2017.

Social Service was integrally involved in numerous substance use disorder initiatives. In response to Governor Baker's new legislation, social workers began conducting assessments of patients in the Emergency Department who overdosed on opioids.

Social workers continued to participate in the expansion of the Integrated Care Management Program and are preparing for the start of the Medicaid Accountable Care Organization pilot. In partnership with the Norman Knight Nursing Center, they co-hosted the well-attended, fourth annual Partners Trauma Informed Care Conference.

Medical Interpreters began a dialogue with other services and departments to ensure that limited English proficient (LEP) and deaf and hard of hearing patients have access to interpreter services so they can receive the highest quality care. They worked with the newly established Center for Specialized Services to provide interpreter services for their LEP patients, and they hosted a number of interpreter interns and students from the MGH Summer Jobs for Youth Program.

Respiratory Care worked with the SICU, trauma surgeons, and the Pediatric Service to develop guidelines for the application of high-flow nasal cannulas to patients with certain respiratory conditions. They developed guidelines with the MICU and SICU for ventilatory management of morbidly obese patients and patients having severe asthmatic attacks, as well as anesthesia guidelines for transporting ventilated patients to and from the operating room. Respiratory therapists worked with the NICU to address issues related to the inadvertent extubation of mechanically ventilated neonates.

Chaplaincy expanded its scope of practice with service to the Home Base program, neurology units, Spanish-speaking patients, the ALS Clinic, and all code-blue pages and trauma

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The Annual Report Issue

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stat pages. Muslim chaplain, Imam Elsir Sanousi, joined the Chaplaincy team in time to celebrate Ramadan with us this year. For the first time in MGH history, the CPE summer internship and CPE residency programs ran concurrently. On May 25th, we celebrated the 75th anniversary of the MGH Chapel, and in September, Chaplaincy hosted church and state dignitaries from Sweden who were exploring the status of chaplaincy in America.

The Volunteer Department saw 1,283 volunteers contribute more than 90,000 hours of service. The Beacon Program provided 48,000 inpatient and outpatient escorts; the Gray Family Waiting Area served more than 25,000 families; pet handlers brought joy to patients and staff in nearly 10,000 pet-therapy visits; and the book cart made 47,000 visits to inpatient units. The department launched a new partnership with the MGH Down Syndrome Clinic, culminating with two individuals with Down syndrome serving as volunteers in the Book Cart program.

The Institute for Patient Care hosted 22 international visitors from China, Japan, South Africa, Chile, South Korea, Germany, and the UK, and 17 domestic visitors as part of its Global Nursing Education Program. Four nurse leaders from Huashan Hospital in China spent time at MGH as part of the 6th annual Huashan Nurse Leader Fellowship. The Clinical Affiliations Program, leveraging the Centralized Clinical Placement System, facilitated the clinical education of 223 clinical groups and 418 preceptorships, which translates to MGH hosting more students annually than any other hospital in the Boston area. Under the MGH Pain Relief program, more than a hundred nurses were trained on how to distinguish substance-use disorders from pain behaviors and the pharmacological effects of opioids.

The Norman Knight Center for Clinical & Professional Development designed, hosted, or supported 40 new inter-professional courses, from Let's Disrupt Disruptive Behavior to the Partners 4th annual Trauma Informed Care Symposium. The Knight Center offers approximately 300 courses annually. For more on the work of the Knight Nursing Center, see page 19.

The Maxwell and Eleanor Blum Patient & Family Learning Center saw a 23.5% increase in requests for assistance finding health information. Blum Center staff worked with numerous groups to review and edit documents to adhere to plain-language guidelines and met with the Patient and Family Advisory Committee's Education Subgroup to ensure information is presented in a manner that's understandable to laypeople. The Blum Center was renovated this year to create space for pri-

vate consultations, viewing health videos, and to ensure accessibility for individuals with disabilities.

The Munn Center for Nursing Research & Innovation launched the IDEA (Innovation Design Excellence Awards) program to cultivate ideas to improve care delivery. Out of nearly two dozen quality applications, two grants were awarded, one to Jared Jordan, RN, for his proposal to install bathroom safety harnesses, and one to the MICU team of Lillian Ananian, RN; Jeanette Livelio, RN; Paul Currier, MD; and Dominic Breuer for their pilot study on the impact of flip boards to help reduce CLABSIs. For more about the work of the Munn Center for Nursing Research, see page 20.

Over and above working tirelessly to ensure a safe, clean, supportive environment of care, *Clinical Support Services* made staff development and recognition a key priority this year. The new USA Employee of the Month program recognized a different exceptional staff member each month. The team also strengthened new-hire and training processes, created training videos on core cleaning competencies, and developed a training program for all Clinical Support Services staff that included peer mentoring and a training video starring USA staff members.

The Ladies Visiting Committee Retail Shops re-designed their website (www.mghgeneralstore.com) to be more social-media friendly, including postings on Facebook and Instagram. They purchased mobile point-of-sale devices for enhanced customer service, and the Images Oncology Boutique began offering custom breast form scanning, a pain-free alternative to re-constructive surgery, and a more individualized option than generic breast forms.

Nursing was very involved with a number of unit openings and re-designs this past year. The Clinical Research Center merged with the newly established Translational Research Center in a renovated space on White 12. The unit is now called the Translational and Clinical Research Centers at MGH and includes a 4-chair infusion room, 18 beds, a state-of-the-art processing laboratory, and a specialized metabolic kitchen. The unit was designed to support investigator-led studies and proof-of-concept clinical trials conducted in collaboration with industry.

Nursing was instrumental in the expansion of the Ellison 13 nursery to add four more special-care beds.

The Respiratory Acute Care Unit on Bigelow 9 re-opened on Bigelow 13 with two more beds, allowing Bigelow 9 to become an 18-bed general medical unit.

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The Nursing and PCS Strategic Plan

*building on the success of the past;
charting a course for the future*

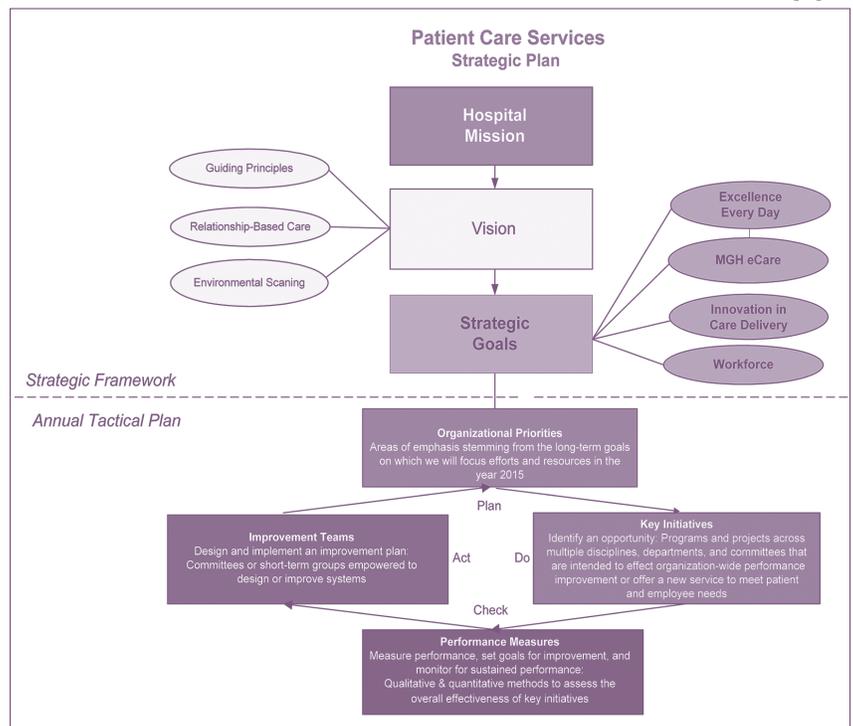
—by Marianne Ditomassi, RN, executive director for Nursing and Patient Care Services Operations and Magnet Recognition

The work is informed by results of the bi-annual Staff Perceptions of the Professional Practice Environment Survey, the MGH Culture of Safety Survey, input from collaborative governance and advisory committees, and feedback from patients and families.

Every fall since 1996, the Patient Care Services Executive Committee (PCSEC) has engaged in a strategic planning process to establish priorities for the coming year (see diagram on this page). The process involves a thoughtful review of past work, an assessment of current reality, attention to relevant advances and trends in the industry, and culminates with a day-long, inter-disciplinary retreat or series of retreats. Several months prior to the first retreat, members of the PCSEC review the progress made in achieving the goals and tactics of the preceding year. The work is informed by results of the bi-annual Staff Perceptions of the Professional Practice Environment Survey, the MGH Culture of Safety Survey, input

from collaborative governance and advisory committees, and feedback from patients and families. Great care is taken to ensure that the work of Nursing and Patient Care Services aligns with the hospital's overall strategic plan, the greater healthcare environment, and local, national, and international factors.

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Adapted from the National Institutes of Health Clinical Center

The Nursing and PCS Executive Committee reviews the Professional Practice Model annually to ensure it continues to reflect current reality and the key components driving inter-disciplinary care.

The Nursing and Patient Care Services Executive Committee reviews the Nursing and PCS Professional Practice Model annually (see diagram below) to ensure it continues to reflect current reality and the key components driving inter-disciplinary care. Although the Professional Practice Model underwent a rigorous review this year (see article on page 8), consensus was that the model still represents current practice, so it remains unchanged from last year. A new Patient Care Delivery Model (PCDM) was also introduced (see diagram on opposite page) that illustrates how relationship-based care, domains of practice, the Institute of Medicine's six aims of quality improvement, and empirical outcomes are integral parts of the care-delivery process.

The 2016 Nursing and PCS Strategic Plan

The four strategic goals articulated and implemented in 2016 are included below along with relevant outcomes.

Goal 1: Optimize preparation, implementation, and stabilization for a successful transition to MGH eCare.

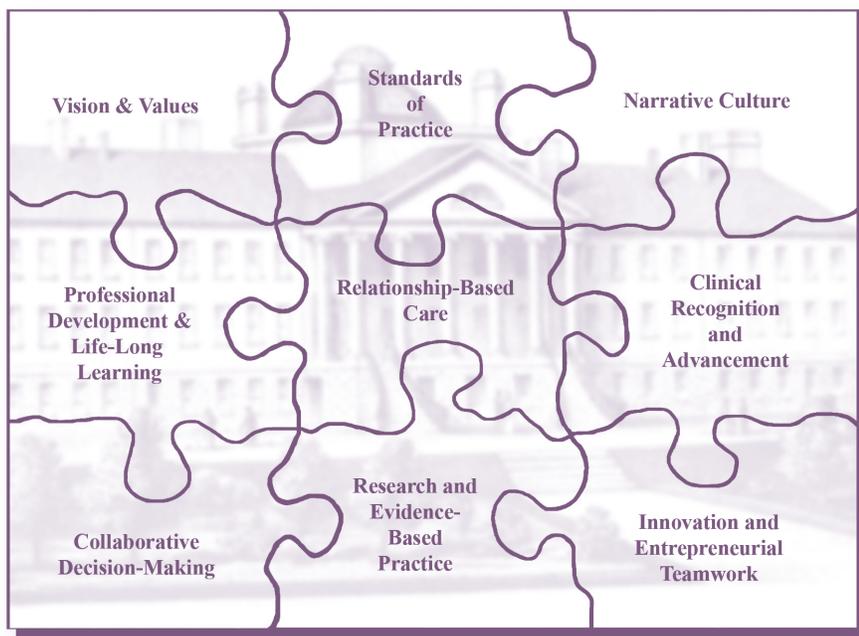
Outcomes: On April 2, 2016, MGH eCare went live after years of planning, training, and preparing. Nursing

and Patient Care Services actively participated in and influenced the transition to eCare at every stage of development, implementation, and post-conversion support. A myriad of resources, including super users, credentialed trainers, informatics analysts, and eCare residents, all contributed as part of a well-orchestrated plan. Effective communication was critical to a successful transition, so an eCare page was added to the Excellence Every Day portal as the go-to site for timely updates. Following implementation, interim director of Nursing and PCS Informatics, Van Hardison, RN, who played a pivotal role in the eCare preparation process, handed the baton of Nursing and PCS Informatics to Ann Marie Dwyer, RN, who had served as senior nurse for Partners eCare and co-leader of the Partners eCare Clinician Team.

Goal 2: Workforce: Ensure MGH remains an employer of choice

Outcomes: At MGH, we believe staff are our greatest asset. Nursing and PCS leadership rely on feedback provided by staff to ensure our professional practice environment remains strong and supportive. This year, in response to staffs' concerns about managing conflict, coping with stress and burnout, and handling disruptive behavior, a compendium of resources was compiled to ensure staff are aware of the options available to help make us more resilient, more understanding, and better able to cope with challenges that arise. Resources include resiliency rounds, conflict-resolution courses, and management of aggressive behavior training. Programs such as these resulted in MGH being recognized as a 'Best Place to Work' by Diversity, Inc., *The Boston Globe*, *Modern Healthcare*, *The Scientist Magazine*, the Human Rights Campaign, Becker's Healthcare, AARP, and The Glass Door.

Nursing and Patient Care Services Professional Practice Model



©MGH Professional Practice Model 2014

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2016

Strategic Plan (continued)

Goal 3: Advance patient-care affordability by eliminating waste and promoting care designed to support patient and family needs and quality of life.

Outcomes: Outcomes of this goal revolved around patient-satisfaction, recruitment of un-licensed staff, and non-salary cost-reduction efforts. During the implementation of eCare, close attention was paid to ensuring that patient-satisfaction was maintained. Through the focused efforts of Nursing and Human Resources, the patient-care-associate and operations-associate vacancy rates were both reduced. And ongoing analysis of phone and beeper utilization showed a significant cost reduction.

Goal 4: Increase capacity by ensuring patients are in the right bed at the right time.

Outcomes: In 2016, MGH launched a hospital-wide initiative to oversee capacity efforts. Nursing and Patient Care Services part-

nered with Emergency Department providers to discharge patients with home care or home-infusion services when appropriate rather than admitting them to an observation unit or inpatient setting. Another area of focus was facilitating discharge planning and aligning the inter-disciplinary team in discharge decision-making through the use of eCare Huddle Reports to document the estimated date of discharge and discharge order as soon after inter-disciplinary rounds as possible.

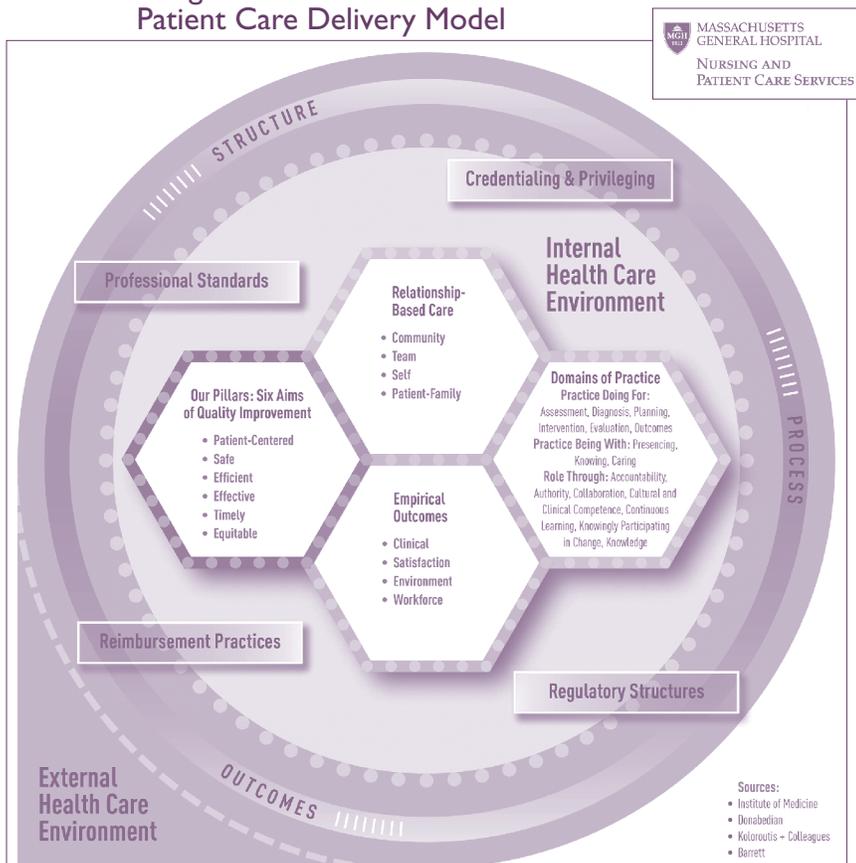
The 2017 Nursing and PCS Strategic Plan

Work is still underway to finalize the specific goals for Nursing and Patient Care Services in 2017. The following areas have been identified as priorities:

- **Excellence Every Day:** Enhance quality and patient-experience outcomes. The key focus of quality and safety efforts will revolve around: fall-prevention, hospital-acquired pressure-ulcer prevention, and prevention of catheter-associated urinary-tract infections (CAUTIs) and central line-associated blood stream infections (CLABSIs). Strategies to enhance staff responsiveness, quiet at night, medication communication, courtesy and respect, listening, patient education, and care coordination will be implemented.
- **Efficiency and Effectiveness:** Advance Partners 2.0 initiatives to promote efficiency and effectiveness throughout Partners, including initiatives to utilize technology to facilitate patient observation, implement strategies to reduce workforce injuries, and streamline required training.
- **Diversity:** Develop and implement educational efforts, an awareness campaign, and other strategies to promote a welcoming and inclusive environment and support the delivery of culturally sensitive care.

As this work unfolds, more detailed information will be included in future issues of *Caring Headlines*.

Nursing and Patient Care Services Patient Care Delivery Model



Our Professional Practice Model and other guiding documents

—by Jeanette Ives Erickson, RN, senior vice president for Nursing and Patient Care Services

(Re-printed from the December 1, 2016, issue of Caring Headlines)

Nursing and Patient Care Services periodically reviews our guiding documents to make sure they continue to capture the essence and spirit of our practice and the philosophy and culture we work so hard to perpetuate.

Just as our country is guided by important documents like *The Declaration of Independence*, *The US Constitution*, and *The Bill of Rights*, most successful organizations are guided by documents that describe their governing policies, code of ethics, and reason for being. This is certainly true of MGH—with our mission statement, vision, values, and guiding principles. And just as the *Constitution* has been amended over the years to keep pace with our changing nation, so too, is it important for organizations to review and update their guiding documents to ensure they reflect current practice and prevailing knowledge.

Toward that end, Nursing and Patient Care Services periodically reviews our guiding documents to make sure they continue to capture the essence and spirit of our practice and the philosophy and culture we work so hard to perpetuate. With input from the Staff Nurse Advisory Committee, collaborative governance committees, managers, the PCS Executive Committee, and many others, we recently updated our Vision and Value statement to better reflect our current reality (see box at right; changes highlighted in color). Reviewers from all groups felt strongly that ‘safety’ and ‘healing’ needed to be included in our vision, and that our philosophy about di-

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Nursing and Patient Care Services

Vision and Values

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 healing environment—an environment that is safe, has no barriers, and is built on a spirit of inquiry—an environment that reflects a diverse, inclusive, and culturally competent workforce representative of the patient-focused values of this institution.

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

We took a close look at all components of our Professional Practice Model. It was invigorating to be part of these discussions; hearing feedback from all role groups in all disciplines throughout Nursing and Patient Care Services. The level of scrutiny was impressive; the observations, impassioned and insightful.

iversity and inclusion needed to be more explicitly stated. So we revised our Vision and Value statement to incorporate this important feedback.

Our vision and values are just one part of our Professional Practice Model. In our review of important guiding documents, we took a close look at *all* components of our Professional Practice Model, asking ourselves whether each component is still meaningful and relevant in today's practice setting.

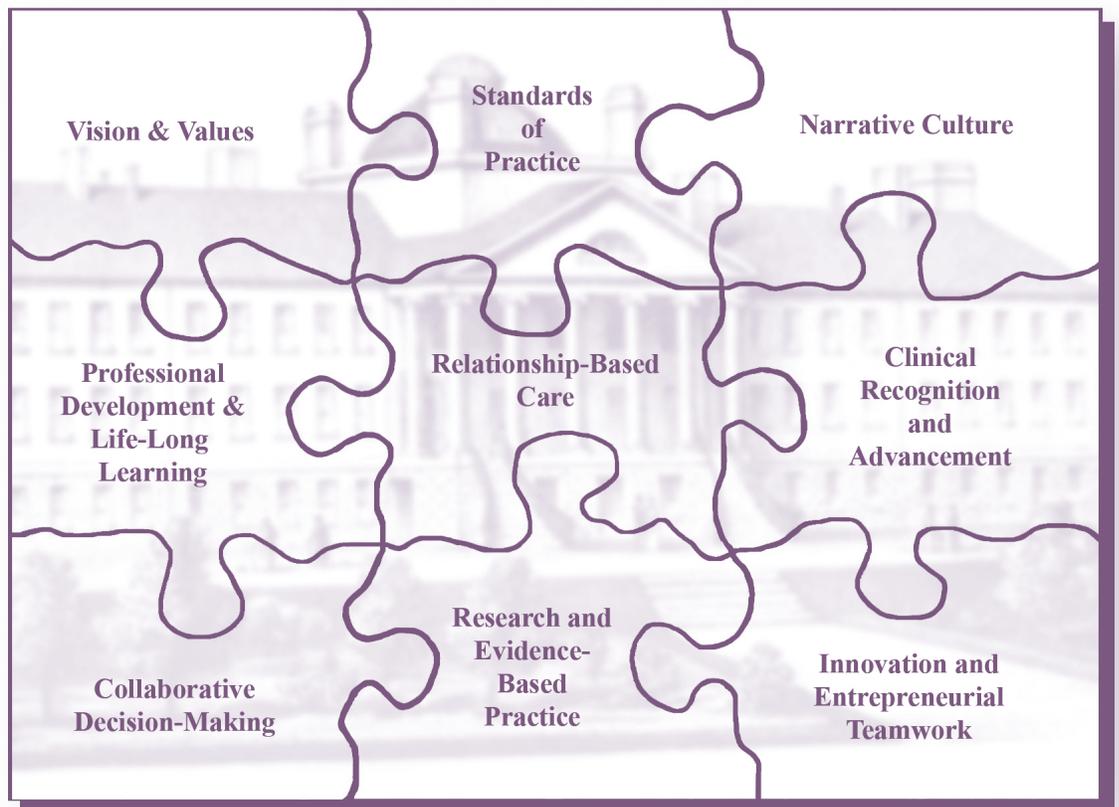
It was invigorating to be part of these discussions; hearing feedback from all role groups in all disciplines throughout Nursing and Patient Care Services. The level of scrutiny was impressive; the observations, impassioned and insightful.

Knowing that a professional practice model is only meaningful if it reflects the wisdom and expertise of clinicians at the bedside, in the June 16, 2016, issue of *Caring Headlines*, we invited staff to weigh in on their thoughts about the model. Many voices were heard. Many constructive ideas emerged. One question that received a lot of attention was whether 'reflective practice' was sufficiently captured in the existing model. After much deliberation, it was decided that, though reflective practice is not represented by its own piece of the puzzle, it is embedded in the model in various other components.

So, after much consideration and input from all disciplines, it was unanimously determined that the most recent iteration of our Professional

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Nursing and Patient Care Services Professional Practice Model



©MGH Professional Practice Model 2014

Relationship-based care is at the center of the Patient Care Delivery Model as it's at the center of our Professional Practice Model.

Practice Model does accurately capture current reality. We'll continue to re-visit the model periodically to ensure it remains reflective of our practice in a dynamic and ever-evolving environment (see model on previous page).

Any discussion of our Professional Practice Model naturally flows into a look at our Patient Care Delivery Model (see figure below). This might be the first time some of you are seeing this iteration of the model, so I'll call your attention to some of the more salient features.

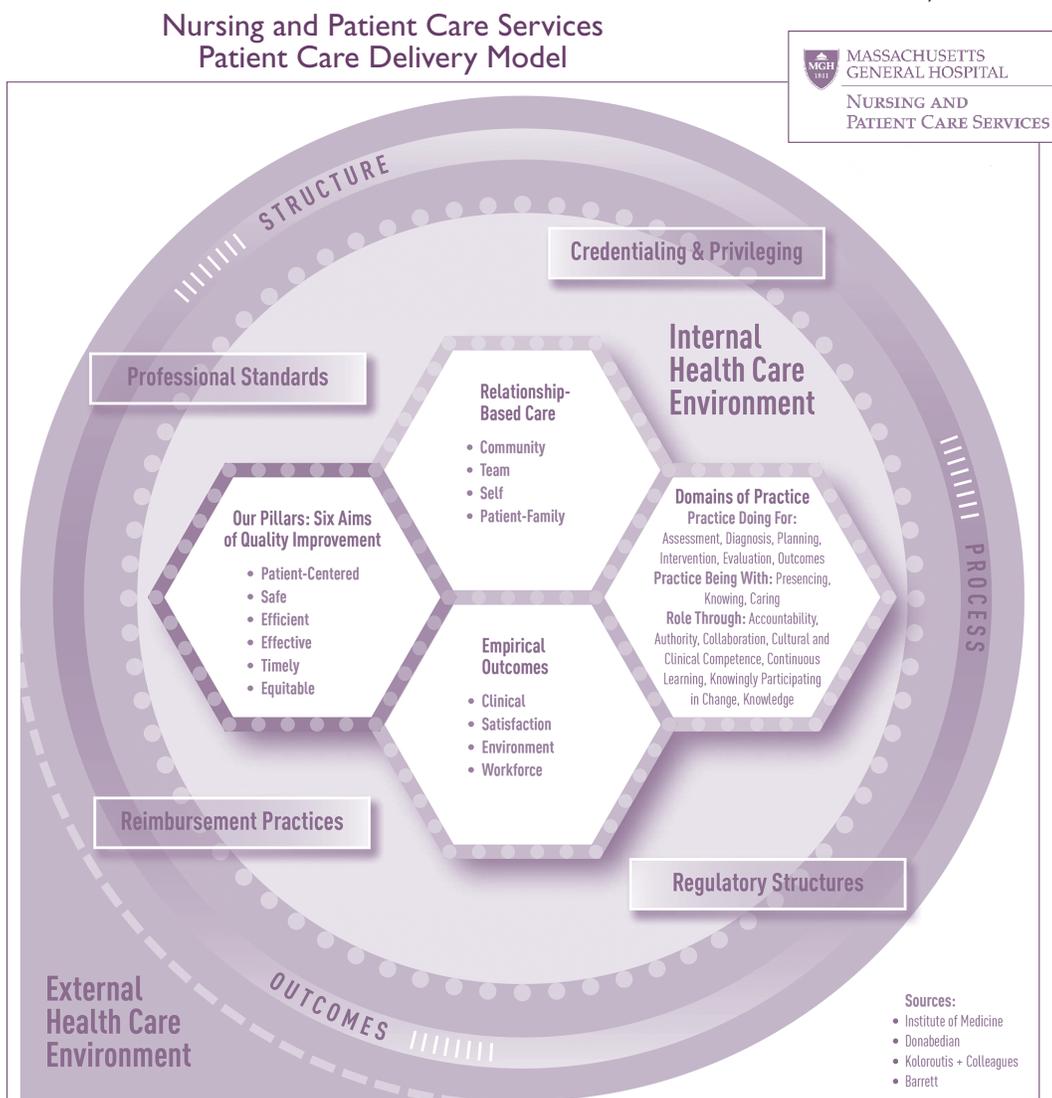
As you can see, relationship-based care is at the center of the Patient Care Delivery Model as it's at the center of our Professional Practice Model. This speaks to the importance of *knowing* patients in order to provide the highest quality care and service.

Sharing the center are the six aims of the Institute of Medicine: ensuring that care is patient-centered; safe; efficient; effective; timely; and equitable. These objectives have become the pillars of our care-delivery model and the mainstay of our culture at MGH.

The Domains of Practice hearken back to an earlier iteration of the model and speak to the importance of 'doing for' and 'being with' the patient in order to create an environment of optimal care and healing.

Finally, Empirical Outcomes refer to the critically important function of how we measure the impact of our work, encompassing clinical outcomes, patient satisfaction, the environment of care, and workforce morale. As represented by the model, these four central components are symbiotically related, each one vital to the effectiveness of care and each one inter-dependent on all the others.

I hope you'll take some time to familiarize yourselves with this model beyond the few points I've enumerated. As always, I'm interested in hearing your comments and observations. And I thank you for embodying the spirit of all these guiding documents in your practice every day.



Impressive rebound in HCAHPS scores

despite labor-intensive eCare implementation

— submitted by the Service Excellence Department

Preparations for Partners eCare dominated the early months of 2016. To ensure a seamless transition, we immersed ourselves in planning, training, and coordinated communications. Other academic medical centers who transitioned to the Epic system experienced a decline in patient-experience scores by an average of 2-4 percentage points. But as of October, 2016, the average change in our HCAHPS scores was only -.9% with several indicators showing improvement, including Discharge Information and Overall Hospital Rating. From June to October, our scores rebounded with an average change per composite of +.4%. This positive trend is a testament to the hard work and resiliency of staff during a year of monumental change.

Our discharge phone call program continues to have a positive impact. Inpatient and Emergency Department nurses call patients after discharge to assess their experience and answer questions about their care. By November, 220,000 calls had been placed since the program's inception in 2012. Case Management's Stay Connected program piloted the use of Patient Call Manager for high-risk patients on medical units to assess their experience and review clinical information to prevent re-admissions.

Noise-reduction was an ongoing goal. While our quiet-time ratings improved in 2015, our 2016 results declined by 1 point. We continue to strategize and implement new ideas to try to reduce noise on patient care units.

Residents and other trainees play a major role in the care of patients; their involvement is reflected in the HCAHPS Doctor Communication Composite measure. To try to capture meaningful

data about the impact of these professionals on patient care, the Service Excellence Department implemented an observation and feedback program following bedside rounds, interviewing patients and families. As of November, 59 service rounds had been conducted with 417 medical team participants.

This year, a Nursing and Patient Care Services Patient Experience Committee was launched with a member of the Service Excellence team serving as advisor. The inter-disciplinary committee is charged with improving the patient experience through team-based, patient-centered care in an environment conducive to comfort and healing.

Patient focus groups, interviews, and HCAHPS survey comments were used to develop nursing-communication best practices, and these communication tips were shared with nursing leadership and collaborative governance committees.

Our HCAHPS scores are a reflection of the commitment and dedication of the entire workforce. In a year of tremendous change, our commitment to excellence remained the driving force behind patient-experience improvements.

HCAHPS Measure	CY 2015	CY 2016 YTD	% Point Change
Nurse Communication Composite	83.0%	83.0%	↔ 0.0%
Doctor Communication Composite	83.5%	82.4%	↓ -1.1%
Room Clean	72.9%	71.5%	↓ -1.4%
Quiet at Night	50.8%	49.7%	↓ -1.1%
Cleanliness/Quiet Composite	61.8%	60.6%	↓ -1.2%
Staff Responsiveness Composite	65.8%	64.9%	↓ -0.9%
Pain Management Composite	73.1%	72.5%	↓ -0.6%
Communication about Meds Composite	66.6%	65.6%	↓ -1.0%
Care Transitions	62.4%	60.9%	↓ -1.5%
Discharge Information Composite	91.1%	91.7%	↑ 0.6%
Overall Hospital Rating	81.2%	81.6%	↑ 0.4%
Likelihood to Recommend Hospital	90.9%	89.7%	↓ -1.2%

Successful implementation of Partners eCare

—by Ann Marie Dwyer, RN, director, Nursing and Patient Care Services Informatics

Though the much-anticipated conversion was not without challenges, implementation was smooth and safe due to the extensive training, preparation, and collaboration among all departments throughout the organization.

On April 2, 2016, MGH went live with Partners eCare, our fully integrated electronic health-information system and a major step toward better, more streamlined care for patients and families. Though the much-anticipated conversion was not without challenges, implementation was smooth and safe due to the extensive training, preparation, and collaboration among all departments throughout the organization.

Early implementation of revenue-cycle applications gave us an opportunity for hands-on practice in tracking and resolving issues. We developed robust mechanisms for identifying and responding to potential issues that continue to serve us well.

We were fortunate to have the guidance and expertise of our informatics team, unit- and department-based clinical specialists, super-users, and The Knight Nursing Center for Clinical & Professional Development to support us through the transition. The creation of two new support roles—information analysts and eCare nurse residents—was pivotal to our success.

Information analysts worked part-time in Informatics and part-time in their assigned clinical areas supporting staff. They developed expertise in functionality and a keen understanding of work flows, which made them invaluable resources.

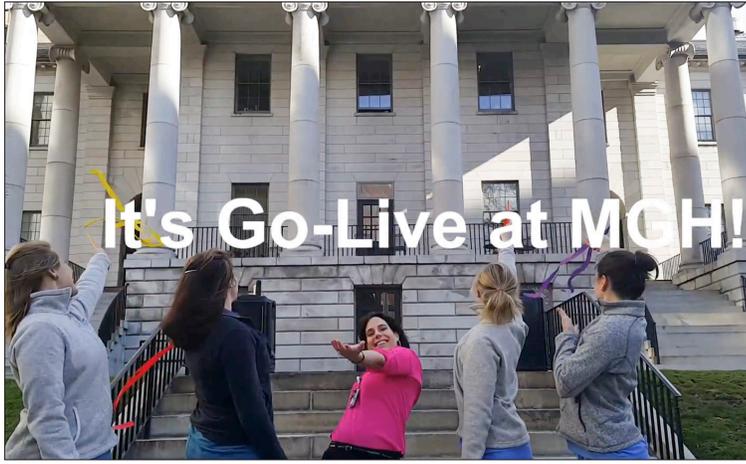
eCare nurse residents, more than 300 newly licensed nurses, came on board incrementally be-

ginning in June, 2015, to augment existing nursing staff. This made it possible for staff and super users to attend necessary training and complete the eCare Readiness Checklist prior to go-live. The residency program was intended as a temporary measure to minimize disruption during transition, but in the end, it created a corps of well-trained, flexible nurses, most of who were later hired into permanent nursing positions.

Prior to implementation, 16,000 Nursing and Patient Care Services staff members attended more than 7,000 training classes taught by clinician credentialed trainers. Staff were encouraged to practice their new knowledge in the eCare ‘playground,’ many putting in time and effort far beyond the basic requirement.

And on April 2nd, all that hard work paid off. Our preparation, enthusiasm, and teamwork were noted by the Partners eCare implementation team, and our efforts received national attention. The Nursing and Patient Care Services Clinical Informatics team was invited to present our implementation training plan as an exemplar at the 2016 Epic User Group Meeting, and the Informatics Analyst team was awarded the prestigious 2016 Nesson Award for Excellence.

For more information about the MGH conversion to eCare, or any of the preparations and training leading up to go live, call Ann Marie Dwyer, RN, director, Nursing and Patient Care Services Informatics, at 617-724-3561.



"We knew from past experience that for change to be successful, you have to embrace it. So we embraced the h*** out of it!"



Using our narrative culture to inform practice

—by Mary Ellin Smith, RN, professional development manager

Each time we hear the stories of co-workers, care is enhanced. We see their actions, get a glimpse into their decision-making process, and inform our own practice with the lessons they impart.

For more than two decades, clinicians throughout Nursing and Patient Care Services have shared clinical narratives in numerous forums and formats. Each time we hear the stories of co-workers, care is enhanced. We see their actions, get a glimpse into their decision-making process, and inform our own practice with the lessons they impart. Following are some of the lessons shared in 2016.

Addiction and homelessness can bring a sense of despair to those living with these challenges. Social worker, Kaitlin Colancecco, LICSW, cared for a man who'd been homeless for more than ten years due, in part, to an opioid addiction. Her work with this patients teaches us a great deal about caring for this vulnerable population. Recognizing that every resource and support had been offered and declined, Colancecco based her relationship with him on social work's core values of respecting human dignity and 'meeting him where he was.' She wrote: "As he spoke of his frustration with substance abuse, being homeless, and his lack of support, I focused on his strengths, his resourcefulness, and tenacity to survive on the streets. He thanked me for listening and validating the social, personal, and systemic factors that played into his situation."

Have you ever disagreed with a colleague over a critical care decision? It takes courage to advocate for your patient in the face of multiple opin-

ions. Medical staff nurse, Margaret Ann Shlimbaum, RN, wrote in her narrative, "I pulled him aside and asked if he had a moment to talk. I explained that I valued his knowledge and skill, but experience led me to call Rapid Response. I explained my rationale, telling him that in my experience, it's best to have as much support as possible, and the earlier the better. Though he didn't agree with my decision at the time, he was glad the patient was transferred before he deteriorated further. I hoped that by talking about it, in the future he'd reach out for help sooner."

Clinically sound risk-taking is essential in the development of clinical practice. The question of when to allow a situation to evolve naturally and when to intervene plays out often in the clinical setting. Physical therapist, Poonam Saraf, PT, cared for a young woman whose enthusiasm at becoming independent raised concerns about her risk for falling. Saraf wrote, "In order to overcome the 'being independent' issue, during supine-to-sitting exercises, I often let her fail to show her the limits of her balance and neck control and to encourage her to center herself more effectively. At the end of our sessions, I asked her to reflect and tell me if there was anything we could have done to improve her sitting tolerance. She was able to learn from her trials and make small modifications."

For some patients, illness brings a crisis of faith. Patients begin to question their long-held beliefs.

continued on next page

Two decades later, clinical narratives continue to inform our practice—sharing solutions and highlighting the insights, wisdom, and courage that staff bring to the care of patients every day. We're inspired by the expertise of our colleagues and fortified by the power of storytelling.

Rabbi Ben Lanckton ministered to a wife who was struggling with her husband's terminal illness. Despite not being a member of their faith tradition, Lanckton wrote that he listened as the wife, "spoke of the many virtues of her husband's life and the profound unfairness of his fate. I agreed it was unfair and assured her that God could hold our anger and outrage when events prove angering and outrageous. I said a short prayer with them combining gratitude for their lives and love with the frustration of the mystery of his impending death."

Advocacy is an essential part of good practice; more so when the patient is unable to speak for herself. Occupational therapist, Stephanie Smith, OTR/L, advocated for her patient when a treatment option being considered would have taken away her ability to communicate. The patient was severely disabled due to a rare genetic disorder that made her totally dependent on others. Transferred from a group home with self-harming behaviors and GI discomfort, the patient's only form of communication was yelling. Smith worked with the multi-disciplinary team to employ sensory modulating techniques that minimized her self-harming behaviors and reduced her yelling. But when yelling prevented her from being transferred to the group home for continued care, the suggestion was made to try a medical intervention on her vocal cords that would decrease her ability to yell. Smith wrote, "I spoke up strongly against this idea, noting that while her yelling was a challenge and a barrier to discharge, it was her primary form of communication when she needed something or felt uncomfortable. I believed that yelling helped ground her and if they took it away, her self-harming behavior would increase. The team agreed."

Perseverance is an asset in any clinician. Respiratory therapist, Elizabeth DeBruin, RRT, cared for a burn patient with complex care needs, including a tracheostomy tube that leaked repeatedly despite appearing to have no mechanical issues. DeBruin wrote, "I heard the alarm from her ven-

tilator, and when I went in, I heard a leak around the tracheostomy tube. I listened closely. The pilot balloon was inflated to higher than usual pressures despite an audible leak. This told me that the cuff was undamaged; but it wasn't sealing against her airway and was positional in its effectiveness. I was determined to find a solution to this issue." DeBruin recognized that given the patient's inhalation injury and accompanying scarring, her airway was distorted. She determined that the patient would need a different tube to prevent the leak and the danger of aspiration. Because of her perseverance, analytical thinking, and interaction with the surgeon, a new tube was selected and successfully placed.

Relationship-based care is at the center of our Professional Practice Model. Speech-language pathologist, Jeana Kaplan, SLP, worked with a child who had limited play and communication skills. The mother's anxiety about what Kaplan's evaluation would reveal and her fear of being separated from her son informed the way Kaplan built a relationship with both the mother and the son. One day, when the mom came to an appointment irate that her son had been diagnosed with autism, she asked Kaplan's opinion. Kaplan wrote, "While it was my ethical obligation to share my observations and help the parent understand the diagnosis, I've learned the importance of understanding where the parent is in the coping process. This mom was in the denial phase. I told her we weren't going to focus on the label, but we'd use that information to get her son the services he needed. I assured her that the diagnosis didn't change his current treatment program. This put the mom at ease. In subsequent sessions, I began providing her with information about support groups and resources for her and her son."

Two decades later, clinical narratives continue to inform our practice—sharing solutions and highlighting the insights, wisdom, and courage that staff bring to the care of patients every day. We're inspired by the expertise of our colleagues and fortified by the power of storytelling.

Collaborative

*working together to
of our patients,*

—by Gaurdia Banister, RN, executive director,
and Mary Ellin Smith, RN, professional

If you attended to 4th annual SAFER Fair on October 19, 2016, you got a sense of some of the accomplishments of the collaborative governance committees this past year. There was much to celebrate, including the launch of two new committees: the Patient Experience and Quality & Safety committees, which were part of the collaborative governance re-design process that began in 2014. The structure is reviewed and re-designed periodically to ensure committees continue to reflect the needs of patients, families, and staff, and are in line with the hospital's strategic goals and regulatory commitments. Despite a labor-intensive and time-consuming transition to Partners eCare, collaborative governance champions continued to meet and work on issues critical to creating an environment of Excellence Every Day. Below is a brief summary of their work.

The Diversity Committee tackled the issue of unconscious bias. In their bi-monthly meetings, champions spent time learning about and identifying unconscious bias through education, reflection, and open discussions. In an effort to broaden the impact of their work, champions shared their findings with staff on their units, hoping to establish environments where employees can begin to uncover their own unconscious biases and gain an understanding of how they impact behaviors, inter-personal encounters, and decision-making.

With the implementation of Partners eCare, *the Ethics in Clinical Practice Committee* worked to ensure that advance care planning documents and critical information on patient status were easily accessible to providers. Champions continued to work on issues of social justice and care for vulnerable populations. They hosted Jim O'Connell, MD, president of Health Care for the Homeless and author of *Stories from the Shadows* at their annual book club. And they hosted an educational booth in the Main Corridor for

National Healthcare Decision Day to help educate patients, families, and staff on the Medical Orders for Life Sustaining Treatment (MOLST) policy, which became law in 2014.

The Patient Education Committee continued to identify and respond to the health-literacy needs of patients, staff, and the community to ensure access to plain-language educational materials. Champions educated themselves on best practices and health-literacy issues through their journal club, articles in *Caring Headlines*, and shared their knowledge by staffing the Health Literacy booth during Health Literacy Month. And they developed and distributed *Acute Pain Opioid Guidelines: Important Teaching Points*.

The Patient Experience Committee reached out to staff throughout MGH to learn their impressions of the patient experience, what they perceive as barriers to a positive experience, and ideas for how to minimize those barriers. Champions heard from representatives of Nutrition & Food Services about their work to make menu changes and translations easier. They looked into ways that patients and families can be kept informed of the actions being taken to respond to their concerns. And they began to address the need to translate hospital jargon into more easily understood plain language.

The Policy, Procedure, and Products Committee exemplified the importance of practicing clinicians being involved in the decision-making process. Champions reviewed more than 50 procedures and policies; brought many concerns of their colleagues forward; and personally piloted new products on their units. Champions addressed procedures and policies in a number of service areas that weren't consistent with evidence-based practice; and they spent time at each meeting discussing and resolving practice concerns brought forward by clinicians.

governance

respond to the needs
families, and staff

The Institute for Patient Care
development manager

The Quality and Safety Committee made ‘Speaking up for Safety’ their mantra. They brought issues from their own practice to the committee, reviewed metrics on quality indicators, and shared opportunities for improvement. Before, during, and after the implementation of Partners eCare, quality and safety champions identified systems and practice issues that only those directly caring for patients would be aware of.

From the very first mention of Partners eCare, *the Informatics Committee* provided vital feedback and input about how the integrated system should work—from the actual build to how to educate staff, to how to support users throughout the transition. Since the day eCare went live on April 2, 2016, champions have addressed post-implementation issues, including the learning needs of staff and preparing for the October upgrade. Champions are now working to re-implement unit-based informatics boards to make information-sharing more efficient for clinical staff and other role groups.

The Research and Evidence-Based Practice Committee led efforts to integrate the Johns Hopkins Evidence-Based Practice Model into practice by using it in their review of journal articles for the Journal Club. Champions hosted MGH clinicians at journal-club meetings to

learn more about their research and the processes they use to conduct research. Champions promoted the Hopkins’ Evidence-Based Practice Model in *Did You Know* posters with a timely one that focused on reducing opioid-related deaths.

The Staff Nurse Advisory Committee continued to share clinical experiences and other noteworthy issues with senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN. Champions provided feedback on eCare readiness and post-implementation trouble-shooting. They identified opportunities to cut costs and address concerns voiced by patients. There was dialogue about how world events were impacting the patient experience and what staff could do to celebrate the diversity that makes MGH so special.

This is just a glimpse into the work of the more than 300 champions who participate in collaborative governance to promote excellence in patient care and ensure a safe, welcoming environment for all. Collaborative governance continues to place the authority, responsibility, and accountability for patient care with clinicians at the bedside.



Advancing diversity through local and national partnerships

—by Deborah Washington, RN, director, Nursing and Patient Care Services Diversity Program

2016 saw the Nursing and Patient Care Services Diversity Program move into deeper collaborations with internal and external partners. Health equity remained a priority in our work around quality, improved outcomes, and care that's meaningful to the communities we serve. Care of the vulnerable requires a systems-oriented approach to delivering the best care we can in every patient encounter.

Our participation in AARP Massachusetts, the Massachusetts Falls Commission, the Multi-Cultural Coalition on Aging, Age Friendly Boston, and other initiatives guided our understanding of caring for the 50+

generation. Health Care for All continues to educate us about the importance of patient and family advisory committees, especially when they commit to supporting robustly diverse memberships.

The MGH Diversity Committee developed a strong credo statement; Dani Monroe, chief diversity officer, is a strong voice for workforce diversity; and the ED Diversity Committee and the Center for Diversity within the department of Psychiatry help advance our commitment to diversity and culturally competent care. We've taken on new challenges, like shedding light on size discrimination. We've partnered with diversity advisory boards at local schools of Nursing and the Massachusetts State Action Coalition for the Future of Nursing.

The Hausman Fellowship continues to produce outstanding minority nurse leaders ready for employment and service to our mission. And we continue to contribute to the broader understanding of diversity through national presentations, consortiums, and workshops.

And 2017 promises to be just as productive. We will have much to do as we prepare for the city-wide forum on diversity and culturally competent care, helping to advance legislation like the CARE Act, continuing to contribute to the literature on diversity and inclusion, and advancing our own diversity efforts at MGH.

Below (l-r): standing are, Janis Peters; Andrea Jaramillo; Ron Greene, RN; Andreann Huang; and Deborah Washington, RN. Seated: Jasmine Hampton; Sherry Dong; and Richard Jeong.



A look at the work of the Norman Knight Nursing Center

—by Gino Chisari, RN, director, The Norman Knight Nursing Center for Clinical and Professional Development

We re-affirmed our commitment to relevant education that meets the needs of clinicians at the bedside. We knew that once eCare was launched there would be a need for new learning. Once again, staff of the Norman Knight Nursing Center amazed me with their efforts.

Last year at this time, we were in full swing with preparations for Partners eCare. I can still remember the excitement (and anxiety!) that dominated every conversation. But by all measures, implementation, stabilization, and the subsequent upgrade were all a resounding success. It was the first time for me and many others that such a monumental change touched every member of our MGH family. Wow.

In the Norman Knight Nursing Center we recognized that eCare wasn't just a change in how we handle documentation, it was a change in how care is provided to patients and families. For the team in the Knight Nursing Center, being part of this change was an opportunity to upgrade our skills as educators and re-evaluate the role of education within Nursing and Patient Care Services. During our January retreat, we reviewed and refined the mission statement of the Knight Nursing Center, re-affirming our commitment to relevant education that meets the learning needs of clinicians at the bedside and beyond.

We knew that once eCare was launched there would be a need for new learning. Once again, staff of the Norman Knight Nursing Center amazed me with their efforts. Under the leadership of Mary McAdams, RN, team lead for our Continuing Education unit, we hosted, sponsored, or provided nursing continuing education in the form of 40 new programs.

Kathleen Larrivee, RN, Nursing and PCS HealthStream administrator, reports that in

2016, more than 100,000 HealthStream courses were completed, some for unit-based training, others for regulatory required training in a continuing shift from traditional didactic education toward self-study.

Sheila Golden-Baker, RN, and her Patient Care Associate Education team welcomed the largest single group of patient care associates in recent memory.

Sheila Burke, RN, and Mary O'Brien, RN, organized multiple in-service trainings.

Laura Sumner, RN, and Pam Quinn, RN, updated and revised the nurse on-boarding process to ensure it's meeting the needs of newly hired nurses.

Jen Curran, RN, continued to meet the ever-increasing demand for Basic Life Support and Pediatric Advanced Life Support courses.

Tricia Crispi, RN, again successfully led the Certified Nurses Day celebration, including designing the 2016 Certified Nurse pin still worn by many today.

And Connie Moss developed new professional-development opportunities for operations associates and unit service associates using innovative learner strategies.

In the coming year, we hope to increase the inter-disciplinary nature of courses, utilize new technology to support ongoing professional development, and overtly link education to quality and safety. Please check out our 2017 calendar of educational offerings at www.mghpcs.org/knight-center.

The Yvonne L. Munn Center for Nursing Research

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

Nurse scientists engaged in or coordinated numerous activities to advance the spirit of inquiry within Nursing and Patient Care Services. The Munn Center held its annual Nursing Research Day with an interactive poster session featuring more than 40 presenters.

2016 was a dynamic year for the Yvonne L. Munn Center for Nursing Research. Nurse scientists engaged in or coordinated numerous activities to advance the spirit of inquiry within Nursing and Patient Care Services. Their influence was felt in research grant-development, the implementation and evaluation of research studies, the launching of a new model for evidence-based practice, dissemination of research results in a variety of national and international venues, and encouraging others to participate in Nursing Research Grand Rounds and the Doctoral Forum.

The Doctoral Forum offered quarterly speakers who presented on a variety of topics. Jane Flanagan, RN, and Mandi Coakley, RN, spoke about ethical considerations in publishing. Anne Thorn-dike, MD, a member of the Executive Committee on Community Health, led a discussion on community-based research and opportunities for nurse scientists to engage with communities served by MGH. Gabriela Apiou, director for Translational Research Training and Development in the MGH Research Institute, provided information about the Institute's initiative to break down barriers and create opportunities for scientists to work together, both within MGH and throughout the greater Boston research and development community.

Kim Francis, RN, the 2016 Connell scholar, hosted her research mentor, Jacqueline McGrath, RN. McGrath met with the Doctoral Forum and

presented her research on pre-term infant feeding to an inter-disciplinary audience.

In May, the Munn Center held its annual Nursing Research Day with an interactive poster session featuring more than 40 presenters of original research, evidence-based practice, and quality-improvement projects. Debra Burke, RN, won for Original Research; Kimberly Whelan, RN, won for evidence-based practice; and Jeanne Gilbert, RN, won for quality-improvement. Mary Sullivan, RN, was recognized as advanced/mid-career researcher, and Sarah Keegan Argyropoulos, RN, was recognized as emerging researcher.

Speaker, Bea Kalisch, RN, professor emerita of the University of Michigan School of Nursing, shared her groundbreaking research on missed nursing care and its effect on patients and nurses.

Joanne Parhiala, RN, was the recipient of the Yvonne L. Munn Nursing Research Award for her study on substance abuse education, and Andrea Hansen, RN, received the Yvonne L. Munn Nursing Pre-Doctoral Fellowship Award to support her study of uncertainty in lung cancer patients. The session culminated with Susan Slaugenhaupt, scientific director of the MGH Research Institute, announcing that new grants had been created to support nursing research.

Led by Ginger Capasso, RN, Mary Susan Convery, LICSW, and Meg Bourbonniere, RN, a new model for evidence-based practice was launched in June. The Hopkins Model was introduced to ten teams of inter-disciplinary colleagues who are now actively engaged in innovative proj-

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2016

Research (continued)



Nursing Research Poster Display



ects, some of which have led to the development of original research.

Nursing Research Grand Rounds provided a forum to showcase nursing research. In February, Gaurdia Banister, RN, principal investigator for the MGH site of the READI Study (Readiness Evaluation and Discharge Interventions: Implementation as a Standard Nursing Practice for Hospital Discharge), hosted the study's principal investigators, Marianne Weiss, RN, and Linda Costa, RN, who presented, "Readiness for Hospital Discharge: Building a Program of Research," that included the work of the staff of Ellison 10 and 11 (the MGH units participating in the multi-site study).

In October, Alexandra Penzias, RN, presented her doctoral research, "Nursing Presence in Patients Experiencing MRI-Guided Breast Biopsy." And in December, Yvonne L. Munn Nursing Research Award recipient, Jeanne Dolan, RN, presented the findings of her study, "Understanding Determinates of Physical Restraint Use among Critical Care Patients: an Exploratory Study of Nurses," and Anne Que, RN, presented, "A New Approach to Blood Transfusion: Using Data as Our Guide."

Learn more about evidence-based practice by visiting the updated portal page on the Excellence Every Day website at: http://www.mghpcs.org/eed_portal/index.asp.

Nursing and global health at MGH

—by Pat Daoust, RN; Mary Sebert, RN; and Hilarie Cranmer, MD

Nowhere is the global shortage of healthcare workers more acutely felt than in the field of nursing. Around the world, nurses deliver 90% of primary health care services, but a third of all nurses live in the United States and Canada. MGH Global Health and the MGH Global Nursing Program work to provide the best care possible to patients in under-served areas and support other healthcare professionals in bringing humanitarian aid to those in need. The MGH Global Nursing Program strives to advance the practice of nursing through leadership, research, education, and advocacy.



Discovery Nurse Excellence Award recipients and MGH Global Nursing staff:
(Back row, l-r): Mavis Mwale, Simone Bothma, Holliness Dladla, and Hazel Thobeka Williams.
(Front row): Pat Daoust, Rachel Nduku, and Mary Sebert.

Global Nursing Fellowship

2016 saw the launch of the innovative MGH Global Nursing Fellowship. The fellowship brings world-class MGH nursing expertise to international partnerships with established schools of nursing and medicine to provide specialized training for students and advance the clinical skills of hospital personnel.

In Uganda, a long-standing partnership with the Mbarara University of Science & Technology was a natural fit for the MGH Global Nursing Fellowship. The school welcomed three fellows in 2016. Oncology nurse, Bethany Groleau, RN, spent six weeks teaching basic oncology nursing and chemotherapy administration to nurses at the Mbarara Regional Referral Hospital Cancer Clinic. Sara Groves, RN, with more than 40 years of experience in public health and public-health nursing, supported clinical research and teaching for faculty there. And Sophia Harden, RN, a wound-care champion, mentored hospital staff and university nursing students and taught skin and wound care during her eight weeks in Uganda.

In 2017, the program will forge a new partnership with the Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania. This alliance will advance bedside clinical teaching skills enabling hospital nurses to precept university students and teach specialty nursing skills in mental health care and substance abuse treatment.

Pre-Departure Training

To ensure that global nursing fellows are prepared for a successful, productive experience, the MGH Global Nursing Program developed a comprehensive, pre-de-

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2016

Global Health (continued)

parture curriculum to help educate and raise awareness about the different cultures and practices fellows may experience while visiting, living, and working in other countries. The curriculum sheds light on the cultural differences between the United States and partner countries and touches on cultural and behavioral adjustments visitors may need to make when working with colleagues in their home settings. Relevant for all levels of global-health experience, the curriculum makes recommendations on appropriate behavior for the clinical setting to enhance relationships, help build rapport, and promote cultural humility. The curriculum is offered upon request to the MGH community with contact hours provided to nursing fellows through the Norman Knight Nursing Center for Clinical & Professional Development.

Discovery Fellowship

For nurses in South Africa, professional development and continuous improvement in clinical practice are often neglected in the face of overwhelming patient demand. In response, MGH hosted four South African nurses for a two-week Nursing Leadership Program as part of an innovative program sponsored by Discovery Health, the largest provider of medical aid

in South Africa. Nominated for special recognition by their patients, Discovery Nurse Excellence awardees, Hazel Thobeka Williams, Simone Bothma, Mavis Mwale, and Holiness Dladla spent their time at MGH in clinical and didactic learning situations focusing on supportive, multi-disciplinary teamwork and patient-centered care.

Disaster Response

When Hurricane Matthew tore a destructive path through the Caribbean earlier this year, the MGH Office of Global Disaster Response quickly mobilized to support our neighbors in distress. As the extent of the damage to Haiti became clear, staff nurse, Joy Williams, RN, Interventional Radiology, and Naima Joseph, MD, were deployed to support the International Medical Corps working in mobile clinics, hospital support units, and cholera treatment areas. Maya Ginns, RN, and Lindsey Martin, RN, joined Project HOPE in assessing the clinical needs of hard-hit communities and laying the groundwork for a long-term response in areas most severely affected by the storm.

To learn more about the Global Nursing Program, go to: www.globalhealthmgh.org.



The Lunder-Dineen Health Education Alliance of Maine

—by Labrini Nelligan; Denise O’Connell, LCSW; Carole MacKenzie, RN; and Samantha Nock

The goal of all stakeholders is to develop these pilot programs into sustainable, state-wide programs that will allow healthcare organizations to coordinate their resources and respond effectively on numerous competing demands.

The Lunder-Dineen Health Education Alliance of Maine is the one-of-a-kind, health education program that links MGH with the neighboring state of Maine. The program is charged with improving the health and well-being of Maine residents by advancing the skill and expertise of their healthcare professionals.

Says Jeanette Ives Erickson, RN, senior vice president for Nursing and Patient Care Services, “We applaud and appreciate the support of Peter and Paula Lunder and their family. Their generosity in establishing the Lunder-Dineen Health Education Alliance in collaboration with MGH has allowed us to harness the expertise of our respective health professionals, to innovate sustainable solutions, and to address important public health issues in Maine.”

An aging population, patients with multiple chronic conditions, uninsured families struggling to afford care, and daily substance-use tragedies are all factors in Maine’s public-health challenges. The fact that Maine is geographically expansive, predominately rural, and the least densely populated state on the eastern seaboard only exacerbates the challenge.

“These disparities are what make our work so important,” says Labrini Nelligan, executive director of Lunder-Dineen. “We’re working with groups across the state to build networks and strategies to address these unique challenges.”

Lunder-Dineen used a state-wide needs assessment to develop strategies and initiatives to address

these needs. A relationship-based approach was used to convene advisory groups throughout the state to guide each initiative. Teams are comprised of subject matter experts across settings and professions from Maine and MGH.

The goal of all stakeholders is to develop these pilot programs into sustainable, state-wide programs that will allow healthcare organizations to coordinate their resources and respond effectively on numerous competing demands.

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Participating Organizations

Hospitals

Acadia Hospital
Bridgton Hospital
Calais Regional Hospital
Cary Medical Center
Central Maine Medical Center
Down East Community Hospital
Eastern Maine Medical Center
Franklin Memorial Hospital
Houlton Regional Hospital
LincolnHealth – Miles Campus
Maine Medical Center
MaineGeneral Medical Center
Mayo Regional Hospital
Mercy Hospital
Mid Coast Hospital
Millinocket Regional Hospital
Mount Desert Island Hospital
Northern Maine Medical Center
Pen Bay Medical Center
Penobscot Valley Hospital
Redington-Fairview General Hospital
Rumford Hospital
Sebastoock Valley Health
Southern Maine Health Care
St. Joseph Hospital
St. Mary’s Regional Medical Center
Stephens Memorial Hospital
The Arostook Medical Center
Waldo County General Hospital
York Hospital

Behavioral Health, Long Term Care,

Home Health, VA, Other:
Androscoggin Home Care and Hospice
Bangor Nursing & Rehab
Barron Center
Eastern Maine Home Care
Genesis Sandy River
Home Health VNA
Home Hope and Health
Hospice of Southern Maine
Ledgewood Manor
Maine Veterans Homes
MaineGeneral Home Care & Hospice
Newton Center
Portland Endoscopy
Riverview Psychiatric Center
Seaside
Spring Harbor Hospital/Maine Behavioral Health
St Mary’s Health System (D’Youville)
VNA Home Health & Hospice
Westgate Center
VA Maine Healthcare System

Tracking quality with nurse-sensitive indicators

— by Colleen Snyderman, RN, director, PCS Office of Quality & Safety

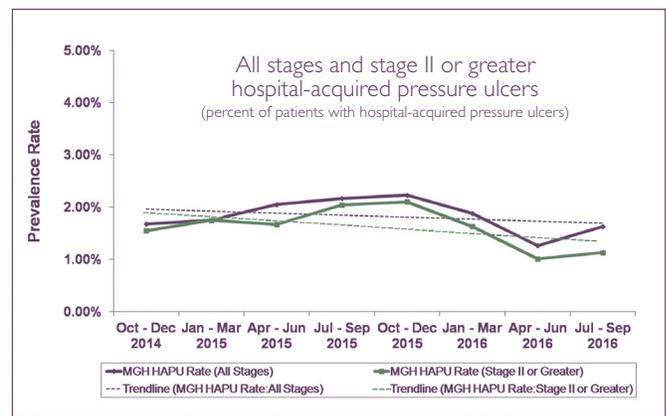
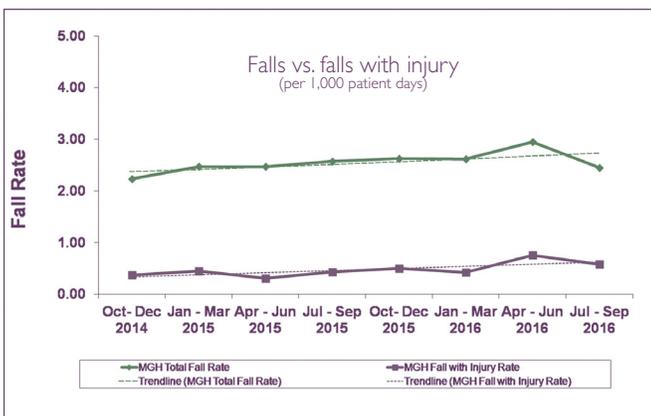
Quality

The new inter-disciplinary collaborative governance Quality & Safety Committee, established in January, 2016, was charged with reviewing the quality and safety of patient care and the work environment of clinical staff. Quality and safety champions share best practices and make recommendations about policies, procedures, and practice to ensure care is evidence-based and reflects the most recent knowledge and research.

Quality and nurse-sensitive indicators help us measure and track aspects of patient care known to be sensitive to nursing

and team interventions. Leadership, committees, and tiger teams use this data to guide decisions about performance-improvement, research, and innovative solutions. Nursing leadership collaborates with staff to identify specific tactics to improve performance at the unit level. The graphs below illustrate hospital-wide performance for each nurse-sensitive indicator along with the associated performance-improvement initiatives.

More information is available on the Excellence Every Day portal page: http://www.mghpcs.org/eed_portal/index.asp.



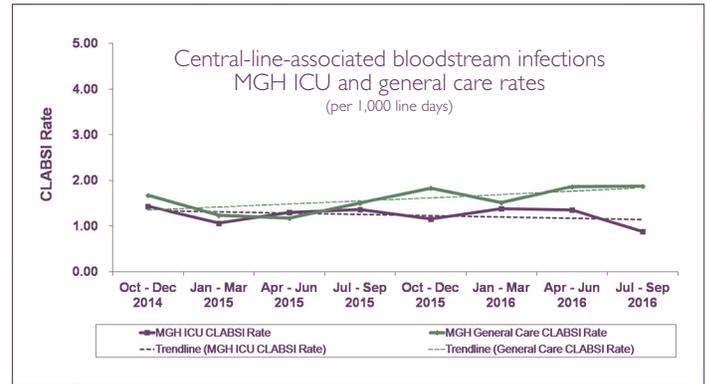
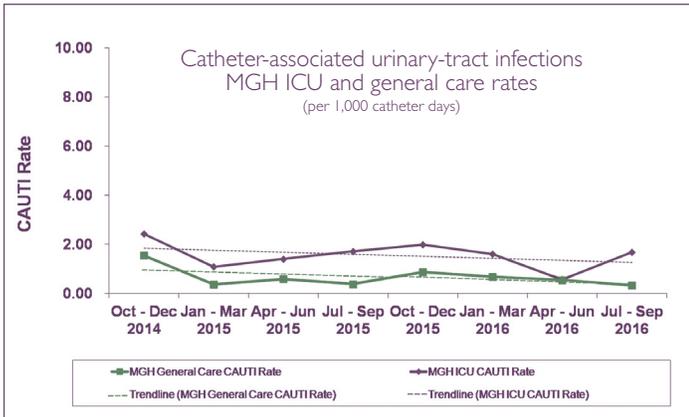
- 2016: launched new AvaSys for remote patient observation
- 2016: collected patient fall data and disseminated in additional ambulatory settings
- held annual Fall Prevention Day information table to raise awareness around fall risks
- highlighted 'Within arm's reach' strategy at SAFER Fair to help prevent falls with injury
- implemented communication tool to highlight patient risk and associated interventions
- provided fall-prevention equipment to patients at high risk
- continued to try to reduce falls and falls with injury with the MGH LEAF Program (Let's Eliminate All Falls)

- expanded the use of Dolphin mattresses to decrease pressure ulcers among critically ill patients
- monitored specialty mattress utilization for pressure-ulcer prevalence
- performed skin assessment in the ED upon admission and during transfers
- monitored pressure-ulcer incidence through the safety reporting system to track trends in real time
- encouraged staff to consult wound experts as needed
- continued to utilize the CNS Wound Care Task Force
- continued to utilize the Save Our Skin campaign and SKIN Bundle

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2016

Quality & Safety (continued)

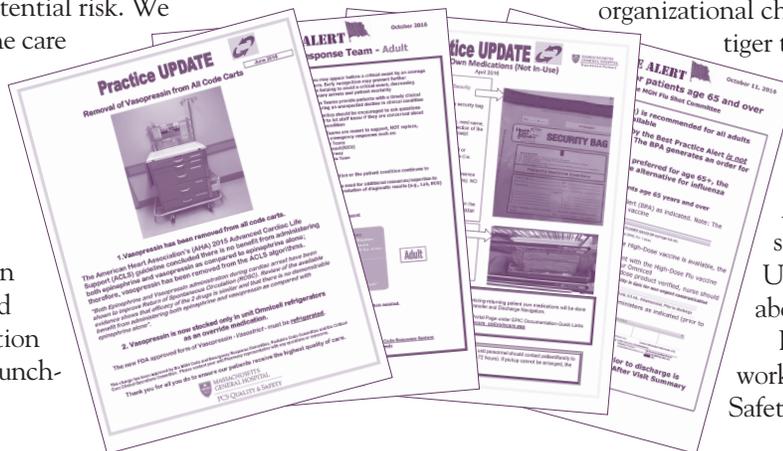


- 2016: implemented and continue to advance the Nurse-Driven Protocol for Foley Catheter Removal that began with the roll-out of Partners eCare
- utilized the Avoid-Reduce-Maintain (ARM) approach to CAUTI prevention
- monitored 'securing catheter' compliance quarterly
- continued the work of the CAUTI Task Force

- IV Task Force focused on central and peripheral IV practice improvements
- utilized port-protection caps (CUROS) on all catheter ports for patients with central venous catheters (CVCs)
- utilized the CVC-insertion checklist
- conducted daily assessments for removal of CVCs
- utilized Biopatch as part of CVC dressings
- utilized chlorhexidine bathing for ICU patients
- continued to raise awareness around Scrub the Hub

Safety

For everyone at MGH, 2016 was an 'Epic' year. Everyone was invested in ensuring a safe transition to the new system through training, complex work-flow reviews, and round-the-clock support. During go-live, tiger teams responded to questions around blood transfusion, chemotherapy, pediatric and critical-care medications, and device-integration. Staff generated safety reports and eCare tickets to highlight areas of potential risk. We were very proud of the care provided to patients during this time of unprecedented change. After months of work to improve the blood transfusion module in eCare (BPAM: Blood Product Administration Module), it was re-launched in September.



Advancing our safety culture is the number one goal of the PCS Office of Quality & Safety as it collaborates with safety leaders and others throughout the organization. A hospital-wide initiative to adopt I-PASS as our standard hand-off approach helped improve communication within and across teams.

Speaking Up for Safety resulted in area-specific and organizational changes around staff education, tiger teams, system updates, and/or

revisions to policies, procedures, and practices. The Office of Quality & Safety issued a number of Practice Alerts (information related to safety events) and Practice Updates (new information about existing practices).

For more information on the work of the Office of Quality & Safety, call 617-643-0435.

Collecting, utilizing, and storing meaningful data

—by Antigone Grasso, RN, director, Nursing and PCS Management Systems and Financial Performance

The Nursing and Patient Care Services workforce is a high-performing team. A multitude of factors contribute to that level of performance—all of them rooted in an unwavering commitment to provide the highest quality care to patients and families. The link between an educated staff and higher quality of care has been cited in many studies. For that reason, the 2010 Institute of Medicine’s Future of Nursing report recommended 80% of registered nurses in the United States be educated at the BSN (bachelor of Science degree in Nursing) level by 2020. Beginning in 2006, Nursing and Patient Care Services has required BSN preparation for new graduate nurses. Not only does this metric reflect our alignment with recommendations from the Institute of Medicine, it brings MGH in compliance with the Magnet standard that 80% of nurses be educated at the baccalaureate level or higher by 2020.

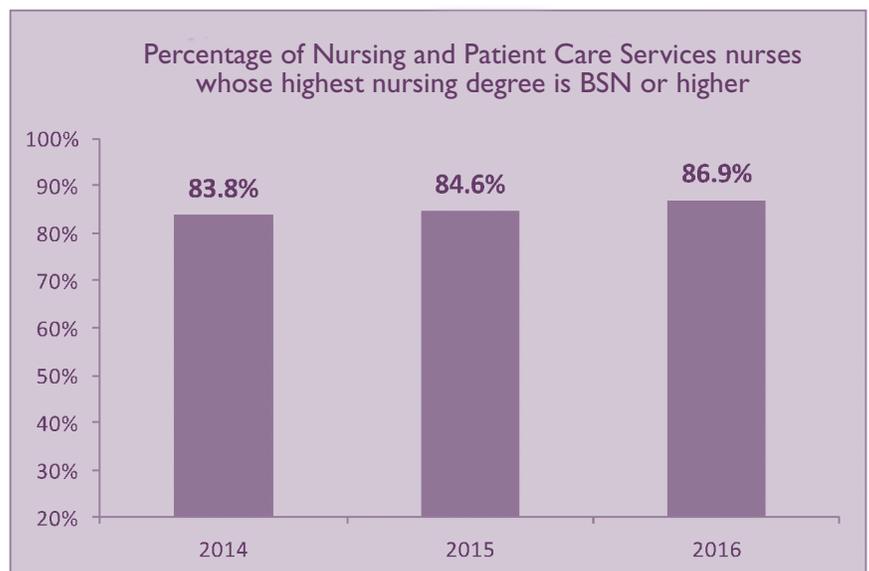
As the graph on this page illustrates, the percentage of nurses educated at the baccalaureate level or higher has increased every year since 2014, and from 2015 to 2016, nurses within Nursing and PCS with BSN degrees increased from 84.6% to 86.9%.

The eCare Nurse Residency Program was a contributing factor to that increase and critical to our successful implementation of Partners eCare. The program was primarily comprised of BSN-prepared new graduate nurses originally hired into temporary positions and experienced general-care nurses interested in working in the ICU setting. By the end of the program, approximately 80% of the eCare residents and experienced general-care nurses had been hired into permanent positions.

In the ever-changing world of health care, data is critical to our ability to make informed decisions, improve quality and safety, and respond to regulatory reporting requirements. In the last two years, Nursing and Patient Care Services has embarked on a journey to create our own data

warehouse, a repository where data from multiple sources can be housed in one spot, making analysis, reporting, and access more efficient. Nursing and Patient Care Services worked with MGPO Analytics and Business Intelligence to assist in developing this data warehouse.

The first phase included collecting content such as quality, safety, and staff-perception data. Work has already been completed to establish the warehouse architecture, validate the data, and build a flexible, user-friendly analytic platform. The goal is to start using the data warehouse by the spring of 2017 and continue to add data sources and build dashboards as more data is collected. This initiative is a significant step in improving access to relevant data and, by extension, operational efficiency.



The inaugural Paul M. Erickson Endowed Chair in Nursing

—by Marianne Ditomassi, RN, executive director, PCS Operations

(Re-printed from the May 26, 2016, issue of *Caring Headlines*)

For more than a decade, senior vice president for Patient Care and chief nurse, Jeanette Ives Erickson, RN, had a vision for an endowed chair in Nursing at MGH. On May 17, 2016, at the Paul S. Russell Museum, surrounded by colleagues, family, and friends, that vision became a reality. Presiding over the ceremony, MGH president, Peter Slavin, MD, recalled a conversation he had with Ives Erickson following her husband, Paul's death. He asked what the MGH community could do to honor Paul, and without hesitation, she said, "Create a chair in Nursing." And so he did. Slavin acknowledged the many donors, colleagues, and friends who contributed to the Paul M. Erickson Endowed Chair in Nursing and announced that Ives Erickson would be the inaugural incumbent. In a literal and figurative 'tip of the hat' to Paul, Slavin donned a Yankee's baseball cap in honor of Paul's beloved team and in tribute to their long-standing Red Sox/Yankees rivalry.

Former Partners Board of Trustees chairman, Jack Connors, spoke of his cherished relationship with Ives Erickson over the years, saying, "I love MGH, and I love you." He thanked her for accommodating his many requests to

help family members over the years, sharing one conversation in which Ives Erickson kiddingly said, "How many relatives do you actually *have*?"

Partners president and CEO, David Torchiana, MD, called Paul and Jeanette 'an MGH power couple,' saying, "This Nursing chair, made possible by friends and admirers throughout this great institution, is a gift we're proud to be part of."

Linda Lewis, RN, former director of the Magnet Recognition Program, described how she'd had the opportunity to experience MGH culture from the 'inside out.' She spoke of the tremendous engagement, innovation, and advancement that 'doesn't just happen by chance.' "It's because of leaders like Jeanette who have role-modeled confidence, risk-taking, and compassion."

An emotional but composed Ives Erickson

took the podium and thanked everyone present for their kindness and support. She reflected on her decision to become a nurse—a decision she's never regretted. She reflected on her decision to come to Boston and work at MGH, a decision that led to her chance meeting with Paul 22 years ago. And she reflected on how fortunate she is to have such a loving community of family, friends, and colleagues. "I'm grateful to all of you for honoring Paul with the first Nursing chair at MGH, and for entrusting me to be the first nurse to receive this sacred honor." In the immortal words of William Penn, "Let us see what love can do."



At reception honoring the creation of the Paul M. Erickson Endowed Chair in Nursing and Jeanette Ives Erickson, RN, as the first holder of the chair, are (l-r): Peter Slavin, MD; Linda Lewis, RN; Ives Erickson; Jack Connors; and David Torchiana, MD.

(Photo by Jeffrey Andree)

Awards and Scholarships

Nursing and Patient Care Services Awards

Anthony Kirvilaitis Jr., Partnership in Caring Award

- Brooke Anderson, PSC, Anticoagulation Management Service
- Sharon Bridges, OA, Neuroscience ICU

The Norman Knight Award for Excellence in Clinical Support

- Blanca Escolero, PCA, General Medicine
- Annattie Pinnock, PCA, General Medicine

Brian M. McEachern Extraordinary Care Award

- Lara Hirner, SLP, Speech, Language & Swallowing Disorders & Reading Disabilities

The Jean M. Nardini, RN, Nurse of Distinction Award

- Danielle Salgueiro, RN, Neuroscience

Norman Knight Preceptor of Distinction Award

- Penelope Herman, RN, Labor & Delivery

The Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award

- Brian Cyr, RN, General Medicine
- Reverend Diana Donahue, Chaplaincy
- Debra Guthrie, RN, IV Team
- Karen Waak, PT, Physical Therapy

The Marie C. Petrilli Oncology Nursing Award

- Christine Marmen, RN, Medical Oncology
- Christine Thurston, RN, Medical Oncology

Nursing and Patient Care Services Scholarships

Through the generosity of our donors and supporters, 27 scholarships were presented this year.

The Norman Knight Nursing Scholarship

- James Barone, RN, (pursuing a master's degree at Southern New Hampshire University)
- Elise Burge, RN, (pursuing a master's degree at Northeastern University)
- Linda Caruso, RN, (pursuing a master's degree at Simmons College)
- Kelly Channell, RN, (pursuing a master's degree at the University of Massachusetts)
- Jennifer Clair, RN, (pursuing a doctorate at Northeastern University)
- Brian Cyr, RN, (pursuing a master's degree at Framingham State University)
- Christopher DePesa, RN, (pursuing a doctorate at Boston College)
- Wendy Hardiman, RN, (pursuing a doctorate at the University of Missouri)
- Michelle McDonald, RN, (pursuing a bachelor's degree at LaBoure College)
- Shanna Mavillo, RN, (pursuing a master's degree at Western Governor's University)
- Sandra Muse, RN, (pursuing a doctorate at Simmons College)
- Andrea Poilakis, RN, (pursuing a bachelor's degree at Framingham State University)
- Jean Stewart, RN, (pursuing a doctorate at Northeastern University)
- Megan Tompkins, RN, (pursuing a master's degree at Northeastern University)
- Trisha Zeytoonjian, RN, (pursuing a doctorate at Northeastern University)

Norman Knight Doctoral Nursing Scholarship

- Carol Casey, RN, (pursuing a doctorate at Regis College)
- Melissa Joseph, RN, (pursuing a doctorate at Northeastern University)
- Michelle O'Hara, RN, (pursuing a doctorate at the MGH Institute for Health Professions)
- Jessica Smith, RN, (pursuing a doctorate at Northeastern University)

The Charlotte and Gil Minor Nursing and Health Professions Scholarship to Advance Workforce Diversity

- Melat Abayneh, RN, (pursuing a bachelor's degree at the University of Massachusetts)
- Thiago Godhi, RN, (pursuing a master's degree at Northeastern University)
- Mahet Jimma, RN, (pursuing a master's degree at Boston College)
- Stacey Turnbull, RN, (pursuing a bachelor's degree at the University of Massachusetts)
- Tirza Martinez, patient care associate, (pursuing a bachelor's degree at the University of Massachusetts)
- Joy Williams, RN, (pursuing a doctorate at the MGH Institute for Health Professions)

The Cathy Gouzoule Oncology Scholarship

- Sara Astarita, RN, (pursuing a master's degree at Simmons College)

The Pat Olson, RN, Nursing Scholarship

- Evgenia Larionova, patient care associate, (pursuing a master's degree at the MGH Institute for Health Professions)

Clinical Recognition Program

2016

Clinical Recognition Program Clinicians recognized January 1–December 1, 2016

Advanced Clinicians:

- Sara Carter, PT, Physical Therapy
- Kelly Channell, RN, Bone Marrow Transplant /Inpatient Oncology
- Emily Corradina, RN, Cardiac Surgical Step Down Unit
- Lauren DeMarco, LICSW, Social Work
- Kelly Derchi-Russo, RN, General Medicine
- Catherine Downing, RN, General Medicine
- Susan Ferretti, RN, Main Operating Room
- Jessica Garton, PT, Physical Therapy
- Katherine Griffiths, LICSW, Social Work,
- Jasmine Gonzalez, RN, Cardiac Surgical Intensive Care Unit
- Lara Hirner, SLP, Speech-Language Pathology
- Daniel Huntington, RN, Surgical Unit
- Jennifer Killmer, RN, Cardiac ICU and Cardiac Surgical ICU
- Julia Liebert, RN, Neuroscience
- Jena Manthorne, RN, Medicine
- Jessica Marshall, RN, Vascular Surgery
- Shawn McEntee, RN, Cardiac Surgical ICU
- Alana Noonan, PT, Physical Therapy
- Katherine Perch, RN, Respiratory Acute Care Unit
- Amy Quinn, RN, Neuroscience
- Karlene Salguero, PT, Physical Therapy
- Amanda SanClemente, RN, GI Endoscopy Unit
- Poonam Saraf, PT, Physical Therapy

- Elaine Shwartz, LICSW, Social Work
- Nicole Skrzyniarz, PT, Physical Therapy
- Margaret Ann McKinney Shlimbaum, RN, General Medicine
- Nicole Skrzyniarz, PT, Physical Therapy
- Leigh Sullivan, RN, General Medicine
- Anastasia Tsiantoulas, RN, Neuroscience ICU

Clinical Scholars:

- Carolyn Cain, RN, Cardiac Catheterization Lab
- Kelly Cruise, RN, Neuroscience
- Brian Cyr, RN, Medicine
- Ellen Fern, RN, GI Endoscopy Unit
- Jeanne Gilbert, RN, Newborn ICU
- Suzanne Hally, RN, Newborn ICU
- Catherine Holley, RN, Perioperative
- Margaret McCleary, RN, Cardiac Catheterization Lab
- Michelle McDonald, RN, PATA and Ambulatory Oncology
- Doreen McPherson, RN, Perioperative and Pre-Admission Testing Area
- Frederic Romain, RRT, Respiratory Care
- Linda Ryan, RN, Surgical Unit
- Maria Vareschi, RN, Emergency Department
- Tracy Waterhouse, RN, Charlestown Health Center

Members of the Patient Care Services Executive Team

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

- | | |
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| Shelley Amira, associate director, Administration, MGH Center for Global Health and Disaster Response | Robin Lipkis-Orlando, RN, director, Office of Patient Advocacy |
| Gaurdia Banister, RN, executive director, The Institute for Patient Care | Labrini Nelligan, executive director, Lunder-Dineen Health Education Alliance |
| Debra Burke, RN, associate chief nurse | Jacqueline Nolan, director, Volunteer Services |
| Leila Carbanari, RN, director, International Programs, International Patient Center | Anabela Nunes, director, Medical Interpreters |
| Mary Cramer, executive director, Organizational Effectiveness & chief experience officer, MGH and MGPO | Reverend John Polk, director, Chaplaincy |
| Jana Deen, RN, senior director, Patient Safety | George Reardon, director, Clinical Support Services, Orthotics & Prosthetics |
| Marianne Ditomassi, RN, executive director, PCS Operations and Magnet Recognition | Susan Sabia, managing editor, <i>Caring Headlines</i> |
| Ann Marie Dwyer, RN, director, PCS Informatics | Colleen Snyderman, RN, director, PCS Office of Quality & Safety |
| Theresa Gallivan, RN, associate chief nurse | Michael Sullivan, PT, director, Physical and Occupational Therapy |
| Marie Elena Gioiella, LICSW, director, Social Services | Nancy Sullivan, director, Case Management |
| Antigone Grasso, director, PCS Management Systems and Financial Performance | Steve Taranto, director, Human Resources |
| Misty Hathaway, senior director, Center for Specialized Services, MGPO | Dawn Tenney, RN, associate chief nurse |
| Bob Kacmarek, RRT, director, Respiratory Care | Carmen Vega-Barachowitz, CCC-SLP, director, Speech, Language & Swallowing Disorders and Reading Disabilities |
| | Deborah Washington, RN, director, PCS Diversity |
| | Kevin Whitney, RN, associate chief nurse |

2016

Working with an inter-disciplinary team, nurses helped open a new therapy gym on the White 6 Orthopaedics Unit. The space includes a simulated car interior, bathroom, and stairway to prepare patients for transitioning home.

Nurses were the driving force behind the Inpatient Boarder program, ensuring that patients in the ED waiting to be admitted receive the same standard of care as inpatients.

The Ellison 19 Thoracic Surgery Unit received an MGH Service Excellence Award for achieving all three patient satisfaction goals (staff responsiveness, pain-management, and quiet at night).

Nurses helped implement a new tele-observer pilot program whereby patient care associates can communicate with patients remotely, intervening sooner to help prevent falls, removal of IV lines, and offer reassurance.

Obstetric nurses hosted the Massachusetts Association for Women's Health, Obstetric, and Neonatal Nursing's fall networking event, Bridging the Gap: the Next Generation of Labor & Delivery Nurses.

OAs on the Lunder 7 Neuroscience and White 7 Surgical units began round-

ing to introduce themselves so patients would know who they're speaking to when they use their call lights.

Nurses in the Pre-Admission Testing Area transitioned from an on-site, pre-procedure evaluation process to a phone-based model.

Perioperative nurses integrated the electro-convulsive therapy program into the Center for Perioperative Care enhancing the patient experience and facilitating patient flow.

The Post-Anesthesia Care Unit developed a new program for the recovery of kidney- and pancreas-transplant patients.

OR nurses developed a cardiac simulation program to enhance training of cardiac OR nurses.

GI/Endoscopy nurses implemented inter-disciplinary huddles on weekends to ensure continuity of care; they re-structured the resource nurse role to improve patient flow; and they implemented wait-time notifications for patients in waiting rooms to improve patient communication and satisfaction.

Midwives led an inter-disciplinary team on the Obstetrics Unit to introduce nitrous oxide as an analgesia alternative for women giving birth.

Neuroscience nurses re-designed inter-disciplinary rounds and created unit-based care teams to improve patient flow. They were given a Partners in Excellence Award for moving discharge times up approximately two hours.

This is just a small sampling, a fraction, of the work we did this past year. As you may know, in November I announced my decision to step down as senior vice president for Patient Care and chief nurse. Reading this annual-report issue of *Caring* through the lens of my imminent departure from that role, I'm filled with a sense of pride and admiration. We have achieved so much together in the last 20 years. I'm blessed to have worked with each of you in service to our patients and this incredible organization. It's deeply gratifying to know that my successor will step in to a situation primed for success, leading this team of capable, enthusiastic, committed professionals.

In whatever my new role may be here at MGH, I look forward to following your accomplishments as you continue to devote yourselves to bettering the lives of patients within the walls of MGH and far, far beyond.



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