

# Caring

## THE YEAR IN REVIEW



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**Debbie Burke, RN, DNP,  
MBA, NEA-BC**  
Senior Vice President for Patient  
Care and Chief Nurse

# 2023 Year In Review

## *Dear Colleagues,*

Working in healthcare is a work of heart. We care for our patients, we care for their families, and we care for each other. In 2023, Patient Care Services experienced a lot of change, growth, challenges and joy. There are new faces in the hallways, new innovations being created and utilized, and new opportunities to collaborate, all with the goal of caring for our patients to the best of our collective ability. Last year in our annual Year in Review, I shared some messages from patients as a practice of gratitude – I would like to share a few more from the past year. Within these pages, the expert and compassionate care that our staff provides is on full display.

## Caring

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To submit story ideas to *Caring, the Mass General Nursing and Patient Care Services* newsletter, please contact Mae Driscoll, at [mdriscoll0@partners.org](mailto:mdriscoll0@partners.org)



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“The medical teams at MGH are consistent and personable. Each staff member stated who they were and why they were visiting my son in his hospital room. This allowed for a trusting relationship during his stay. Each room visit ended only after asking first if my son needed anything, and then if I needed anything. This is a great personal touch. The nurses and PCAs on the floor were so great! My son felt safe and heard during his stay which can only help one to recover quickly. MGH has a very professional, caring and competent staff on board. Not a single individual made us feel unwelcome or any request we had not important. Thank you for the work you carry out each and every day.”

“As a nurse myself, being on the other side of things was certainly challenging at times, but the care I received was incredible. I cannot say enough about the nurses, doctors, PCAs, Unit Coordinator, Environmental Services and all staff I encountered during my 10-day stay. Thank you for making my experience the best it possibly could be.”

“Our child was a patient, and we are so grateful for everyone from the nurses, doctors, PCAs, Environmental Services staff and volunteers. The palliative care team was outstanding in helping us navigate the long hospital stay. We just want to say thank you to everyone that took care of our son. We felt heard and respected. Our son was respected and heard too. Thank you for loving and taking care of our son.”

On the cover objects representing the various departments within Patient Care Services:

Inside the “2”: tubing, specimen test tube, tourniquet, mask, hand splint, modified knife, pneumatic tube cannister, hand weight, tweezers, forceps, menorah, pill cutter, adaptive spoon, test tube, medicine cup. Inside the “0”: blood pressure cuff, specimen test tube, biohazard receptacle, oxygen cannister, hand strengthening toy, needle, test tubes, face mask, EKG lead, wires for EKG monitor, medication sticker, forceps, scissors. Inside the “2”: face mask, medication sticker, insulin needle, oxygen cannula, glove, medication, needles, blocks, clamp, blood pressure cuff, IV medication label, pen, adaptive hand tool. Inside the “3”: mouse, scissors, stethoscope, laptop, test tube, EKG lead, measuring tool, medicine cup, disinfecting wipes, face mask, monitor wires, hand training tool with belts and zippers, tourniquet, medication, toy plane, glove.

# Patient Care Services Strategic Plan Update



**Primary goal: Maximize voice and engagement of staff through a re-envisioned collaborative governance shared decision-making model.**

Work-to-date:

- Conducted a survey of staff and leadership to assess perspectives of the current decision-making model which identified strengths and opportunities for enhancement.
- Principles of shared decision-making education was rolled out throughout Nursing and Patient Care Services.
- Benchmarked with eight Magnet organizations to learn more about their shared decision-making models to help inform the design of Mass General's model moving forward.
- Draft design of re-envisioned shared decision-making model completed in 2023 comprised of unit/clinic/department-based councils interfacing with central councils: clinical practice council; quality, safety and patient experience council; and recruitment, retention and recognition council. To be launched in Spring 2024.

**Primary goal: Identify and implement opportunities to standardize administrative and clinical operations/processes to improve accessibility, efficiency, quality of care and outcomes.**

Work-to-date:

- Assessment of current state processes will be conducted before key stakeholders convene to devise a plan for the implementation of the Lippincott policies and procedures platform into practice.
- After exploring the components of several evidence-based practice models, the Ohio State Model for Evidence Based Practice was chosen. Over 200 leaders from nursing and the health professions attended either a five-day immersion program or a two-day leadership program from the FULD Institute of Ohio State. The education provides the foundation to begin embedding EBP into programs and at the bedside.
- The CNS/NPS Task Forces continue to address Nurse Sensitive Indicators and quality outcomes using a focused process, partnerships with staff and interdisciplinary teams, reviewing best evidence, staff training, and monitoring of outcomes for improvement. The CNS/NPS members participated in the EBP immersion program and will serve as unit-based coaches in advancing EBP efforts.

**Primary Goal: Ensure PCS leadership voice and participation in design and implementation of major Mass General Brigham (MGB) and Massachusetts General Hospital (MGH) initiatives.**

Work-to-date:

- Continuously maintain an inventory of MGH participation on MGB committees. Significant updates about MGB committee work shared at Patient Care Services Executive Operations meeting for further dissemination throughout Patient Care Services.

**Primary goal: Develop and promote robust recruitment and retention strategies to attract and retain the best and the brightest people.**

Work-to-date:

- Developed a PCS Career Development website on Vitals, the MGH intranet, that shares a curated collection of resources organized by theme/topic with information from across Mass General Brigham, to assist staff in achieving their career aspirations.
- PCS senior leadership approved funding for the introduction of the "On-the-Spot Rewards Program." This initiative aims to enhance employee recognition by providing immediate acknowledgment and tangible rewards for outstanding contributions that benefit patients, colleagues, and daily operations. Managers will be able to acknowledge exceptional efforts, rewarding employees with gift cards to the MGH eateries as a gesture of appreciation.

# Strategic Plan: Reimagining Shared Decision Making

One of the key initiatives in the 2021-2026 Patient Care Services Strategic Plan is to optimize the professional practice model. Shared decision making, or leveraging the voices of staff in decisions about practice and quality of work life, is vital a part of strengthening the practice model.

In 2023, Patient Care Services re-envisioned the shared decision-making model to be launched in Spring 2024. Below is an initial description of the model.

## GUIDING PRINCIPLES SURROUNDING THE ENTIRETY OF THE MODEL

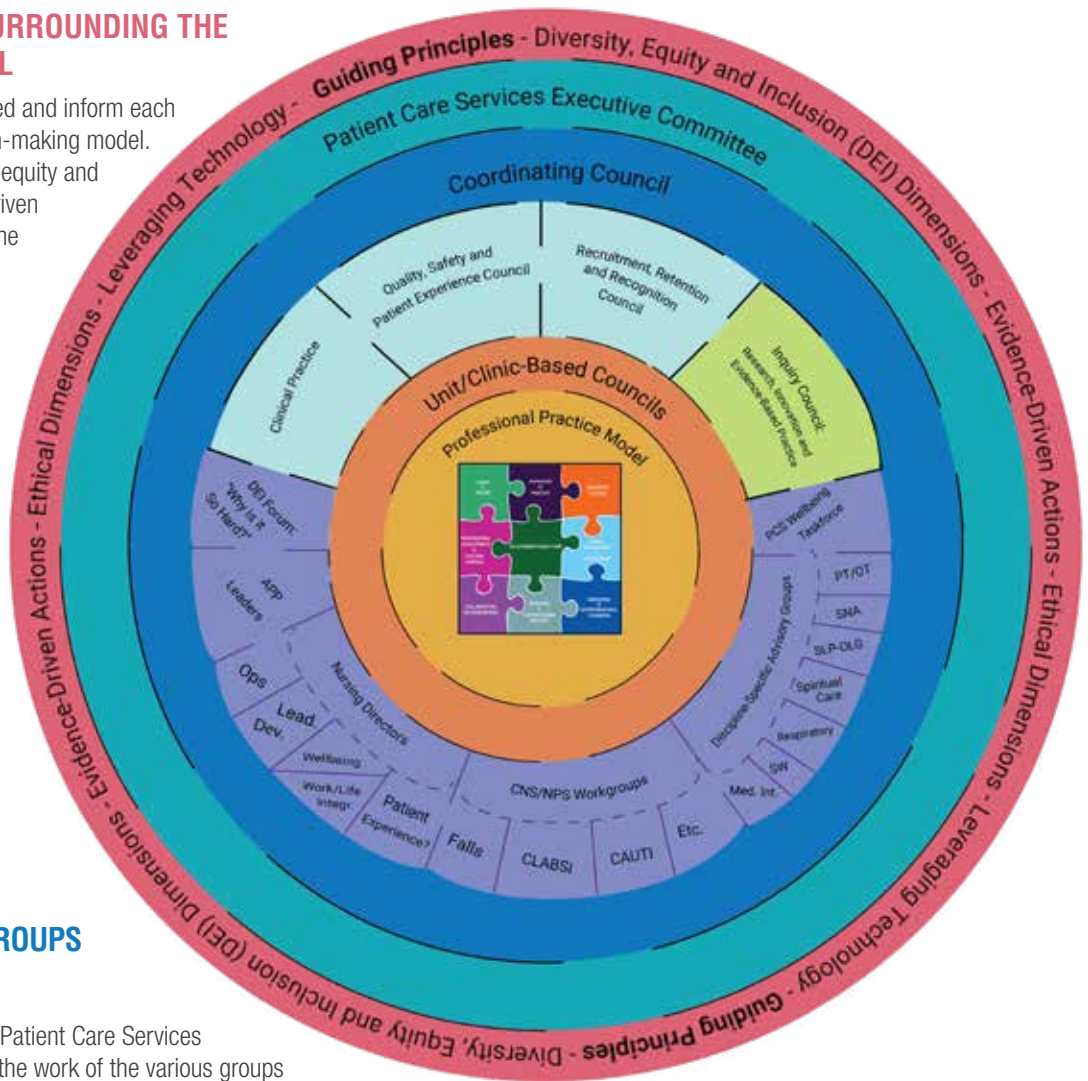
Guiding principles will be integrated and inform each aspect of the new shared decision-making model. These principles include diversity, equity and inclusion dimensions; evidence-driven actions; ethical dimensions; and the leveraging of technology.

## CREATING UNIT/CLINIC/DEPARTMENT-BASED COUNCILS

Decisions should be made as close to the bedside as possible so unit/clinic/department-based councils will be launched with representatives that sit on centralized councils to promote fluid communication. Goals will be set to engage staff in process improvement projects, evidence-based practice, wellbeing activities and awards and recognition efforts.

## INFORMING THE WORKGROUPS AND COUNCILS

The Coordinating Council and the Patient Care Services Executive Committee will support the work of the various groups providing strategic planning, communication and tracking of the outcomes produced. Stay tuned for more details regarding launch of new model.



## CENTRALIZED COUNCILS

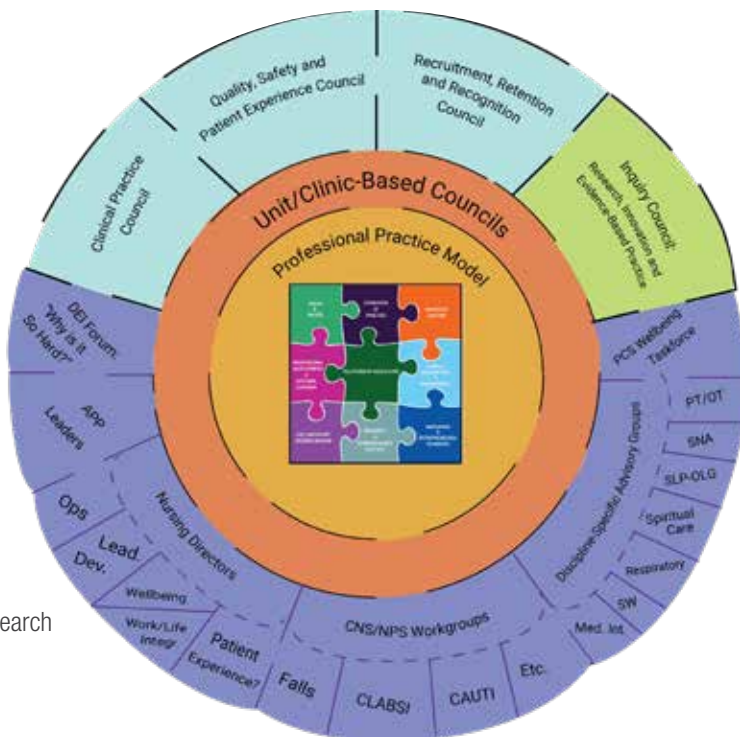
There are four centralized councils:

**Evidence-Driven Practice Council:** intended to develop, review and approve evidence-driven protocols, policies, and standards to guide interprofessional care delivery in all settings.

**Quality, Safety and Patient Experience Council:** created to leverage safety report signals, quality and safety indicator performance data, and patient experience data to identify trends and interventions to enhance the safety culture throughout the hospital.

**Recruitment, Retention and Recognition Council:** designed to highlight staff through awards and recognition, promote certification, guide staff through career planning and mentorship, and improve employee satisfaction.

**Inquiry Council:** established to promote evidence-based initiatives, research and innovation throughout Patient Care Services.



## LEVERAGING EXISTING GROUPS

**Discipline-specific advisory groups** allow the various interests of medical interpreters, social services, respiratory care, spiritual care, speech language pathology, nursing, physical therapy and occupational therapy to be represented.

Wellbeing remains top of mind so the **PCS Wellbeing taskforce** will support the efforts of both unit-based councils and inform other parts of the shared decision-making model.

**Nursing directors, advanced practice providers, and CNS/NPS workgroups** inform improvements in areas of focus such as patient safety, experience and leadership development.

The **“Why Is It So Hard?”** diversity and inclusion forum generates discussions to guide acquisition of knowledge and skills for leaders to cultivate an environment that supports diversity, equity, inclusion and belonging.

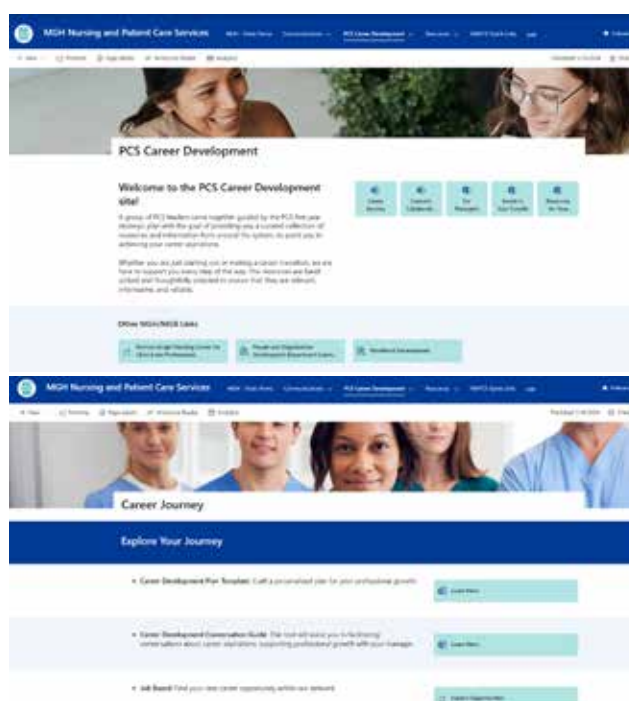
## Strategic Plan: Recruitment and Retention

An integral part of the five-year Patient Care Services Strategic Plan is to establish a comprehensive workforce strategy to retain and attract the best and brightest people. The creation of the Patient Care Services Career Development site on Vitals, the MGH intranet, is one outcome from the work to help staff access a collection of resources and information to guide their careers.

Whether staff are just starting, or making a career transition, the PCS Career Development page on the MGH Vitals site offers resources specific to PCS, through Human Resources, and from outside programs and initiatives.

The site features five main sections:

- **Career Journey:** includes a job board, clinical recognition resources, and career development planning guides
- **Connect, Collaborate, Thrive:** features employee resource groups and mentoring opportunities
- **For Managers:** highlights toolkits and learning library resources for supporting managers
- **Invest in Your Growth:** provides educational financial assistance program information
- **Resources for Your Success:** shares classes, events, and committee opportunities within and outside of MGH centered on professional development



## Wound Care Task Force

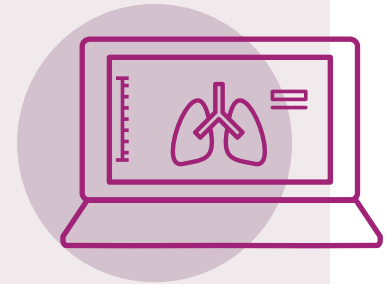
The Clinical Nurse Specialist and Nursing Practice Specialist Wound Care Task Force took their show on the road throughout the hospital to train, educate, and inform their colleagues about safe, preventative wound care. Fridays during the month of August, members of the task force visited inpatient units with their wound care cart to share wound care guidelines, best practices and offer hands-on opportunities with specific wound care products and treatment options.

During the road show visits, subject matter experts would show staff how to take a photo in Rover, a streamlined app version of Epic, the electronic medical record. In addition, they shared consultation resources, product cheat sheets, and engaged in staging and positioning simulations.



## BEDSIDE MONITOR INTEGRATION INTO EPIC

To optimize nursing workflow and improve patient safety, device integration between the bedside physiologic monitors and Epic flowsheets is being expanded to include the general care units. Vital sign data displayed on the monitor flows directly into the patient's flowsheet where it can be filed by the nurse. As co-chairs of the Device Integration Workgroup, part of the Clinical Technology Oversight Committee (CTOC), Micah Flynn, systems manager, Biomedical Technology Services, and Shelly Stuler, MSN, RN-BS, Informatics, have collaborated to lead this expansion. Of the 46 inpatient units, 31 are now integrated, and seven additional units are in progress to be completed by early 2024.



## USING TRENDED DATA FOR WORKFORCE PLANNING

It's no secret that Registered Nurses (RN) turnover – and all role turnover – increased after 2020 due to the pandemic. This turnover, coupled with the reality of a declining supply of experienced RNs applying to hospital positions, has called for a change in how the hospital tackles RN hiring. Given that nursing represents the largest portion of the PCS workforce, developing a data-driven staffing planning approach was paramount. The Patient Care Services Finance and Analytics department utilizes data to inform decision making in how best to align resources to workload. In collaboration with Human Resources and nurse leaders, PCS has implemented the following process:

- Use trended RN turnover data to forecast unit-level vacancies 6 months out
- Incorporate nurse leader feedback for anticipated promotions to newly-licensed nurses
- Establish unit-level hiring targets for outside hires; HR uses these targets to direct potential candidates to the appropriate unit

The hospital's dependency on new graduate hiring has increased. In FY2023, PCS hired about 550 RNs. Of those RNs, approximately 380 nurses were new graduates accepted into one of the three annual Transition to Practice Program (TPP) cohorts. While it is a strain on the units that 70% of all hires are new grads, this targeted, bolus hiring allowed PCS to decrease its Travel RNs by 55% in just one year. This accomplishment is the result of the hard work of so many people.



# Social Services Department: By the Numbers

The Social Service Department helps patients and families cope with medical, mental health and social challenges. Social workers are available through every inpatient unit and provide a variety of outpatient mental health services. The department sponsors reduced-cost lodging at Beacon House for MGH patients and families who must travel for treatment. (\*The numbers in this graphic do not reflect the contributions of MGH social workers who are embedded in other departments.)



## Visits

**52,650**

Inpatient/Emergency Department visits

**12,963**

Outpatient mental health visits

**10,190**

Ambulatory oncology visits

## Beacon House

**11,767**

Guests are provided lodging at Beacon House

**6,647**

Estimated miles traveled from Dubai - the farthest from which a Beacon House guest traveled for treatment at MGH

## Programs

**16** Different support groups and resiliency groups for patients and staff

**17** Students participated in the Graduate Student Program

**1,250** Estimated Grand Rounds attendees

## Speech Language Pathology Reaches Milestones

The MGH Speech Language Pathology Department reached some major milestones in 2023. The American Speech-Language-Hearing Association (ASHA) hosted its national conference in Boston in November. Members of the Mass General Speech, Language and Swallowing Disorders and Reading Disabilities Department presented, moderated and participated in record numbers at the conference. For the first time in its history, the MGH SLP department presented in 24 sessions at the event, representing every team within the department. In 2023, the SLP department partnered with the Maxwell & Eleanor Blum Patient and Family Learning Center to present the first educational program presented completely in a language other than English. Presented in Spanish, the program discussed best practices when raising bilingual children.



“So much of my clinical practice and academic work focuses on the experience of patients after neurosurgery. I was excited to present on research and clinical concepts related to functional neuroanatomy for the SLP – particularly how neurocognitive research informs recommendations for awake language mapping in adults and academic support for kids.”  
- Amy Maguire, MS, CCC-SLP, presenter at the ASHA conference



Jacqueline Toscano, MA, CCC-SLP, and Amy Izen, MS, CCC-SLP, discussed supporting bilingual and multilingual language development in children presented in Spanish.

“There continues to be a lot of unexplored potential in SLP’s care of people with brain tumors. SLP involvement in awake language mapping surgeries is just one way that our field can continue to grow. Our field is well positioned to build our expertise around this population’s needs.”  
- Nate Somes, MS, CCC-SLP, presenter at the ASHA conference



## Immersion Programs Support Evidence-Based Practice

Evidence-based practice is essential to quality care delivery, ensuring that each treatment, procedure, and process is safe, efficient, and backed by research. At MGH, evidence-based practice informs how caregivers provide care every day. Encouraging staff to engage in the observation, study, and synthesis of evidence-based practice within their own clinical area allows them to creatively problem solve and improve outcomes for their patients in real time. Patient Care Services offered evidence-based practice immersion programs to allow staff the space and time to learn more about the importance, development and application of evidence-based practice into their everyday work.

Two programs were offered, one

a two-day leadership course (hosted twice, once in September and once in October), and the other a five-day intensive course held at the Institute of Health Professions. At the end of the immersion program, participants presented an evidence-based practice project proposal to their colleagues in hopes of pursuing the project to provide solutions to address pain points within their practice.

At the five-day program, presenter Lynn Gallagher-Ford, PhD, RN, EBP-C, DPFNAP, FAAN, chief operating officer and clinical core director, Fuld National Institute for EBP, Ohio State University, led team building exercises, personality testing, provided EBP content and ended the week with live presentations of project proposals.



Immersion participants engage in team building activities in addition to conducting literature reviews and presentations.





# MGH Designated Magnet for the Fifth Time

A Magnet-designated hospital is considered the gold standard for nursing practice and innovation. The MGH has been designated five times by the American Nurses Credentialing Center (ANCC), an achievement that less than one percent of U.S. hospitals have achieved.

To be redesignated, the hospital must submit evidence of patient outcomes, staff satisfaction, innovation, strategic planning, evidence-based clinical care and strong leadership.

The hospital received three exemplars, or focused areas of excellence. In the Magnet evidence submission, staff showcased examples of “transformational leaders” guiding staff and policy and “empowering structures” providing a forum for staff to have a strong voice in decisions. It also showcased how nursing supports a life-long learning philosophy and is always seeking to improve clinical practice that is driven by evidence generated by research and innovation.



## MAGNET EXEMPLARS

During the site visit, the ANCC appraisers noted the following areas of excellence:

- MGH exceeded the percentage of professional nurses with baccalaureate or higher degree (Goal is  $\geq 80\%$ ); MGH is at 91.73%.
- PCS demonstrated multiple examples of exquisite interprofessional coordination. The appraisers highlighted the key impact that nurses in Case Management have made to achieve this through the strong relationships they have built with outlying hospitals, and clinical and skilled nursing facilities' personnel. Other examples of interprofessional coordination of care were highlighted in the IMA Medical Clinics, Sickle Cell Program and Pediatric Radiation Oncology.
- Evidence of innovation permeated all areas where nurses practice. MGH nurses have established a culture of innovation to solve problems in real time as well as through projects that are supported and funded by MGH. Examples include Innovation Awards and Ether Dome Challenge awards to fund translating ideas into reality and facilitating new graduate nurses transition through practice.

## Perioperative Informatics Initiatives

### STANDARDIZATION OF POST PROCEDURE NURSE NAVIGATOR

Supported by collaborative efforts across multiple perioperative and procedural areas at MGH and expanding across MGB, the focus of this initiative was to create one unified post procedure navigator in Epic to be used across procedural areas. This was accomplished by standardizing terminology, content, and optimizing documentation tools. This alignment in Epic aimed to be used as an adjunct to communication between nurses and healthcare providers, providing a clear view of nurse led interventions to improve patient outcomes and ensure adherence to quality and safety standards.

### 'MEDS TO BEDS' PROGRAM EXPANDED TO MGH PERIOPERATIVE AREAS

In the second phase of this initiative, perioperative-procedural nurse informatics collaborated with the Department of Surgery, Quality and Safety, along with Perioperative and Pharmacy leaders to improve day surgery patients' experiences by streamlining the post procedure discharge medication prescription process. This resulted in expediting the delivery of the prescriptions filled at MGH Outpatient Pharmacy. Updates were made to Epic to support this new process. The addition of supportive Epic tools, helped to fluidly integrate this new program into the perioperative electronic documentation workflow. The Epic optimization supports perioperative nurses, surgeons, and outpatient pharmacists at MGH to easily see which patients are enrolled in the "Meds to Bed" program and view real time status updates from enrollment through delivery. The initiative aimed to improve patient experience by ensuring timely filling of prescriptions needed after surgery.



### NURSING RESEARCH DAY SHINES LIGHT ON THE POWER OF NURSING

Nursing Research Day is an annual celebration of nursing scholarship including the announcement of nurse-led grant awards, posters sharing evidenced based practice projects, quality improvement initiatives, and original research projects, and an annual research lecture presented by a guest nurse scholar. On May 18, 2023, Nursing Research Day participants welcomed former MGH nurse, Angelleen Peters-Lewis, PhD, RN, FAAN, Vice President, Chief Operating Officer at Barnes-Jewish Hospital; as the Yvonne L. Munn Center for Nursing Research annual lecturer to share her presentation titled "The Power of Nursing: Pathways and Possibilities."



### DROP CLICKS REDUCES DOCUMENTATION BURNOUT

In February 2023, MGH inpatient nursing assessments in Epic transitioned to a charting by exception model called Drop Clicks, an initiative led by Melissa Lantry, MSN, RN-BC, Informatics. The enterprise-wide goal was to decrease documentation burden and streamline nursing workflow in Epic. A team of subject matter experts was assembled, including CNS/NPSs and bedside nurses, to provide feedback on the content and functionality that was at the core of the new assessment flowsheets. Fifty-eight percent of MGH nurses who completed a post-implementation survey saw a noticeable reduction in unnecessary flowsheet documentation.



# Nursing Research Grand Rounds Highlights

## Postdoctoral Nursing Research Fellowship Training

Each December, Nursing Research Grand Rounds is dedicated to the William F. Connell Family and the generous contributions of Margo Connell to the advancement of nursing science through research and inquiry. This forum offers a way to publicly celebrate the impact of the ongoing support given to nurses at the MGH and within the Munn Center for Nursing Research. These resources allow MGH nurses to actively engage in the conduct of research, that directly results in delivery of innovative, knowledge-driven, and high-quality patient care.

Since 2007, the support provided by the Connell Family has provided nurses the time and financial resources needed to inform a growing body of nursing research globally, implement and translate new knowledge, contribute to the literature, obtain external funding to continue their work and foster nurse-led inquiry that enhances the well-being of all patients, families and communities across populations and groups. The Nursing Research Grand Rounds specifically featured The Connell Fellowship for Postdoctoral Study in Nursing Research and work done by the current fellow, Katherine Erbe, PhD, MS, CNM.

Pictured is fellowship director Sara Looby, PhD, ANP-BC, FAAN; and Katherine Erbe, PhD, MS, CNM; 2023-2025 Connell Postdoctoral Fellow in Nursing Research who presented her work “Nutrition and Diet Quality among Vulnerable Populations during Pregnancy.”



The Munn Center for Nursing Research (from left) is directed by Colleen Snyderman, PhD, RN, and includes faculty members, Jane Flanagan, PhD, RN, AHN-BC, FAAN; Diane Carroll, PhD, RN, FAHA, FESC, FAAN; Jennifer Cahill, PhD, RN; Sara Looby, PhD, ANP-BC, FAAN; and director emeritus Dorothy Jones EdD, RN, FAAN, FNI.

### GRAND ROUNDS 2023

#### “Roles of Health Professionals in Addressing Health Consequences of Climate Change”

February 2, 2023

Oluwatomasin Olayinka, PhD, MPH, RN  
Assistant Professor, MGH Institute of Health Professions

Patrice K. Nicholas, DNSc, DHL (Hon), MPH, MS, RN, NP, FAAN

Director, MGH Institute of Health Professions Center for Climate Change, Climate Justice and Health

#### “Functional Health Patterns: A Framework to Access Nurse Sensitive Data, Social Determinants of Health and Patient Outcomes During the Initial COVID-19 Surge”

April 6, 2023

Jennifer Cahill, PhD, RN  
Nurse Scientist, Yvonne L. Munn Center for Nursing Research

Dorothy A. Jones, EdD, RN, FAAN, FNI

Director Emeritus, Senior Nurse Scientist, Yvonne L. Munn Center for Nursing Research

#### “Factors Influencing Hypertensive Adults 35 to 64 Years of Age at Risk for Future Stroke”

October 5, 2023

Patricia Railsback Masson, PhD, MSN, RN, FAHA  
Nurse Scientist, MGH Cardiovascular Prevention Center

#### “Nutrition and Diet Quality among Vulnerable Populations during Pregnancy”

December 7, 2023

Katherine Erbe, PhD, MS, CNM  
Connell Postdoctoral Fellow in Nursing Research, Yvonne L. Munn Center for Nursing Research

# First DAISY Nurse Leader Awardees Recognized

The DAISY Award was established by the family of Patrick Barnes who died when he was 33 years old. The family wanted to do something to honor Barnes and acknowledge the extraordinary care that he received from his nurses. The MGH has been recognizing nurses through the DAISY Award since 2020.

Over the years of The DAISY Foundation's growth, it became evident that the environment and culture created by nurse leaders is a critical factor in supporting a professional practice environment for staff nurses. So an award was established to recognize those leaders who create a workplace where compassionate care thrives – and nurses deliver the quality of care that DAISY celebrates.

The DAISY Nurse Leader Award at MGH recognizes and honors special leaders who empower staff, demonstrate authentic presence and visibility, inspire a passion for excellence and serve as a role model for others. In 2023, the first cohort of DAISY Nurse Leaders were recognized. They were nominated by their staff, colleagues, patients and their families. Below, are comments from their nomination letters.

## Mary Larkin, MS, RN, CRN-BC, Nurse Director, Diabetes Research Center

“She attends meetings across multiple studies and always offers a helpful suggestion, constructive feedback, or a new perspective.



She values each person's opinion, regardless of role, and encourages us all to feel confident expressing our points of view...Mary's relationship with our study participants is also one to admire. The participants from her studies consider

her family, some having known her for 40 years in a long-term Type 1 Diabetes study.”

## Patricia Fitzgerald RN, MSN, NE-BC, Nurse Director Bigelow 11, Medicine

“Patti is passionate about both staff professional development and quality patient care. Patti has continually supported and encouraged her staff to identify and implement changes to benefit the unit. Patti believes it is important that clinical nurses get opportunities away from direct clinical care to gain leadership skills, such as facilitating and implementing a project and leading a team. Staff from all disciplines find solace in her office, often seeking Patti for professional and personal conversations (and some candy she keeps in a bowl).”



**Stephanie Qualls, MSN, RN, ACCNS-AG, CNRN,  
Nurse Director, Neuroscience ICU**

“Although Steph has only been in the nursing director role on Lunder 6 for just over a year, she has made immense progress as a nurse leader



and gained the respect of the floor in this short period of time. Steph drops everything to listen to complaints, provide support, offer feedback, and immediately address the conflict/problem at hand with both maturity and professionalism.”

**Vivian Donahue, RN, MS, NE-BC, ACNS-BC, CCRN,  
Nurse Director, Blake 8, Cardiac Surgical ICU**



“I have never met a greater personal or professional “cheerleader” than Vivian. We are very fortunate to have a manager who cares so deeply about bringing out the best in each and every staff member. She has always supported those

who want to further their education and makes it work for each staff member to go to school while continuing to work at the bedside.”

**Simone Rinaldi, MSN, ANP-BC, ACHPN,  
Nurse Director, Palliative Care/Geriatrics**

“At the heart of all she does is a deep devotion to providing high-quality patient care; no change is ever made without considering the impact it may have on our ability to provide the best possible care to patients and families. She works hard to ensure equal opportunities for all nurses in our division regardless of practice setting or role and is committed to the advancement of nursing scholarship. She is - above all else - unfailingly kind, compassionate, and makes all members of her team feel cared for and valued.



**Linda Kelly, DNP, NCMP, CNP, VA-BC, Nurse Director  
Vascular Access**

“She has immersed herself in learning the art and science behind vascular access and leads by setting an example. Linda is also not afraid to disrupt the status quo. She relies on us to make the decisions on equipment since we’re the ones to use it, such as evaluating newer ultrasound machines. It exhibits the trust she shows in us. She’s a great sideline coach reminding us that we’re the experts! “



## Clinical Narrative: Mary Ireton, DPT

Starting my career at MGH was a goal I had set my eyes on the moment I had decided to relocate to Boston from Cincinnati. I was assigned to start on the Neurosciences Service, which was exciting yet nerve-racking. I was excited, anxious, full of anticipation and ready to tackle the unknown. It was initially intimidating trying to figure out my role and find my voice among a sea of very experienced clinicians, nurses, and other medical staff. However, after my first few weeks on my own, independently evaluating and treating my own patients, I quickly learned how important it is to strongly advocate for your patients. Speaking up on behalf of the patient, even if it differs from colleagues' recommendations, is something that they don't necessarily teach you in school. This realization became apparent during my first weekend alone over the Christmas weekend when I evaluated and treated a 68-year-old woman with newly diagnosed metastatic breast cancer with a lytic lesion on her spine which was causing her extreme back pain at home.

After introducing myself and my role as a physical therapist for her recovery while in acute care, I sensed that she was quite anxious about her back pain and slightly disorientated due to her pain medication. Based on this quick conversation, I decided to swing back in the afternoon when she was more alert, and her pain was better managed. That afternoon, she continued to be in significant pain and started to have severe spasms in her left hip and groin at rest and with movement. Due to this continued debilitating pain, I told the patient that I would see her in the morning once she had been properly pre-medicated prior to our session. The next morning, the patient's daughter was visiting and appeared concerned about the spasms since it didn't seem to correlate with her mother's spinal surgery. Understandably, she and her mother were emotional and scared when the patient was unable to successfully stand at the side of her bed without screaming out in pain and falling back into bed. This was a spinal surgery, of course, recovery is different for everyone, but this felt different.

My first concern was for post-operative hardware complications, fracture or infection that may have been causing pain. Another unfortunate concern was that she possibly had a metastatic lesion in her left hip that may have been missed on imaging since the focus was on her spine. To rule these concerns

out, we needed to obtain Xray imaging of her thoracic and lumbar spine. However, the patient was unable to stand or lay supine without severe spasms and pain occurring. I sat down with the patient and her daughter,

who were appropriately anxious about her pain and limited progress. I explained that once we get her pain medications adjusted, we can start to slowly progress towards bed mobility, sitting at the edge of the bed, standing, and eventually work towards walking. She and her daughter were both in agreement and hopeful about the plan. I shared my concerns with her care team.

Although I saw the patient for daily treatment, the following days were extremely limited in her progress. I strategized with my clinical specialist on different positioning and techniques for mobilizing that may reduce her debilitating hip pain. Some of these strategies seemed to work, but she was four days post-op and still only able to stand for 30 seconds with both hands supported on a rolling walker. While standing, she usually had tears streaming down her face, in genuine pain that would also make her daughter cry quietly in the corner. After one session, I sat down with her daughter in the visitor waiting room. I just let her cry for a few minutes in silence and once she settled down, I took the time to reassure her that I would talk to the team, and get her pain figured out. I told her that I am a part of her mother's team, on their side and will do everything in my power to help her be successful.

After a week of no progress in pain management, I went to the attending physician involved in the surgery. I expressed my worries about the patient's limited progress in mobility, her declining mood and her daughter's concerns and fear with her mother's disorientation from the mixture of pain medication



- Continued from previous page

prescribed. It was during this discussion that I advised against continuing to mobilize the patient until the Acute Pain Service, Psychology, Palliative Care, and Physical Medicine and Rehabilitation Service were consulted. The next day, all three services visited with the patient. Palliative Care and Psychology got involved to assist with her feelings and plans about her recent diagnosis. Acute Pain Service and Physical Medicine and Rehabilitation Service collaborated with me on adjusting medications that may reduce her muscle spasms such as starting her on Baclofen and Decadron steroid taper.

After one day of these newly adjusted medications, the patient was able to lay supine for Xray and MRI imaging, stand at the edge of the bed, and initiate forward stepping with the rolling walker! Her pain was still present, but this was a world of a difference

in performance from the previous day. The following days progressed further, and she was eventually able to ambulate in the hallway with light hands-on assistance! She and her daughter were overcome with emotions about the progress the patient had made, but were now nervous about the next steps about discharging home. Within the next two days, we did a significant amount of family training for guarding and positioning and education on safety precautions, equipment needed, activity recommendations, a home exercise program, home physical therapy, and car transfers. With continued encouragement and practice, the daughter successfully assisted her mother. Saying goodbye to the patient and her daughter, with their gratitude and smiles spread across their faces, was such a great moment and confirmed for me my role as an advocate.

## Bringing Care to the Community

Members of the MGH Occupational and Physical Therapy Departments hosted more than a dozen community programming events educating local communities about subjects such as physical activity during cancer treatment, pelvic floor disorders, and healthy aging. Occupational and physical therapists visited local YMCAs and senior centers to offer free educational events.

In Waltham, staff host “walking and talking” programs that invite participants to take a walk with physical therapists to discuss various topics related to health and wellness as well as safe exercise as people age. The walk allows the staff to answer questions in a casual environment, while also getting some exercise.

At a local YMCA, physical therapists Allison Snyder, PT, MSPT, CEEAA; and Lynn Gray-Meltzer, PT, DPT, OCS, WCS, CLT; hosted a presentation for breast cancer survivors about exercise and stretches that can help make a patient more comfortable, strengthen their bodies and reduce their stress.

Gray-Meltzer also presented about pelvic health for patients as they age. “At least one in three women suffer from a pelvic floor disorder like incontinence, constipation or pelvic organ prolapse, but sadly very few get basic information about what the pelvic floor muscles are, simple self-help strategies and how to prevent or minimize these conditions. Pelvic floor disorders can limit ability to work, care for family, go on community outings, and can lead to falls, surgery and nursing home admissions when not prevented or identified and managed early,” says Gray-Meltzer.

“For the few that see a pelvic health physical therapist and get an examination, there is often a six-month waitlist,” Gray-Meltzer continues. “Many people lack a flexible schedule, childcare or transportation, but by bringing educational programs directly into the community, we can meet diverse people where they are. We’ve created a public health initiative to improve people’s quality of life before these pelvic floor conditions go untreated and get worse with aging,” she says.

More programming opportunities on the subjects of neurological and orthopedic disorders are planned for 2024.



Snyder and Gray-Meltzer lead seated exercises.



## Diverse Vendors in the Shops



Partnering with the MGH Diversity and Inclusion campaign, the LVC retail shops at MGH provided a host of products by diverse vendors allowing staff, patients, families and visitors to support small businesses, local businesses and diverse-owned businesses. Shannon Hoyt, director of the LVC Retail Shops, partnered with the inclusion campaign to bring in more culturally, racially, and ethnically diverse vendors, artists and products to the MGH Gift Shop. Hoyt ensured that products for the various cultural and health observances celebrated by the Inclusion Campaign were represented in the shops.

### MAY

In celebration of Asian American and Pacific Islander Heritage Month, the shops featured south-asian owned Zing Pantry Shortcuts seasonings and sauces; Korean-inspired food company KPOP Food snacks, sauces and seasonings; Maika tote bags, cosmetic cases, backpacks and scarves, and gift items sourced from Asia. From a brand called Occasionalish, hundreds of enamel pins and stickers were sold.

### JUNE

To celebrate Pride Month, the shops sold Pride badge reels and lanyards to MGH staff. But also in recognition of Juneteenth, the shops purchased locally from Hillside Harvest, a Black-owned sauce company based in the Boston area; Aelle skincare and carried multiple books by Caribbean authors.

### SEPTEMBER AND OCTOBER

During Hispanic Heritage Month, the shops sold Latina-owned Lunastry candles, Jcar Creative t-shirts; and Designs and Crafts by Mo tote bags. In celebration of Filipino Heritage Month, the shops offered Alam Ko jewelry and hosted a book signing featuring author, and MGH Emergency Medicine physician, Shan Woo Liu's book *Masked Hero*, a children's book that tells the story of the physician who invented the N95 mask and happens to be the great-grandfather of the author.

## Honoring Volunteers During Annual Pin Week

The MGH Volunteer Department hosted its annual Pin Week celebration the week of November 6th to honor its dedicated volunteers.

Pin Week was established in the early days of World War I to recognize volunteers who served in the hospital instead of on the battlefield. As time went on, Mass General continued to recognize volunteers by awarding yearly service pins.

Pins are awarded to those who have completed 100, 500, 1,000 or 10,000-plus hours of service. This year, 129 volunteers were honored, with six MGHers – Paula O'Keeffe, Bill Lauch, Peggy Scott, Lois Cheston, Elaine Kwiecien and Karen MacDuffie – each receiving special recognition for logging more than 10,000 hours.

"The volunteers are an incredible resource to MGH and we could not do without them says, Jackie Nolan, director, MGH Volunteer Department.



From left: volunteers Emma Romano, Sruthi Srinivas, volunteer trainer Frederick Earthrowl, Sam Lopez, and Katherine Sinars



## NURSE WELLNESS

Pickleball. Blanket making. Improv Comedy. Boat Cruise. The ways in which Nursing Wellness Grants were used throughout the year highlighted the creativity and engagement of the MGH nursing staff. In 2023, Mary Lou LeSaffre, RN, presented MGH Nursing with an opportunity to help combat burnout, take time to bond, and show staff some appreciation through her more than \$1 million donation for nurse wellness. Nursing units submitted proposals for small grants to benefit self-care, celebrate together or to get off the unit and have fun! More than 68 proposals were submitted.

In December, LeSaffre joined nurses representing some of the units who utilized the wellness grants to share their experiences and express their gratitude. Each nurse described what they used the grants for, which ranged from paint nights, to gift certificates to the MGH nail salon, to Reiki training sessions. Debbie Burke, RN, DNP, MBA, NEA-BC, senior vice president for Patient Care and chief nurse; presented LeSaffre, formerly a nurse herself, with a collection of photographs taken at each of the wellness events.



Above (left), staff participates in a group fitness class funded by the wellness grant. Above (right), LeSaffre opens gift during visit. Below, nursing staff join LeSaffre (center) and Burke (left) for a celebration luncheon.

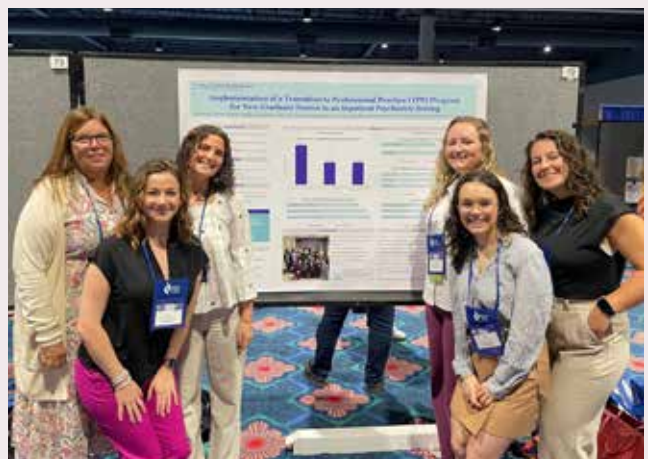


## Psychiatric Nurses Present Best Practices

New graduate nurses require enhanced training and support as they enter professional nursing practice. Transition to Professional Practice programs are increasingly used in onboarding and orientation in clinical settings. There is minimal literature supporting components, implementation, and efficacy of these programs in inpatient psychiatric settings. Blake 11 Inpatient Psychiatry staff created a two-week “boot camp” style classroom curriculum recruiting faculty from experienced staff nurses. Goals of the project were to explore the impact of the “boot camp” as compared with preceptors and a clinical coach, to reduce the teaching burden on preceptors, and prepare new graduate nurses for their on unit clinical orientation. Structured orientation programs with trained preceptors have been found to be the most successful means of preparing new graduate nurses for clinical practice.

At the national American Psychiatric Nurses Association annual conference, Blake 11 staff (pictured from left to

right) Lucy Milauskas, BSN, RN; Karen Collins, MSN, RN, PMH-BC; Maya Oestreicher, BSN, RN; Louise Sheehan, MSN, RN, PMH-BC; Lea Nelligan, BSN, RN; and Angela Marsico, BSN, RN; presented their findings in a poster presentation in Coronado Springs, Florida.



## AN INTERVIEW WITH Kristinal Amaral, BSN, RN

Kristinal Amaral, BSN, RN, is a nurse on Ellison 8, Cardiac Surgical Step Down Unit. Recently, she published a children's book "Little Love Bug," illustrated by artist Carol Way Wood. The book was inspired by her conversations with her daughter dealing with and discussing the repercussions of bullying at school. Often, when her daughter would come home from school, the two would draw together – and so "Little Love Bug" was created from Amaral's crayon drawings. Here, she discusses how the story informs and is informed by her career as a nurse.

### What is the story about?

The book tells the story of a caterpillar's journey to find friends and family, and eventually unconditional love. As he sets out to find a true home, he realizes that family is not always based on what is on the outside, and that sometimes it takes some exploration to find our forever home and to discover the ways in which differences can be beautiful.

The book is centered on a caterpillar who transforms into a butterfly surrounded by people who care for him. That transformation and the power of nature are two important themes I tried to get across in the drawings.

### How is this project informed, if at all, by your career as an open-heart nurse?

I am a mother to a 14-year-old daughter and have been a nurse for 10 years. I was a young mom and feel that I have been growing up as both a nurse and a mother. Both of those roles often merge. What I have learned as a parent – the caring and love that we give to our children – we also give to our patients, and vice versa. We give to our patients, and they give back to us in the lessons they teach us. It can be hard to be a patient, being in the hospital away from family and friends and sick. The book is not only about bullying, but it is about any ordeal you might be going through in life when you might feel isolated or lonely or outcast. I think my experience as a nurse has definitely been reflected in these pictures.

Nursing is both an art and a science and to be able to observe and draw meaning is part of what nursing is. We engage with our patients to ensure that we are treating them with the most compassion we can. This book is really about looking past differences and finding commonality – something we do every day with those in our care.



### The book has an introductory poem and has a reading guide at the back of the book, but other than that, the story is told completely through the artwork. What was your thought process behind that?

The book is supposed to be like a mirror, or a meditation in self-reflection. By adding words to that, I feared it might take away from that process in our exploration. In the conversations with my daughter, the act of drawing helped ease the burden of not having the words for something. Language sometimes can be limiting, and we see this often with our patients. I wanted readers to be able to "read" into the story, whatever they felt most deeply and assign to these pictures their own meaning.

Here at MGH, we have had conversations on our floor about inclusion, discrimination and bullying. We work everyday to create a safe space for our patients, their families and each other as coworkers. The book is intended to be open ended and a catalyst for conversation for healing.

# Medical Interpreters: By the Numbers

FISCAL YEAR 2023 FEATURING RECORD NUMBERS FOR MEDICAL INTERPRETER SERVICES.

**317,662** **22.9%**  
TOTAL NUMBER OF INTERPRETED CASES IN 2023 INCREASE OVER THE PREVIOUS YEAR

**479,466** **9.4%**  
TOTAL NUMBER OF APPOINTMENTS FOR PATIENTS WHO SPEAK LANGUAGES OTHER THAN ENGLISH INCREASE OVER THE PREVIOUS YEAR

## The top languages translated in 2023 were:

Spanish	58.7%
Portuguese	11.1%
Chinese (Mandarin and Cantonese)	6.6%
Haitian Creole	5.2%
Arabic	5%
Russian	2.1%

During 2023, Medical Interpreter Services partnered with a number of inpatient units and ambulatory clinics on quality improvement initiatives. One example was the production of “Best Practices in Caring for Patients and Families Who Speak a Language Other Than English (LOE) and Deaf and Deafblind Patients and Families,” a language access resource manual for the Neonatal Intensive Care Unit.

Medical Interpreter Services also partnered with MGH and Mass General Brigham Patient Experience Teams to devise questions for patients who speak languages other than English and whether they were provided language access at their visit. This data has helped to include perspectives from a broader and more diverse patient population. These surveys are delivered to these patients in translated form and with the assistance of interpreters.

During Medical Interpreter and Translator Week, September 25-29, 2023, the interpreters enjoyed two memorable presentations, one by Jenny Siegel, MD, director of the MGH Transgender Health Center; and a presentation by Ellen Silvius, BSN, RN; and Sharon Amos, BSN, RN; of the MGH Sickle Cell Disease team.



Above, the Medical Interpreter staff gathers during Medical Interpreter and Translation Week to celebrate.

# Quality and Safety at the Forefront of Patient Care

The PCS Office of Quality, Safety and Practice has been involved in numerous initiatives throughout 2023.

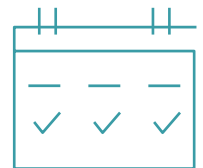
## NURSE SENSITIVE INDICATOR IMPROVEMENT EFFORTS

Nurse Sensitive Indicator (NSI) improvement efforts included partnering with nursing and interprofessional leadership to improve performance through creative and innovative interventions, such as the continued integration of the ABRAT tool throughout the organization to create a common language for identifying patients at risk for aggressive behaviors. To refresh and re-engage front line nurses in the management of pressure injuries, the Quality, Safety and Practice team partnered with the Wound Care Task Force members (Clinical Nurse Specialists and Nurse Practice Specialists) to provide “Road Shows” allowing for education redosing with the goal of improving patient outcomes.



## JOINT COMMISSION SUCCESS

In November 2024, the hospital welcomed a triennial Joint Commission survey. The Joint Commission visit following months of preparation and resulted in minimal Provisions of Care findings. Planning included the development and dissemination of Tuesday Take Aways e-newsletters, posters, badge tags and other resources. Engagement with TJC Staff Nurse Ambassadors and unit leaders support bolstered the successful visit.



## ADDRESSING STAFF WELLBEING

Staff wellbeing is front and center in all the work the department does. They continue to support unit-level efforts and have advocated for focused attention on staff wellbeing through the re-envisioning of Shared Decision Making. This November, the Office of Quality, Safety and Practice supported the first annual MGH Wellbeing Summit to promote networking and sharing of best practices across the organization with the plans for formalizing group work in 2024.



## NURSE SENSITIVE INDICATOR IMPROVEMENT EFFORTS

Workforce safety has been a focus of the work of the department of Quality, Safety & Practice (QSP&P) for several years. In June 2023, QS&P sponsored visiting scholar Son Kim, PhD, RN; the nurse scientist who developed the Aggressive Behavior Risk Assessment Tool (ABRAT), to present to the MGH community. As the Associate Dean and Professor of Graduate Programs at the School of Nursing, Point Loma Nazarene University, San Diego, California, Kim's research addresses the problem of workplace violence and the mitigation of aggressive behavior, often leveraging academic-practice partnerships to improve nursing practice. She is the author of the Aggressive Behavior Risk Assessment Tool (ABRAT), Violent Event Severity Tool (VEST), Kim Alliance Scale (KAS), and Sleep Promotion Questionnaire (SPQ). The ABRAT Tool has been rolled out to all units at the MGH.



KIM

# Rebuilding Spiritual Care: Creating a Covenant

Following the worst of the COVID-19 pandemic, the Spiritual Care Department asked themselves “How can we knit ourselves back together to do the work we are called to do, with compassion, patience, and to do so sustainably, creating a sense of trust and resilience in the department?”

As a group, they agreed that they needed to revisit the practice of having a covenant, or an outline of commitments that would guide their way of working with one another.

During brainstorming sessions, the group talked about what wasn't working and what was needed as individuals and as a team.



Two staff members support one another at a vigil hosted by Spiritual Care.

Once the covenant was developed and the team committed to it, they began a monthly practice. When gathering for staff meetings, the covenant is read together, each taking a section. “It is powerful to hear these words in each of our voices. It is also a monthly reminder of our commitments to one another,” says Rev. Erica Long, BCC.

“The covenant has created scaffolding that invites growth, vulnerability, even conflict, reminding us to put principles above personalities,” Long says.

Chaplain Catherine Mikula shares, “There is greater consciousness of language and attentiveness to how we are together; I feel more comfortable offering and receiving feedback because that's how we've decided we will be together. It's created space/context for us to be there for each other in profound ways. We see the impact of this in our work. Beyond the ethical, enters the spiritual – a practice of committing to the covenant together gets to the heart of how we are here with one another.”

## SPIRITUAL CARE DEPARTMENT COVENANT

**Our intention is for our professional communication to be in the service of our deeply held values and approached as a spiritual practice, both individually and collectively.**

- **Be fully present.** Set aside distractions and welcome others into the space and presume you are welcomed as well.
- **Practice communicating skillfully,** both verbally and nonverbally.
- **Listen generously, deeply, and with mindful attention.** Seek to understand and clarify underlying issues.
- **No fixing.** Refrain from giving advice unless it is specifically solicited.
- **Suspend judgment and turn to wonder.** Maintain curiosity, honor complexity of different opinions.
- **Speak from your own experience** and refrain from making assumptions about the experience of others.
- **Be lean of expression and stay on point.** Be mindful and respectful of time. Recognize that silence does not necessarily indicate agreement.
- **Be aware of privilege.** Be mindful of and practice divesting from patterns of privilege and power associated with dominant identity locations.
- **Engage conflict constructively and with respect.** Do not flee from conflict! Invite, share, and respect divergent viewpoints, disagree with ideas rather than people, and discuss differences skillfully.
- **Believe that it is possible for us to emerge from our time together refreshed, surprised and less burdened than when we came;** that seeds planted here will bloom in time to come.

## HAND THERAPY EXPANDS AT MASS GENERAL WALTHAM

MGH Outpatient Occupational Therapy Service has had a long history of highly trained hand therapists who specialize in the rehabilitation of the upper extremity. This year OT opened the doors of a new 14,000-square-foot, state-of-the-art rehabilitation facility at Mass General Waltham. This allowed for the expansion of Occupational Therapy, Physical Therapy and Sports Medicine services. The expansion collocates therapy with orthopedic and sports medicine physicians, promoting effective and efficient interprofessional care.

Occupational Therapy services include post-op care from hand surgery including custom splinting, wound care, exercise training to improve motion and strength, as well as treatment for repetitive injuries or degenerative issues.



## MGH RESPIRATORY CARE HEADS SOUTH



In November, representatives from MGH Respiratory Care attending the American Association for Respiratory Care's annual conference in Nashville, Tennessee. Staff presented, shared posters, and director Carolyn LaVita was recognized with an award.



## SUPPORTING STRIDES

MGH staff volunteer at the first aid station for the American Cancer Society Making Strides for Breast Cancer Walk held in Boston on October 1, 2023. MGH nurses Amy Levine, RN, Operating Room; Jamie Scalata, RN, and Greg Cox, RN, Ellison 12 Medicine, Maria McGravey, RN, Operating Room; and Michelle Specht, MD, Surgical Oncology; and Ekaterina Koelliker, clinical research coordinator, Department of Surgery provided aid to walkers during the event.

# Notes from Grateful Patients

## - (CNO Letter Cont.)

“MGH offered me the ‘A+’ team in Neurology, Rheumatology, Neuro-Ophthalmology, Medical, Surgical, Anesthesia. Again, they were all ‘A+’ teams! And what I really liked about it is that I felt safe, trusted. There was a lot of collaboration and synergy between all the different specialties, and it was phenomenal. I felt I wasn’t sure what was wrong with me when I first started but I felt very safe, diagnosed and on my way back to my healthy self. I appreciate that very much and I thank MGH for being there.”

“The care that I received was exceptional from entry to exit. Thank you very much. You’re very lucky to have staff that are dedicated and professional in what they do. I mean that from the bottom my heart. Each one of you made me feel very comfortable, and very safe at all times. I couldn’t ask for better people to take care of me.”

“My daughter recently spent almost three weeks at Mass General. The nursing staff and PCA staff were amazing. They took unbelievable care of her. They were there for everything she or we, as her parents needed. They were very compassionate and very helpful. They were just absolutely amazing. The Pediatric teams, and everybody who treated her was unbelievable. We are so lucky to be so close to an amazing hospital; one of the best in the world. We are so thankful for all the care she received.”

“The staff is top notch in the PICU! Amazing service from the doctors, nurses, PCAs, Respiratory Therapists, Physical Therapists, Nutrition staff and Environmental Services staff...Thank you to all of them! Mass General should be proud!”



## LIPPINCOTT LAUNCH

Lippincott Solutions is an online tool that provides access to more than 2,200 evidenced-based procedures and clinical decision support (spanning more than 15,000 clinical topics) in a user friendly, intuitive format. The database provides foundational support for exemplary practice, evidenced-based practice, and advances the hospital and Patient Care Services’ strategic plan.

The platform launched in April and has been accessed across the hospital. Lippincott Procedures, a resource that provides procedure guidance and technical videos covering a variety of specialties, and Lippincott Advisor, an instant, evidence-based clinical decision-making support tool, can be accessed to support and bolster hospital policies and specialty association guidance. Lippincott is intended to be referenced only after utilizing Ellucid, the hospital’s policy manager, to access MGH and Mass General Brigham policies, followed by specialty association standards and guidelines, and then finally Lippincott. Lippincott modules are accessed directly from the start button under “Clinical References.”

# Out With the Old, In With the New

In the spring of 2023, MGH launched an initiative to replace each of its 890 general care bed frames and mattresses. With regular deliveries arriving to the hospital each week, this 7-week endeavor was proven to be successful thanks to hardworking staff from across many role groups and departments.

The process to replace old beds with new ones on one inpatient floor took about an hour and a half, with the beds being prepared upon their arrival at the MGH. Every Monday and Wednesday, a delivery of 84 beds arrived and was readied by staff. This included the installation of auxiliary parts, performance of a comprehensive preventative maintenance check, and finally, cleaning and covering. Then, every Tuesday and Thursday, up to three inpatient units were converted, and old beds were removed from the hospital.

George Reardon, director of Patient Care Services Clinical Support Systems, says feedback from patients, families and clinical and support staff about the beds has been positive, thanks to the planning, preparation, support and oversight from each unit.

“This was truly a multi-departmental effort,” Reardon says. “We couldn’t have done this without the fantastic support we’ve received from staff in Biomedical Engineering, Building and Grounds, Environmental Services, Materials Management, Police and Security, and Nursing and Patient Care Services.”



Above, Reardon, second from left, joins staff in the Lunder Building as beds are prepared to be delivered to the inpatient units. Below, unit staff assist in converting the general care beds.



**PHILANTHROPIC SUPPORT IS CRUCIAL TO NURSING AND PATIENT CARE SERVICE** as it allows us to seed innovative ideas, provide opportunities for career development and advancement and improve the way we deliver care. If you are interested in learning more please visit [giving.massgeneral.org/nursing-and-patient-care-services/](https://giving.massgeneral.org/nursing-and-patient-care-services/), or contact Maureen Perry in the MGH Development Office, [mperry19@mgh.harvard.edu](mailto:mperry19@mgh.harvard.edu).

# Caring

HEADLINES FROM MGH NURSING  
AND PATIENT CARE SERVICES



 **Massachusetts General Hospital**  
Founding Member, Mass General Brigham