8.6 Describe how the organization utilizes advance practice nurses.

There are over three hundred and sixty nurses at Massachusetts General Hospital functioning in advance practice nurse roles, as defined by the ANCC. These nurses provide the organization with a vast wealth of clinical knowledge and expertise to support the delivery of high-quality patient care throughout the institution.

Clinical Nurse Specialists

There are seventy-one (63.5 FTEs) Clinical Nurse Specialists practicing in unit-based and department-level roles at MGH. As described in Force 2.3, unit-based Clinical Nurse Specialists are integral members of the unit-based triad leadership structure responsible for the clinical operations of the patient care units. Clinical Nurse Specialists respond to changes in clinical practice by planning, designing, implementing and evaluating guidelines, protocols and standards in collaboration with the Nursing Director, Staff Nurses and other members of the disciplinary care team. As described in Force 7.8, they are instrumental in mentoring and supporting staff in advancing their practice, as was demonstrated with the Sheath Removal project and with the Doc Com project. They also mentor staff in Collaborative Governance committees and as they prepare their portfolios for the Clinical Recognition Program that will be described in Force 9.7.

As clinical experts, they also work on their units and consult across units to meet the educational needs of nurses, patients and families. Attachment 8.6.a is a resource list used by the Clinical Nurse Specialists outlining their clinical expertise and areas of responsibility. This list is actively used by the Clinical Nurse Specialists to identify peers they can consult with on clinical issues that may arise on their units.

In addition to their role on patient care units, the Clinical Nurse Specialist provides invaluable support to numerous clinical programs in the Department of Nursing and the Hospital. Following are descriptions of some of these programs. Outcomes to these programs will be described Force 8.6 and Force 8.7.

• Wound Care Education Program

In 2004, a taskforce of twenty Clinical Nurse Specialists formed to identify a mechanism to establish a cadre of Staff Nurses who could provide contemporary, evidenced-based wound care across the hospital on a 24/7 basis. The program continues to provide education and training to unit-based Clinical Nurse Specialists and Staff Nurses.

- <u>Tracheostomy Quality Team</u> As described in Force 7.9, Clinical Nurse Specialists are part of
 this interdisciplinary consultation team that assist clinicians on general care units with the care of
 patients with tracheostomies.
- <u>Clinical Nurse Specialist for Pain Relief</u> is responsible for maintaining and further developing the hospital-wide pain initiative, "MGH Cares about Pain Relief," to improve the assessment and management of pain. This includes clinician and patient education using a variety of teaching formats and topical areas, such as in-services, continuing education programs, ethics rounds, patient education brochures, interactive electronic self-directed learning media, print newsletters, e-newsletters with imbedded links, and a Pain Relief webpage.

The Clinical Nurse Specialist for Pain Relief also provides consultation services to patients, clinicians and leadership to optimize care planning and documentation, while role-modeling expert assessments, interventions, and the use of highly-technical equipment designed to optimize the way pain is managed. Although the needs, format and products vary, the plan of care for patients always attend to the Scope and Standards of Care, available evidence-based guidelines, and best-practice strategies to address pain management issues.

Consultation is provided to individual clinicians (especially unit-based Staff Nurse Pain Relief Champions) and other Clinical Nurse Specialists, and to programmatic initiatives, such as unit-based quality improvement projects or Safe Administration Subcommittee projects.

Psychiatric Nursing Consultation Service - Initiated as a pilot project on the Medical Nursing Service in 2002, the Psychiatric Clinical Nurse Specialist began to function as a practitioner in collaboration with Physicians on the Psychiatry Consultation Service to expedite assessment, diagnosis and treatment of psychiatric patients or patients with behavioral problems on general care units. Due to the success of this pilot, this service is now available on all inpatient care units and has expanded from 3 FTEs to 3.4 FTEs of Clinical Nurse Specialist coverage.

Nurse Practitioners

There are over 290 Nurse Practitioners credentialed to practice at MGH. In addition to working in clinical practices such as primary care and outpatient specialty practices, Nurse

Practitioners are functioning in a variety of roles outside the traditional practice setting. The following are examples of these roles.

• Interventional Cardiology Unit Nurse Practitioner Model

This is a unique care delivery model in which highly experienced advanced practice nurses initiate and facilitate a comprehensive plan of care for patients on Ellison 11, the 36-bed Cardiac Access Unit. This interventional cardiology unit specializes in the care of patients with acute coronary syndromes, arrhythmias, heart failure and other vascular diagnoses.

The management of patient care on Ellison 11 is a collaborative effort, accomplished through a team of Acute Care Nurse Practitioners, Attending Cardiologists and Staff Nurses. There are no House Staff on Ellison 11. Nurse Practitioners are first responders, admitting patients directly from the Cardiac Catheterization Lab, Electrophysiology Lab, the Emergency Department, and directly from outlying hospitals. They perform the H&P, write all orders, respond to patient care crises, manage procedural complications, consult with specialists, contribute to discharge planning and write discharge prescriptions. They facilitate the timely development of a plan of care and communicate with patients and families, putting the most experienced cardiac clinicians at the bedside.

There are 18 full- and part-time Nurse Practitioners on the unit, covering 7AM until 12:30 AM, with Physician Fellows covering at night. An average of seventeen patients are admitted and discharged from the unit each day. Physician and nursing colleagues value the clinical knowledge, expertise and accessibility of the Nurse Practitioner on Ellison 11.

Palliative Care Program

The MGH Palliative Care Program is a multidisciplinary team of specially trained Physicians, Nurses, Social Workers, Chaplains, and Volunteers who provide care and support to enhance the patient's quality of life and support the family in the hospital, in the home and alternative settings. The Nurse Practitioner interacts with patients and families and also works in a consultative role on the patient care units working with staff to provide the best possible care for patients at the end-of-life.

She began her career in palliative care as a Clinical Nurse Specialist before becoming a Nurse Practitioner. She is the Past President of the National Hospice and Palliative Nurses Association, and winner of the 2007 Advanced Practice Certified Hospice and Palliative Nurse of the Year

Award. She has also published and lectured extensively on the care of patients with life-threatening illness based on her experiences in clinical and administrative hospice and hospital care.

Medical Team 4 and 5 Pilots

While meeting the needs of patients with increasingly complex medical, psychosocial and socioeconomic needs, the General Medical Service at MGH has faced severe capacity issues. The Medical Clinical Performance Management (CPM) team implemented two Nurse Practitioner driven initiatives to support the clinical management of patients and improve the quality and efficiency of care.

In 2005, the role of a Nurse Practitioner was introduced on the inpatient medical patient care units of the teaching service through the Medical Team 4 Pilot. As described in attachment 8.6.b, the goals of the pilot were: to improve the quality and efficiency of care, to support medical resident and intern education, to support standardization of team rounding and clinical operations and to improve patient and family satisfaction with processes of care.

As a result of the success of the Team 4 Pilot, the CPM team launched a subsequent six-month pilot that ran from July to December 2006. The new Team 5 pilot brought together an interdisciplinary group of clinicians to address the care and management of patients that are medically stable, but face complex psychosocial issues; such as, guardianship, homelessness, substance abuse and other complex psychosocial issues that impede discharge.

Medical patients are referred to the team through Case Managers. The Nurse Practitioner evaluates the patient and presents the case to the team to determine if the patient will be accepted on the team's service. The Nurse Practitioner is the lead clinician managing the care of patients on the team, working closely with a Case Manager, Social Worker, Medical Residents and other consultative members of the health care team.

MGH Wound Care Center

The Center began in June 2001, as part of a pilot initiative in the Department of Surgery,
Division of Vascular Surgery and has been successfully transitioned to a comprehensive wound care
management program managed by a doctorally prepared Nurse Practitioner. This unique program
provides a high-level of wound care expertise to patients on an outpatient basis, allowing for close
evaluation, monitoring and treatment of patients with chronic vascular or neuropathic ulcers and
non-healing surgical wounds. In addition to providing direct patient care, the Nurse Practitioner,

also acts as a consultant to the Clinical Nurse Specialists responsible for managing the inpatient Wound Care Program, previously described.

Pediatric Orthopedic Team

As a member the pediatric surgical subspecialty team, the Nurse Practitioner works collaboratively with three pediatric orthopedic surgeons in the ambulatory surgical clinic and on the inpatient care units. In addition to performing pre-operative assessments and providing the patient and family with teaching and guidance throughout the surgical experience, the Nurse Practitioner is involved in research projects and has published numerous articles in nursing and primary care journals about pediatric orthopedic care management issues. She also recently received a Making a Difference Grant to create a digital library of common orthopedic conditions to help meet the educational needs of patients and families. Attachment 8.6.c is a narrative in Caring Headlines from the Nurse Practitioner describing her role.

Certified Nurse Midwives

The Vincent Obstetrics Service at MGH has an active Midwifery Program with a team of fifteen Midwives working in both inpatient and ambulatory settings of the hospital. In the inpatient setting, Nurse Midwives deliver over 900 births a year, which account for approximately 30% of all deliveries at MGH. In addition, they manage the OB Triage Unit for the service, seven days a week from 7am to 7pm, initially assessing all OB patients upon arrival to the hospital to determine the appropriate triage and initial management of patient care. Triage responsibilities expand to include telephone triage on weekends for the entire Vincent OB Service.

The ambulatory practice for the Nurse Midwives includes direct patient care on the main campus and in three of the hospital's community health centers. The Nurse Midwives offer their patients a full range of prenatal, intra-partum and post partum health care services, including contraception management. They also manage the Ambulatory Triage Unit for the Vincent OB Service seeing over 250 visits per month. An important component of their triage work includes 'option counseling' for women with failed pregnancies. They are available for immediate follow-up to ensure that all women receive one-on-one counseling regarding treatment options, referrals for genetic counseling and social services, as needed.

Registered Nurse Anesthetists

Under general supervision of the Chief Nurse Anesthetist and an Anesthesia trained Physician Supervisor, Nurse Anesthetists provide anesthesia services to patients. They review patients' medical histories, assist in the selection of type of anesthesia, administer anesthetic and monitor patients during the procedure. There are twenty-two Nurse Anesthetists working at MGH. Attachment 8.6.d defines the scope of practice for nurses in this role.

Attachment 8.6.a

MGH Clinical Nurse Specialist Directory as of April 2007

Lillian Ananian, RN, MSN	Lauren Kattany RN, MS
Medical ICU Blake 7	White 8- Medical Unit
Pager: #25201	Tele: 4-9630 / Pager #12301
9	e e e e e e e e e e e e e e e e e e e
Expertise:	Expertise:
Critical care medical patients	Healthcare ethics
Clinical recognition	Care of chronic, complex medical patient
	Bedside emergencies
	Cardiovascular nursing
	Advanced care planning
Paul Arnstein, RN, PhD	Mary Lou Kelleher, RN, MS
Clinical Nurse Specialist for Pain Relief	Pediatrics
Tel: 4-8517 / Pager: #13386	Ellison 17 and Ellison 18
Expertise:	Tel: 4-5720 / Pager: #25401
• Pain assessment	Expertise:
Pain management	Family centered care
Mind-body (cognitive-behavioral) interventions	Child development
, , ,	Care of the child with multiple medical
	challenges
	Pediatric rehabilitation
	Talking to children about illness and death
	Community and home care of pediatric
	patients
	Pathway development and implementation
	Operations improvement
	Special education consultation
	Team building and relationship development
	Clinical narratives
	Pediatric nursing education
	Fediatric fluishing education
Kate Barba, MS, APRN, BC, GNP	Sue Kilroy, MS, RN, CNS
Medical Unit Bigelow 11	General Medicine-White 10
Tel: 6-2754 / Pager: #36803	Tel: 4-2374 / Pager: #32626
Expertise:	Expertise:
Gerontological Nursing	Common arrhythmias
Treatment of delirium in elderly patients	Complex general medical patient
Care of the medical patient	Delirium
	Medical emergencies
	Care of the frail elder
	Fall prevention
	Wound care

Anne-Marie Barron PhD, APRN, BC

Psychiatric Clinical Nurse Specialist Ellison 14 / Tel: 4-5410

Inpatient Oncology and Bone Marrow Transplant Unit

Area of Expertise

- Psychosocial Issues in oncology nursing Practice
- Focus on the newly graduated nurse
- Reflective practice
- Therapeutic touch
- Nursing research

Susan Krupnick, MSN, APRN, BC, CARN

Emergency Department Psychiatric CNS/ANP

- Addictions Consultation

Tilton 105

Tel: 617-643-2307 / Pager: #22225

Expertise:

- Addictions
- Acute psychiatric emergencies
- Pain and addiction
- Delirium
- Decisional Capacity
- Organizational leadership

Mimi Bartholomay, RN, MSN, AOCN

MGH Cancer Center Infusion Unit-Yawkey 8 Radiation Therapy-Cox Lower Level Francis H. Burr Proton Therapy Center Yawkey Tel: 3-1845, 6-3889 / Pager: #22199 Expertise:

- Oncology care and symptom management
- Chemotherapy/Biotherapy Infusion

Cynthia LaSala, MS, RN, CNS

Phillips House 20 and 21

Tel: 4-6010, 4-6110 / Pager: #33206

Expertise:

- Care of acute and chronic complex adult medical patients
- Gerontological Nursing
- Basic arrhythmia interpretation
- Ethical issues in clinical practice and advanced care planning
- Professional/career development
- Wound care

Kathryn Beauchamp, RN, MSN, CCRN

Pediatric Intensive Care Unit Tel: 4-3888 / Pager: #30224

Expertise:

- Pediatric critical care
- CVVH
- Pediatric bereavement
- Procedural sedation/ Pediatric pain
- Pediatric Advanced Life Support (PALS)
 Coordinator and Lead Instructor
- Congenital heart defects

Gail K. Leslie RN CS

Urgent Care Psychiatry Clinic/Outpatient WACC 815

Tel: 4-0836 / Pager: #22000

Expertise:

- Urgent care of psychiatric disorders
- Crisis Counseling
- Disaster mental health
- Psychopharmacology

Katie Brush, RN, MS, CCRN, CONS, FCCM Denise Lozowski, R.N., M.S.N. Surgical Intensive Care Unit Ellison 4 Nurse Partners Triage Program Tel: 6-3071 / Cell phone: 617-922-4767 Tel: 4-5889 Pager: #31744 Expertise: Pediatrics Expertise: • Surgical critical care • Nurse Triage Sepsis • Program Development • Trauma Chronic Illness • Skin and wound care Home Care MCH Federal and State Resources • Systems development • Bedside procedures • Infection prevention and prophylaxis • Critical care guidelines and performance measures Ruth J. Bryan, RN, MSN, CAPA Mary Lussier-Cushing, APRN, BC Same Day Surgical Unit Pre-Admission Testing Psychiatric Nursing Consultation Services Area Tel: 6-8945/ Pager: #35883 Office: Blake 1181 Expertise: Tel: 4-6104 / Pager: #33067 • Pre- and Post-Anesthesia Care Expertise: • Conscious sedation Delirium • Universal protocol Dementia • Post-surgical care issues • Alcohol withdrawal • Mentoring and Professional Development • Challenging treatment interfering behavior • Suicidal patient • Personality disorders Virginia Capasso, PhD, APRN, BC Janet Madden, RN, MS Knight Nursing Center for Clinical and Newborn Intensive Care Unit Blake 10 Professional Development; Tel: 4-4308 / Pager: #11814 Nurse Scientist, Munn Center for Nursing Expertise: Research • Care of critically and chronically ill newborns Co-Director, MGH Wound Care Center • Family-centered care Tel: 6-3836 / Pager: #25650 • Bereavement related to neonatal illness Expertise: • Systems issues related to care delivery • Wound management • Methods for measuring wounds • Measures of the effects of treatments on the wound milieu • Cost and efficacy of wound treatments • Research design and methods • Research utilization

Chelby Cierpial, MSN, APRN, BC	Ann Martin, RN, MSN, CS-ANP
Cardiac Interventional Unit -Ellison 11	White 7 and Ellison 7
Tel: 4-1375 / Pager: #33601	Tel: 6-6988 / Pager: #27073
Expertise:	Expertise:
Care of the cardiac patient	• Wound care / VAC care
Interventional peripheral vascular cardiac	Bedside emergencies Olivination of the state of the
procedures and complications	Clinical pathways -bowel resection, Whipple,
Professional development	distal pancreatectomy, cholecystectomy, liver
	resection
	Bariatric patient
Clare Cole, RN, RNC, MSN, WHNP	Jeanne McHale, RN, MSN
Obstetrics- Blake 13	Knight Nursing Center for Clinical and
Tel: 4-3925 / Pager: #14502	Professional Development
Expertise:	Tel: 6-4238 / Pager: #22637
Antenatal	101. 0-4230 / 1 age1. #22037
Labor and delivery	Beth Nagle, RN, BC, MSN
· · · · · · · · · · · · · · · · · · ·	Knight Nursing Center for Clinical and
Postpartum	Professional Development
	Tel: 6-3476 / Pager: #25657
	Expertise:
	Clinical Simulation
	Professional development
	1
Jacqueline Collins RN, MSN	Joyce McIntyre, RN, MSN, MEd, SANE
Medicine Ellison 16	Emergency Department and Observation Unit
Tel: 6-5398 / Pager: #20871	Bigelow 12
Expertise:	Tel: 3-3589 / Pager: 13361
Nursing recruitment/retention	Expertise:
Nursing and patient education	Sexual assault
Arrhythmia interpretation	Domestic violence
Skin and wound care	Fetal demise
Mentoring and coaching	Disaster response
	Forensic nursing
	_

Patricia Connors, RN, RNC, MS, WHNP Patricia Mian, RN, MS, CS Obstetrics Ellison 13 Emergency Department Tel: 4-4129 / Pager: #22618 Tel: 4-4697 / Pager: #30098 Expertise: Expertise: • Psychiatric Emergencies • Antenatal Labor and Delivery • Family presence during resuscitation/IP • Crisis counseling for patients and families • Post-partum following trauma, life crisis or death of a • Electronic fetal monitoring • Certified legal nurse consultant loved one • Sexual assault / Domestic violence • Sudden bereavement • Patients at risk for injury • Behavioral de-escalation • Behavioral emergencies • Acute psychiatric patients Charlene O'Connor, RN, MS Nancy Coughlin, RN, RNC, MSN, WHNP Main Operating Room Obstetrics Blake 14, Labor and Delivery Tel: 3-0779 / Pager: 14583 Tel: 4-6369 Expertise: Pager: # 13917 Expertise: • Perioperative nursing • Antenatal care /Labor and delivery • Neurosurgery, orthopedics, and bum surgery • Post-partum care • Maternal Fetal Monitoring Erin Cox, MS, APRN BC, CCRN Vascular Surgery Bigelow 14 Tel: 6-1326 / Pager: #34320 Expertise: • Vascular surgery • Wound care • Disaster response Constance M. Cruz, RN, APRN, BC Suzanne O'Connor, RN, MS, CS Psychiatric Care Emergency Department Psychiatric Nursing Consultation Service Blake Tel: 4-4129 1181 Expertise: Tel: 4-6104 / Pager: #14343 • Care of acute psychiatric patients Expertise: • Crisis counseling for patients & families • Dementia Delirium post-trauma, life crisis or death of a loved • Suicidal patient • Alcohol withdrawal • Care of sexual assault patients • Behaviorally challenging patients • Assessment and intervention for victims of violence Bereavement

Vivian Donahue, MSN, APRN, BC Lynn Oertel, MSN, APRN, CACP Anticoagulation Mgmt. Services (AMS) Clinics Coronary Intensive Care Unit Ellison 9 Tel: 4-8771/Pager: #22167 Tel: 6-6955 / Pager: #34150 Expertise: • Interventional cardiac procedures Expertise: • Anticoagulation management • Hemodynamic monitoring • Patient education • ACLS / Arrhythmia interpretation • IABP • Stroke prevention • CVVH • AMS clinical pathways Joanne Empoliti, MSN, CS, ANP, ACNP, ONC Jill Pedro, MSN, APRN, BC, ONC Orthopedics: White 6 Orthopedics and Urology Ellison 6 General Surgery: Phillips House 22 Tel: 6-8506 Pager: #25218 Tel: 6-3254 / Pager: #25291 Expertise: Expertise: • Care of orthopedic and urology patients • Orthopedic nursing • Patient /family education re: needs of orthopedic and urology patients • Pain management • Care of general medical patient • Pain management • Skin care • Skin and wound care • Surgical practice issues

Thomas Contonno Errono MCNI DNI	Marian A Diiman DN MC CDDN EAAN
Theresa Cantanno Evans MSN, RN	Marion A. Phipps, RN, MS, CRRN, FAAN
Phillips House	NT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Tel: 4-6010 /Pager: #38281	Neurology and Neurosurgery
Expertise:	White 12 and Ellison 12
Care of the cardiac patient	Tel: 6-5298 / Pager: #32486
Care of the geriatric patient	Expertise:
 Chemotherapy 	Rehabilitation Nursing: Patients with
Medical Ethics	disability/stroke/spinal cord/neurologic
End of life care	deficits
	Wound and skin care
	Fall prevention
	Patient and family education
	End of life concerns
	Professional development
	1
Jean Fahey RN, MSN, CCRN, CNRN,	Taryn J. Pittman, RN, MSN, BC
APRN,BC	Patient Education Specialist / Manager Blum
Neurology, Neurosurgery, Neuro-oncology	Patient and Family Learning Center
White 12 and Ellison 12	Tel: 4-3822 / Pager: #36500
Tel: 6-9490 / Pager: #25892	Expertise:
Expertise:	Patient teaching
Neuro adult palliative care	Education resources
Adult traumatic brain injury, stroke, cerebral	Material Development
aneurysms, brain tumors, epilepsy	Health Literacy
ACLS instructor	Nursing Staff Development
Adult Neuro-oncology	Training out Development
Invasive epilepsy monitoring	
Mechanically ventilated neuron patients	

Susan Finn, RN, MSN, AOCNS Cancer Center Infusion Units Yawkey 8 Infusion Center Tel: 6-4023/Pager: #31790 Expertise: Oncology Chemotherapy Biotherapy Infusion	Jennifer Repper-DeLisi, APRN, BC Psychiatric Nursing Consultation Service Blake 1181 Tel: 4-6104 / Pager: #30390 Expertise: Personality disorders/behaviorally challenging patients Alcohol withdrawal Delirium Dementia Suicidal patients
Sara A. Fisher, APRN, BC Psychiatric Nursing Consultation Service Blake 1181 Tel: 4-6104 / Pager: 14449 Expertise: Dementia Delirium Suicidal patient Alcohol withdrawal Behaviorally challenging patients	Maria G. Rice, RN, MSN Emergency Department Tel: 44932 / Pager: #14346 Expertise: • Medical emergencies • Trauma care • Triage • Critical care nursing management • Acute pain management
Patricia Fitzgerald MSN, RN General Medical Unit Bigelow 11 Pager: #4-5590 Expertise: Arrhythmia interpretation Management of bedside emergencies Care of Complex Medical Patients	Ellen Robinson, RN, PhD Clinical Nurse Specialist Ethics Tel: 4-1765 / Pager: #30513 Expertise: • Health care ethics • Ethical issues at the end of life • Qualitative research
Susan Gavaghan MSN, APRN BC, CCRN Respiratory Acute Care Unit Bigelow 9 Tel: 4-4802 / Pager: #36526 Expertise: • Airway care & Care of mechanically ventilated patients • Nursing interventions focused on family needs • Weaning from mechanical ventilation. • Skin and wound care.	Elizabeth Ryder, RN, MSN MGH Pain Center Wang ACC Suite 333 Tel: 4-7217 / Pager: #35794 Expertise: • Acute pain management

• Hypothermia

Colleen Gonzalez, MSN, APRN-BC Sandra E. Silvestri, RN, MS, CNOR Medical Units Main OR / SDSU OR Phillips House 20 and 21 Tel: 4-0150 / Pager: #35803 Tel: 4-6010, 4-6110 / Pager: #11209 Expertise: • Perioperative nursing Expertise: • Vascular, general surgery and minimally • Care of the complex medical patient • Cardiovascular nursing care invasive • Arrhythmia interpretation • Organ donation: DCD • Bedside emergencies • Family visitation and presence during hospitalization Catherine Griffith, MSN, APRN, BC, CCRN Kathleen Stakes, RN, MS, CPON Cardiac Surgical Intensive Care Unit Ellison 17, 18, and the Hematology/Oncology Cardiac Surgical Step-Down Unit Blake 8 and Clinic Ellison 8 Pager: # 13973 Expertise: Tel: 4-3886 / Pager: #25807 Pediatrics Expertise: • Cardiac surgery, IABP, CVVH • Pediatric oncology • Pacemakers, arrhythmia interpretation • Learning disabilities • Journal Club • Mentoring, professional development • Wound management • Advanced Care Planning Mary McKenna Guanci, RN, MSN, CNRN Susan S. Stengrevics, MSN, APRN, BC, Neuroscience Intensive Care Unit Blake 12 **CCRN** Tel: 4-7242 / Pager: #25211 Medical Ellison 10 Tel: 4-5010 / Pager: #32163 Expertise: • Care of neurologically compromised patients Expertise: including critical care Cardiac Nursing • Head trauma • Arrhythmia interpretation • Spinal cord injury • Management bedside emergencies • Cerebrovascular disease (Acute Stroke) • Cerebral aneurysm • Hemodynamic monitoring (including intracranial pressure and jugular O2) • Organ donation

Christina Gulliver, RN, MS, CS Lynda A. Tyer-Viola, RNC, PhD Psychiatry Unit - Blake 11 Obstetrics Blake 14 Tel: 6-7705 / Pager: #35269 Tel: 4-3608 / Pager: #36002 Expertise: Expertise: • Care of patients with challenging behavioral • Antenatal/postpartum care issues • Maternal fetal monitoring • Psychiatric disorders and current treatments • Co-morbid illness in pregnancy • Management of patients in restraints • HIV in pregnancy • Management of potentially violent or suicidal • Quality monitoring patients • Care of patients with psychiatric and/or medical issues Carol Tyksienski, MS, RN, APRN, ANP, Sioban Haldeman RN, MS, APRN, BC ACNP, BC Cardiac Interventional Unit- Ellison 11 Tel: 4-1375 / Pager: #32055 Hemodialysis CNS / NP Bigelow 10 Expertise: Tel: 4-8082 / Pager: #33198 • Care of the cardiac patient • Interventional cardiac procedures Expertise: • Interventional peripheral procedures Hemodialysis • Vascular complications • Vascular access management • Wound management • Care of general medical patient • Professional development • Hemodialysis discharge planning • Patient education • Cardiovascular certification • Heparin-induced thrombocytopenia • Anticoagulation Karen Hopcia, RN, Sc.D(c), APRN, BC, Susan Wood MSN, APRN-BC **COHN-S** Medical Unit / White 11 Tel: 4-3747 / Pager: # 33650 General Clinical Research Center White 13 Tel: 4-1610 Expertise: • Care of general medical patient Expertise: • Nursing education-teaching, diabetes • Clinical research & protocol implementation · Occupational Health Services, Research and teaching Policy • Occupational Health and Safety • Decision Science

Marian Jeffries, RN, MSN, APRN BC, FNP-C	Pamela P. Wrigley, RN, MS
Thoracic Medical Surgical Unit	Same Day Surgical Unit/OR/Pediatric ACC
Laryngeal Surgery / Voice Ellison 19	309
Tel: 4-4031 / Pager: #30927	Tel: 4-2395 / Pager: # 11056
Expertise:	Expertise:
Thoracic & General Surgical Care	Perioperative nursing (pediatric/ambulatory)
Chemotherapy / Thoracic and GI Cancer	7 C u
Airway management	
Tracheostomy / Laryngectomy patient teaching	
Skin and Wound care	
Elizabeth Johnson RN, MSN, AOCNS	
Oncology Gyn- Bigelow 7	
Tel: 4-4118 / Pager: #32606	
Expertise:	
Chemotherapy, IP chemotherapy	
Oncology Care	
Bone Marrow transplant	
Nursing education-teaching methodologies	
Evidence-based nursing practice	
• Gyn care	
ĺ	

Attachment 8.6.b

Bigelow Medicine Nurse Practitioner Pilot February 2005

Goals

Improve Quality and Efficiency of Care Support House Staff Education Support Standardization to Team Rounding/Clinical Operations Improve patient and family satisfaction with processes of care

Quality and Efficiency

The Nurse Practitioner, as part of the Medical Team will impact the quality and efficiency of patient care through continuous coordination, communication, planning, implementation and evaluation of outcomes; through timely ordering and review of diagnostics and labs; and through earlier involvement of the patient and family in the implementation of the discharge planning process.

Support House Staff Education

The Nurse Practitioner will support House Staff education through knowledge sharing, mentoring, role modeling, and general participation in the overall teaching environment; as well as by enabling House Staff teams to more fully participate in formalized teaching sessions as a result of his/her availability to patients and staff on the care unit. It is anticipated the number of interruptions to House Staff during formalized teaching sessions will decrease significantly.

Support Standardization to Team Rounding / Clinical Operations

The Nurse Practitioner will, as a result of regular communication and partnership with both DOM and Nursing leadership and other disciplines, playa significant role in contributing to greater continuity of medical care processes and to the successful implementation of standardized approaches to patient care in the general medical unit. As Medical CPM initiatives to improve both the quality and efficiency of care are designed and implemented, the Nurse Practitioner will serve as the single continuous member of the medical team and will collaborate closely with the Junior Resident to operationalize standards and processes of care designed by the multidisciplinary team.

Improve Patient/Family Satisfaction

The Nurse Practitioner, functioning as a collaborating member of the patient care team will play a key role in managing care of longer-term complex patients. The resulting continuity along with the clear nursing focus provided by the nurse practitioners will result in both improved quality and efficiencies of care as the nurse practitioner works closely with the patient/family, case management, and the non acute/home care setting most appropriate to the level of care required. Additionally the nursing focus and availability for patient/family teaching and discharge planning has repeatedly proven to result in improved levels of satisfaction for patients and families.

Bigelow Service Nurse Practitioner Role/Responsibilities

- Participate as a full member of the team
- Facilitate the discharge process -selectively deployed to tackle tough discharge issues
- Focus, when appropriate on longer term medically and/or socially complex patients who will benefit from continuity and nursing focus
- Provide increased continuity for other members of clinical team on the unit
- Support the standardization of operational and clinical workflow processes
- Interface with case managers, social workers, therapists etc.
- Field clinical questions during noon conference
- Support Patient/Family education
- Serve as an additional resource for the nurses on the unit

Key Qualifications

Candidate must be flexible and amenable to a range of responsibilities Candidate must be experienced Candidate must demonstrate support for House Staff teaching program goals

Logistics

Interviewers of candidates will include Hasan Bazari, MD, Andy Karson, MD, Rick Bringhurst, MD, Theresa Gallivan RN and the Nurse Manager/other representatives for the specific unit Andy Karson MD to serve as Collaborating to serve as a resource and promote position Nurse Practitioner will be assigned to Team D/White 11

Evaluation

Will require a thorough evaluation of impact LOS may be difficult to impact given multiple factors that drive LOS Early morning discharges will be assessed A satisfaction survey will be sent out to team members on the floor before and after implementation of the NP to assess satisfaction and impact on operations/flow/efficiency Rhodes Berube will coordinate the evaluation

T. Gallivan 02/25/05

Havanced Practice

March 16, 2006

Advanced practice nursing in Pediatric Orthopaedics

—by Erin S. Hart, RN, nurse practitioner

he Pediatric Orthopaedic Team continually sets new goals and looks for new ways to improve the patient and family experience. As a nurse practitioner, I work collaboratively with three pediatric orthopaedic surgeons, primarily in the ambulatory clinic, but also providing inpatient care. There was a steep learning curve in developing this advanced practice role, but I feel privileged to be part of such an incredible team.

There are many components to my practice, some are common to all

nurse practitioners, others are unique to my role. For surgical patients, I often perform pre-operative assessments and physical examinations during their initial visit. I provide any necessary teaching and guidance

for patients and families. Working collaboratively with the orthopaedic surgeons, I obtain informed surgical consent, follow patients throughout their inpatient postoperative course, address any questions and con-



cerns that may arise, and follow patients longterm, if necessary, in our outpatient clinic.

We recently developed a number of educational hand-outs and brochures, and we've established a new website that's easily accessible for individuals seeking information on common pediatric orthopaedie conditions.

The Pediatric Orthopaedic Team was recently awarded a Making a Difference Grant, which will be used to create a digital library with CDs and DVDs describing the diagnosis and treatment of common orthopaedic conditions and addressing many of the questions and concerns that frequently arise. The first $\mathrm{DVD}\mathbf{s},$ Broken Bones and What to Expect on

Your Day of Surgery, will be available in May of this year.

I'm involved in several research projects, and with the assistance and support of the entire department, I've published several articles in various nursing and primary care journals, including: "The Newborn Foot: Common Diagnoses and Management of Common Conditions"; "Developmental Hip Dysplasia: Implications for Nurses and Anticipatory Guidance for Parents"; "Straight Talk on Scoliosis: Guidelines for Primary Care Providers"; "Slipped Capital Femoral Epiphysis: Don't Miss this Pediatric Hip Disorder"; and "Broken Bones: Common Pediatric Fractures," parts I and II. Working as

a pediatric nurse practitioner in a surgical specialty is a unique position. No two days are the same. I have the opportunity to provide comprehensive care, patientteaching and family-education, and really make a difference in the lives of our young patients.



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MASSACHUSETTS GENERAL HOSPITAL CERTIFIED REGISTERED NURSE ANESTHETISTS SCOPE OF PRACTICE

SCOPE OF SERVICES:

Certified Registered Nurse Anesthetists (CRNAs) provide anesthesia care to patients of all ages, in all settings, across the continuum of care.

SCOPE OF PRACTICE

A nurse anesthetist's scope of practice includes but is not limited to:

- * Providing direct patient care before, during and after procedures requiring anesthesia
- * Making professional decisions for anesthesia care based upon a comprehensive health assessment
- * Preparing and evaluating the safety of anesthetic equipment, supplies and drugs
- * Inserting invasive monitoring lines required for an anesthetic and interpreting the data
- * Providing administration of general (intravenous / inhalation) and regional anesthesia
- * Providing monitored anesthesia care during local anesthetics
- * Assessing, interpreting and treating physiologic responses to anesthesia that include oxygenation, circulation and ventilation
- * Modifying an anesthetic to ensure safety and comfort
- * Providing postoperative analgesia for pain management
- * Maintaining professional standards of health care before, during and after an anesthetic
- * Engaging in professional educational activities, conducting research and participating in public policy
 - process to promote quality health care for all

CREDENTIALS / STANDARDS / REGULATIONS

Certified Registered Nurse Anesthetists are licensed, registered, advanced practice nurses who have completed a post graduate certificate or a master's degree in anesthesia. Nurse anesthetists must become certified by successfully completing a national qualifying examination in the specialty of anesthesia. To maintain their license to practice anesthesia, CRNAs must be recertified biannually by attending 40 contact hours of continuing education programs.

The American Association of Nurse Anesthetists defines standards of practice and certification.

CRNA practice is also regulated by the <u>Massachusetts Regulations Governing the Practice of Nursing in the Expanded Role</u>, 244 CMR: 4.00 authorized by M.G.L. c. 112, ss. 80B, 80C, 80E, 80G and c. 94C.

ACCESS / REFERRAL

Nurse anesthetists administer anesthesia care at MGH, wherever and whenever the anesthesia department provides services.

ADVANCED PRACTICE CRITERIA

CRNAs are fully trained in their specialty when they become certified.

COLLABORATION

Because CRNAs are licensed as nurses, at MGH, they provide these services in collaboration with an anesthesiologist. Peter Dunn, M.D. is the Physician Director.

SITUATIONS WHICH REQUIRE REFERRAL OR CONSULTATION

- □ Diagnostic Dilemmas.
- Patient not responding to current treatment and/or interventions.
- □ Patient and/or family request.

PROVISIONS FOR MANAGING EMERGENCIES:

- ☐ Immediate notification and consultation with collaborating physician or his/her designee.
- □ Employing emergency measures as necessary.
- ☐ If in an outpatient setting, transfer of the patient to an emergency department.

I have reviewed this Scope of Practice:	
	CRNA's Signature
	Department Head's Signature
	Date