MGH Nursing & Patient Care Services
Central Onboarding
Welcome to Patient Care Services

We employ the best and the brightest so we can provide the highest quality care to a diverse and complex patient population”

Ives Erickson, J. (2009), What Does responsiveness mean to you?, Caring Headlines, (10), 2.
Incorporated in 1811 – 3rd oldest general hospital in U.S.
Nursing

http://www.mghpcs.org/Nursing/index.asp
PCS Vision Statement

Our every action is guided by knowledge, enabled by skill, & motivated by compassion

Patients are our primary focus

Employees are our greatest asset

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

As clinicians we ensure our practice is caring, innovative, scientific & empowering & is based on a foundation of leadership & entrepreneurial teamwork
Maintaining the highest standards of patient care delivery involves the patient, family, all healthcare providers & the community at large.

Teamwork & clear communication are essential to providing exceptional Patient & Family Centered Care.
Guiding Principles

We:

• provide care based on the latest *research findings*

• recognize importance of *encouraging patients & families to participate in decisions affecting their care*

• *are most effective as a team*; we continually strengthen our relationships with each other & actively *promote diversity* within our staff

• enhance patient care & systems supporting that care

• *never lose sight of the needs & expectations of our patients, families*

• view *learning as a life long process*

• acknowledge that maintaining the highest standards of patient care delivery is a never-ending process
PCS Strategic Goals

*Always* meet or exceed expectations of patients and families

Enhance care delivery by improving the efficiency and effectiveness of systems

Ensure staff have a strong voice in the design
National Patient Safety Goals: HOSPITALS

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Improve the safety of clinical alarm systems

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www.jointcommission.org
MGH Patient Safety Goals

Identify Patients Correctly

• 2 patient identifiers
• 2 person verification for administering blood

Improve Staff Communication

• Report critical results on a timely basis
• IPass

Use Medications Safely

• Labeling of all medications & solutions
• Safe practices for anticoagulation therapy
• Maintain & share accurate patient medication information

Employees are key to providing safe Patient Care
MGH Patient Safety Goals

Use Alarms Safely

- Respond to every clinical alarm promptly
- Individualize parameters to decrease unnecessary alarms
- Remove monitoring when no longer needed

Identify Safety Risks

- Identify patients most likely at risk for suicide in all settings

Prevent Infections

- Use hand hygiene
- Provide care by using accepted guidelines
- Educate patients/families about prevention

Universal Protocol

- Conduct a pre-procedure check, mark the site, & perform pause (time out)
MGH Safety Reports

MGH is a blame-free, just culture

We want you to report safety issues so that we can also see if there are systems issues we can correct to promote patient safety.

Examples:

• Employee accident
• Adverse drug reaction
• Medication errors
• Patient Fall
• Theft or loss
• Equipment malfunction
Excellence Every Day Model
Preparation is constant

The *Excellence Every Day* model

- Patterned after our Magnet preparation process for our 2009 Joint Commission review
- EED represents an MGH commitment to providing the highest quality, safest care that meets or exceeds all standards set by the hospital & external organizations

Relationships

- Joint Commission
- American Nurses Credentialing Center (Magnet)
- MA Department of Public Health

http://www.mghpcs.org/eed
MGH was the first hospital in Massachusetts to achieve Magnet status, the highest honor of nursing excellence.

In 2013 the MGH was re-designated as a Magnet hospital.
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Developed by Centers for Medicare and Medicaid (CMS) to survey adult hospital patients experience (national, standardized survey)

- HCAHPS results are reported to CMS and publically available (http://www.medicare.gov/hospitalcompare/search.html)

- HCAHPS results are being incorporated into incentive programs at local and national levels, with $3.5 million at risk CY2013

- Value Based Purchasing (VBP) is a national program through which CMS ties Medicare payments to a variety of hospital quality measures HCAHPS measures account for 30% of the VBP
THE NORMAN KNIGHT NURSING CENTER FOR CLINICAL & PROFESSIONAL DEVELOPMENT

Inpatient Beds  >1000
Admissions  ~48,000
Surgical procedures  >42,000
Outpatient visits  ~1.5 mil
ED visits  >100,000
Deliveries  >3,600
Patient Care Services - Disciplines

- Nursing
- Occupational Therapy
- Orthotics and Prosthetics
- Physical Therapy
- Respiratory Therapy
- Speech, Language and Swallowing Disorders & Reading Disabilities
- Social Service

Over 5,100 clinicians, support staff, and volunteers constitute the Patient Care Services team.
Institute for Patient Care

Four Centers:

Maxwell & Eleanor Blum Patient & Family Learning Center

Norman Night Nursing Center for Clinical & Professional Development

Yvonne L. Munn Center for Nursing Research

Center for Innovations in Care Delivery
Maxwell & Eleanor Blum Patient & Family Learning Center

Services Include:

• Health information searches from trained staff
• Materials in variety of languages
• Community resources
• Educational information delivered in the hospital or off-site
• Assistive Technology Center
• Health literacy consulting
• Patient education TV channel
• Patient education resource classes

http://www.massgeneral.org/PFLC/
Norman Night Nursing Center for Clinical & Professional Development

Mission
Promote life-long learning and clinical excellence by establishing, supporting and fostering learning opportunities for the attainment of knowledge and skills necessary for safe, competent and compassionate patient-centered care.

The Massachusetts General Hospital is an approved provider of continuing nursing education by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on accreditation.

Follow us on Facebook & Twitter

http://www.mghpcs.org/KnightCenter
Yvonne L. Munn Center for Nursing Research

• Promotion of nursing science through development, use, & evaluation of nursing research

• Establishment of Nurse Scientist & Nurse Researcher roles to advance the promotion of safe, quality, cost-effective care

• Utilization of Evidenced-Based Practice – a core competency required for all health care professionals

• Sponsors Nursing Research Day – poster presentations, evidenced-based practice quality improvement projects, nursing research lectures
Staff Perception of the Professional Practice Environment (RPPE)

• Measures 8 components of the professional clinical practice environment in the acute care setting
  • Leadership & autonomy over practice
  • Staff relationships with physicians
  • Control over practice
  • Communication about patients
  • Teamwork
  • Handling disagreements & conflict
  • Internal work motivation
  • Cultural sensitivity

http://www.mghpcs.org/MunnCenter/
Center for Innovations in Care Delivery

- Established in 2006
- Foster innovative, interdisciplinary practice within PCS
- Involved in evaluation/research of the MGH Innovation Unit programs
- Development of products & opportunities that can have significant impact on care delivery

http://www.mghpcs.org/Innovation/index.asp
**Improved Patient Journey Innovation Units**

**THE NORMAN KNIGHT NURSING CENTER FOR CLINICAL & PROFESSIONAL DEVELOPMENT**

**Interventions**

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**Before**
- Enhances Clinical Data Collection Pre-Admit
- Create Innovation Unit Welcome Packet

**During**
- Revise Domains of Practice
- Interdisciplinary Team Rounds
- Electronic Whiteboards
- Voalté Communication Technology
- Portable Devices: hand-held/Tablet
- Discharge Planning Readiness Tool
- Relationship Based Care
- Increased Accountability through Attending RN role
- Hand-over Rounding Checklist

**Post**
- Discharge Follow-up Call Program
When Relationship Based Care is the focus the following dimensions are evident:

- **High Quality Care**
  - Designed with patient at the center
  - Provided through seamless healthcare

- **Comprehensive**
  - Clinical and non clinical care
  - Designed through the eyes, ears, thoughts and emotions of a patient
  - Provided consistently and without redundancy

- **Accessible**
  - Physically convenient
  - Responsive
  - Flexible to patients’ needs

- **Supportive**
  - Reduces anxiety for patients and their families
  - Includes all appropriate staff

- **Personalized**
  - Responsive to individual concerns
  - Private
  - Patient friendly
Institute for Patient Care

• Interdisciplinary programs and initiatives:
  ▪ Collaborative Governance
  ▪ Clinical Recognition
  ▪ Affiliations
  ▪ Credentialing
  ▪ Simulation
  ▪ Global Nursing Education Program.
Physical & Occupational Therapy

PT and OT Services at MGH has a rich history dating back to the 1920’s.

PT and OT Services treats patients in every medical and surgical specialty, pediatric through geriatric.

Respiratory Therapy

Respiratory Care Services at Massachusetts General Hospital is a world renowned leader in the field of Respiratory Care

Since its inception over 30 years ago this department has continually set the standard for excellence in the profession

Respiratory Care Services provides inpatient services to a variety of patients 24 hours per day, seven days per week

Respiratory Therapists serve as consultants to nurses, physicians, and other members of the health care team

http://www.mghpcs.org/PCS/HealthProfessions/Respiratory.asp
Speech, Language & Swallowing Disorders & Reading Disabilities

The Massachusetts General Hospital (MGH) Department of Speech, Language and Swallowing Disorders & Reading Disabilities offers comprehensive diagnostic evaluation and treatment programs for all communication and swallowing disorders in acute and outpatient populations - from newborns to adults.

Reason for consult may include: stroke, head trauma, surgery, cancer, respiratory difficulties, tracheostomy, failure to thrive/medical frailty, pediatric feeding in premature infants, and craniofacial anomalies. Swallowing evaluations may include imaging studies such as Video-swallow studies (VSS) and Fiberoptic Endoscopic Evaluations of Swallowing (FEES)

http://www.mghpcs.org/speech/
Social Service

In the early 1900's, the social work movement in America created many programs and services that we largely take for granted today. Social workers addressed the basic needs of the poor and immigrants, by promoting safety and sanitation initiatives. The early American social workers were also advocates for issues that continue to be goals of the profession today, such as increasing access to suitable housing and medical care, obtaining fair wages, and providing health and life-skills education to the community.

The First Hospital Social Service Department, Established 1905 at MGH

http://www.mghpcs.org/SocialService/index.asp
Child Protection

The Child Protection Consultation Team provides consultation and training to Massachusetts General Hospital clinical staff for suspected cases of child abuse or neglect, to identify and intervene appropriately and to minimize the long-term effects of abuse and neglect.
Haven Program

• Abusive relationships can affect people of every culture, race, class, religion, age, gender, and sexual orientation

• People with disabilities, immigrants and refugees often face additional risks

• Haven at MGH provides free and confidential support to those affected by unhealthy, abusive relationships

• Offices in Boston, Chelsea, and Revere

• Haven serves MGH patients, families, employees, and visitors

http://www.mghpcs.org/socialservice/programs/haven/
MGH Domestic Violence Screening Guidelines

• Ask because you really want to know

• Ask when alone with patient. If needed, change your practice to speak privately

• Never use family members or accompanying friends as interpreters

• Use gender neutral language (partner instead of husband/wife)
Family Lodging

• Social Service maintains a list of temporary accommodations

• Provided as a convenience for our patients and families

• Refer to Social Service website

http://www.mghpcs.org/SocialService/Resources.asp
Orthotics & Prosthetics

The Orthotics/Prosthetics Department provides patients with custom fabricated braces (orthoses) and prosthetic devices (prostheses)

It acts in conjunction with physicians, therapists, and nurses to provide patients with devices, which are appropriate to their condition.

http://www.mghpcs.org/PCS/HealthProfessions/Orthotics.asp
Departments

Chaplaincy
International Patient Center
Interpreter Services
The General Store
Volunteers
Chaplaincy

MGH chaplains serve patients, families, visitors, and staff through comfort, encouragement, and prayer.

Professional chaplains provide spiritual care to people of all traditions, cultures, and beliefs; serve as liaisons, connecting members of the healthcare team, patients and families, and, if requested, clergy or other religious leaders in the community.

Chaplaincy services are free, private, and confidential.

http://www.mghpcs.org/Chaplaincy/index.asp
International Patient Center

The International Patient Center at Massachusetts General Hospital is a full-service office that assists overseas patients seeking a consultation, a second opinion or medical treatment.

http://www.massgeneral.org/international/default.aspx
Interpreter Service

Medical interpreters are available to facilitate communication between non-English or limited-English speaking patients and the MGH staff.

Trained medical interpreters are available 24/7 in person, by video and/or by phone.

Interpreters for deaf and hard of hearing patients are also available.

http://www2.massgeneral.org/interpreters/
Federal, State, Regulatory Mandates

• Title VI of the Civil Rights Act 1964

• Americans with Disabilities Act 1990

• Massachusetts State Law (Emergency Room Interpreter Law)

• Department of Public Health

• Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Healthcare organizations must provide competent medical interpreters for persons with limited proficiency in English and those who are deaf and hearing impaired
MGH Policies & Procedures

To ensure effective communication and patient’s participation in their health care:

• the use of bilingual staff is strongly discouraged
• the use of family members is strongly discouraged
• the use of children as medical interpreters is not allowed

Accessing MGH medical interpreters is fast and easy!

Face-to-face interpreters: call 6-6966
Alternative Resources

**Video interpreters**

Use the V-POP* for immediate access to a Spanish or Portuguese MGH medical interpreter by video, 8am-5:30pm Monday – Friday; or to access a telephonic interpreter in any other language 24/7 (only when MGH staff interpreters are not available or are delayed).

**Telephonic interpreters**

Use the I-POP* for immediate access to 180+ languages, 24/7 (only when MGH staff interpreters are not available or are delayed).

Patient care units and clinical areas may have V-POP or I-POP or a combination of both; in addition to Point to talk books.
OFFICE HOURS

• **Monday-Friday**
  7am to midnight

• **Saturday-Sunday**
  8am to 10pm
  Spanish always in-house

**Website:**
[www.massgeneral.org/interpreters](http://www.massgeneral.org/interpreters)
The General Store

Operated by the Ladies’ Visiting Committee
All proceeds go directly to the MGH to help fund various activities

Preferred Customer Card
one time charge of $10
10% discount on most purchases

Two Locations
Main store – Blake 1
The General Store at Yawkey – Yawkey mezzanine

http://www.mghgeneralstore.com/
Volunteers

Over 1200 men, women and students volunteers

Orientation
Annual Skills Training
Various volunteer opportunities available

http://www.massgeneral.org/about/volunteer.aspx
PCS Supported by:

• Caring Headlines

• PCS Diversity Program

• PCS Informatics

• PCS Management Systems & Financial Performance

• PCS Office of Quality & Safety

• Office of Patient Advocacy
Publications

Caring Headlines
bimonthly publication
www.mghpcs.org/News/CaringHeadlines

PCS News You Can Use
http://intranet.massgeneral.org/PCS/PCS_News_Archive

Annual Report
www.mghpcs.org/PCS/About/Annual_Reports.asp
Diversity Programs

Create a culture that values diversity & incorporates value into strategic planning & decision-making at all levels & in all areas

Increase diversity within the professional roles & leadership

Provide career counseling & financial assistance for individuals in support roles

Staff Education – cultural sensitivity training

http://www.mghpcs.org/PCS/Programs/diversity.asp
Diversity Programs

Sample Initiatives:
• Culturally-Competent Care Curriculum
• Cultural Rounds
• African-American Pinning Ceremony
• Annual Multicultural Holiday Celebration
• Cultural Heritage Event
• Community Outreach
• Scholarships
MGH Committees & Resources

• Diversity Steering Committee
• The Committee on Racial and Ethnic Disparities
• Association of Multicultural Members of Partners
• Multicultural Affairs Office
• The Disparities Solutions Center
• LGBT Employee Resource Group
Diversity Initiatives

• Deliver the highest quality care to each patient in a culturally sensitive, compassionate and respectful manner

• Expand efforts to increase the number of employees who reflect the diverse communities served by the hospital

• Assess personal beliefs and communication variables from a cultural perspective

• Improve the health and well-being of the diverse communities we serve
Virtual Journey through MGH
Navigating the MGH

Main Entrance – White Building

Opening to the left will bring you to the MGH Emergency Room
Elevators to the Lunder Building
Stairway to the 2nd floor connecting corridor for the Yawkey Building

Building to the right will bring you to the Wang Ambulatory Care Center (ACC)

Straight ahead to White, Gray/Bigelow, Ellison, Blake and other points of interest
Navigating the MGH

- **Straight Ahead**
- **First Stop:** *Blum Patient & Family Learning Center* (PFLC) is on your right hand side as you proceed down the main corridor
- Stairway to *Eat Street Café*

- **White Building Elevators (A)** located on left hand side of corridor
- **ATM Machines** on the left
- Glass doors to the right lead to the *Bulfinch lawn*
Navigating the MGH

Next Stop: Coffee Central
Directly up ahead, toward the right, after the Blum Center. Open 24 hours/day

Proceeding straight ahead pass Coffee Central: on the right, Entrance to Bulfinch Bldg & Harvard Credit Union
Continuing pass entrance to Bulfinch Bldg next stop Admitting Office on the right

Straight ahead entrance to the Gray Lobby (exit to Blossom St. – Charles River Park)
To the left Gray Surgical Family Waiting Room (staffed by volunteers 9:00 am – 8:00 pm M-F)
To the right MGH Transfusion Service
End of corridor brings you to the Jackson Bldg Elevators (exit to Blossom St. – MGH Shuttles)
Navigating the MGH

Back at Coffee Central
Gray/Bigelow Elevators (B) opposite Coffee Central

Ellison Corridor on the left

1st corridor on the right leads to O’Keeffe Auditorium
Straight ahead on the right: MGH Gift Shop
Blake Elevators to the right; Ellison Elevators to the left
2nd corridor on the right leads to: Cox Building and exit to Blossom St.

Straight ahead & to the left: MGH Chapel
At the end of the corridor the Warren Lobby and exit to Charles St./Storrow Drive

To the left of the lobby: Founders House (3rd floor Norman Knight Center)
Other Points of Interest

**MGH Healing Garden**
Located on Yawkey 8

**Paul S. Russell Museum**
Corner of Cambridge St. & North Anderson St.
Disabilities Initiatives

“As a health care community, we must do what we can to constantly monitor and improve our environment to ensure it is supportive for all people”

Peter L. Slavin, MD
President, MGH
Americans with Disabilities Act

- Signed by President George H.W. Bush in 1990

- Act provides civil rights protections to individuals with disabilities

- ADA definition of disability:
  Any person who has a physical or mental impairment that substantially limits one or more major life activities
Statistics

Based on 2013 American Community Survey (ACS)

• 12.7% of the 314.8 million civilians living in the U.S. had a disability

• Approximately 29% of the 19.3 million veterans living in the U.S. had a disability

Disabilities:
• Hearing
• Visual
• Cognitive
• Ambulatory
• Self-Care
• Independent Living
MGH Program

Council on Disabilities Awareness

• Multidisciplinary workgroup

• Dedicated to being as accessible accommodating as possible for patients, visitors and staff with disabilities
MGH Emergency Response Systems

Code Blue

Stroke

Fire and Life Safety (Code Red)

Code Pink

Code Disaster

Code Silver

Police and Security

Emergency Telephone Number
6-3333
Code Blue
# 6-3333

- Cardiac or Respiratory Arrest
- Specify building, floor, room #
- Stay on phone until operator says to hang up
- Identify if it’s an adult or pediatric code
- Unit staff begins initial emergency care
- Central Code team responds

*Code Call System in patient room alerts nursing station that you need help – DOES NOT CONNECT TO CENTRAL SYSTEM*

Know location of unit’s emergency equipment (code cart, ECG machine, defibrillator)
Stroke

# 6-3333 or page 3-4282

- MGH designated Acute Stroke Center

- Timing from start of symptoms to initiation of treatment critical for optimal outcomes

- 795,000 strokes per year

- 34% of people hospitalized are under 65

- Strokes kill almost 130,000 Americans each year— that’s 1 in every 19 deaths

- Strokes cost the US an estimated $38.6 billion each year, (health care services, medications, and missed work)
Signs & Symptoms of Stroke

• Sudden severe headache with no known cause

• Sudden blurring or trouble seeing in one or both eyes

• Sudden confusion, trouble speaking or understanding

• Sudden numbness or weakness, of the face, arm or leg especially on one side of the body

• Sudden trouble walking, dizziness, loss of balance, or coordination, or unexplained fall
Stroke Heroes Act  F.A.S.T.
Code Red
# 6-3333

Fire Safety Plan:
R.A.C.E.
- R – rescue
- A – alarm
- C – confine or contain
- E – extinguish and evacuate

Fire Safety Management
- Risk assessment
- Prevention
- Preparedness
- Response (R.A.C.E)
Fire Extinguishers

ABC Multi-use Extinguisher

A
Ordinary Combustibles

B
Flammable Liquids and Gases

C
Live Electrical Equipment
Fire Safety Preparedness - Fire Extinguishers

- Use the P.A.S.S. acronym to help remember the steps for properly using a fire extinguisher:

  - Pull the pin
  - Aim nozzle at base of fire
  - Squeeze the handle
  - Sweep nozzle side to side
MGH Evacuation Strategies

Protect-In-Place
Used in patient care areas where individuals may be incapable of self-preservation in an emergency

If evacuation order is given, evacuate horizontally, through a fire door

Life Safety Facts

Doors should not be propped open
Smoking in designated areas only

Your responsibility:

• Know your unit’s fire safety plan
• Who to call, location of fire alarm pull stations, exits, and extinguishers
• Know location of O2 shut off valves
• When to evacuate (or protect in place)
• Where to meet your team after evacuation
SAFETY TRAINING

Sprinklers are a “passive” form of fire protection, and by that we mean they require no manual activation. However, there is one thing you need to know about them and that is the 18 inch rule!

18 Inch Rule

All items must be kept at least 18 inches away from sprinkler heads so they will work properly.
Establishment of a Smoke-Free Environment

MGH Policy

**Smoking is prohibited in all buildings owned or operated by MGH**

Smoking by Hospital employees and professional staff members, patients, visitors, vendors and all others confined to the following two designated locations on the Main Campus:

- Smoking booth on North Grove Street
- Smoking booth on Blossom Street near the driveway to the Jackson loading dock.
Code Pink
# 6-3333

Code Pink
Hospitals’ response to a potential “missing or abducted child”

Security technology
• Photo ID
• CCTV
• Card Access
• Panic Button
• HUGS
• “Gut feeling”
Code Disaster

Disasters include external or internal events that threaten to, or actually do, adversely impact hospital operations and / or resources and alter the way MGH normally functions.

Code Disaster Activation:

• Internal – Inside MGH, example: fire or power loss

• External – Outside of MGH, example: plane crash, massive fire or terrorist attack

Activation of the Hospital Incident Command System (HICS)

• Authorizes the Incident Commander to direct disaster operations
• Assigns responsibilities to departments and staff
• Describes coordination activities with community agencies
MGH Emergency Preparedness

Your role:

• Wear your hospital ID badge at all times

• Report to your supervisor and remain on site until your supervisor dismisses you

• Remain calm and flexible – you may be asked to fulfill an assignment or perform a function not normally part of your role

• Keep your ID accessible when not at work so you can access the hospital in a CODE DISASTER

• Keep your work and personal contact information updated in your PeopleSoft record
Code Silver
# 6-3333

Code called when there is an armed threat on MGH campus

*Police and Security have developed training on Code Silver procedures that are available in Health Stream*

*Training includes:*
  • How to protect yourself and others
  • How to alert others to a threat
  • How to react upon the arrival of law enforcement
Police & Security
# 6-2121

If you feel threatened or are in need of police & security and feel that it could lead to a violent situation, you can call 6-2121 and say…

“I need to page Dr. Johnson”
Police & Security will be dispatched to your area at once
Safety Training

Hazard Communication is the OSHA standard that requires employers to make their employees aware of the materials they will be working with. This includes:

• Chemical inventories
• Labels – Both primary & secondary containers
• Safety Data Sheets (SDS)
• Training
SAFETY TRAINING
Hazard Diamond

Storage of compressed gases

• BLUE = Health hazard
• RED = Fire hazard
• YELLOW = Reactivity (e.g. Radiation exposure)
• WHITE = The presence of any special hazards, (e.g. reactivity with water …)
Welcome to the ellucid Policy Manager!

Search BWH Documents
Browse BWH Manuals

For system related questions contact:
BWHClinicalCompliance@partners.org

Under Construction
See Faulkner411 for Policies

Search MGH MGPO Documents
Browse MGH MGPO Hospital Wide Manual
Browse MGH MGPO Departmental Manual

For system related questions contact:
Kelly DiBenedetto
kdibenedetto@partners.org

How to Use Policy Manager:

Click here for Tutorial Videos

Search Options:
- Facility Specific Search
  To search your facility, please click the search button next to your facility on the home page.
- All Facility Search
  To search across all facilities, use the Advanced Search on the Navigation Menu or the Basic Search box on the top right of the page.

MCN Technical Support:
technicalsupport@mcnhealthcare.com
800-538-6264 Option 1
Medical Equipment Management

Who manages all that equipment?

- *Biomedical Engineering* repairs and maintains most of the devices.
- *Respiratory Care* manages ventilators and other respiratory therapy equipment.
- *Radiology* manages imaging equipment.
Medical Equipment Inspection Labels

Routine inspection of equipment varies depending on the device type. Color-coded stickers indicate the type of inspection required.

Normal / High Risk
- Requires periodic inspection.
- ex. infusion pumps, defibrillators

Low Risk
- No periodic inspection required.
- ex. ophthalmoscopes

Non-Hospital Owned (rental, loaner)
- Requires periodic inspection

Clinical Trial
- Requires periodic inspection
Malfunctioning Equipment

What if something goes wrong?

• Call Biomedical Engineering – x 41333

• Tag and remove broken devices

• Safety Report if indicated
Materials Management

**Clinical Care Supports**
- Patient transport
- Unit equipment
- Unit supplies
- Linen

**Other Services**
- Receiving and distribution
- Mail services
- Customer service
Partners Medical Clearance Form

• Medical clearance for respirator fit testing

• Required by OSHA

• Required for all clinical care givers

• Completed during Occupational Health screening visit

• Required prior to Respirator fit testing by the Safety Office
Respirator Fit Testing

• Offered by the MGH Safety office

• Thursday at 2:30 in the West End House Basement

• Clearance by Occupational Health is required prior to fit testing

16 Blossom Street