From the
CNO

Kathleen S. Jose, MSN, RN
Chief Nursing Officer

Exemplary Professional Practice

New and exciting things are always developing at Lahey Clinic, and there is much to celebrate and acknowledge during these long, busy, beautiful summer days. We continue to be proud of our Magnet status and appreciate that Lahey allows us to work autonomously, ensures that we are given the ability to continually obtain knowledge, and, most importantly, encourages us to practice at an exemplary level.

The focus of the summer issue of the Notes on Nursing Newsletter is exemplary professional practice. As part of our nursing mission, “The autonomous nurse makes judgments about how to provide care based on the unique needs and attributes of the patient and family…. The achievement of exemplary professional practice is grounded by a culture of safety, quality monitoring, and quality improvement.”

Inside these pages you will read about some initiatives that demonstrate exemplary professional practice. One such initiative was the development of an Accelerated Partial Breast Irradiation Program at Lahey Clinic. This program

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Accelerated Partial Breast Irradiation: It Takes a Team

By Rachel Richards, MS, APRN, Breast Health Navigator, Comprehensive Breast Health Center

According to Surveillance, Epidemiology and End Results (SEER) data, more than 12 percent of women born today (one in eight) will be diagnosed with breast cancer. Fortunately, the survival rate for breast cancer has improved over the past 50 years, from a five-year relative survival rate of 63 percent in the 1960s to 90 percent today. Moreover, the survival rate for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 98 percent.

In 2009, Lahey Clinic diagnosed and/or treated over 335 new breast cancer cases, accounting for 7 percent of all of the new breast cancer cases diagnosed in Massachusetts in that year. Of those new breast cancer cases at Lahey Clinic, over 73 percent were diagnosed at an early stage (stage 0 or I).

The ability to offer patients the most up-to-date and cutting-edge options for the diagnosis and treatment of breast cancer is central to the mission of the Comprehensive Breast Center at Lahey Clinic. In keeping with our role as leaders in providing breast health care to the community at large, we began our journey to develop an Accelerated Partial Breast Irradiation (APBI) program at Lahey Clinic Medical Center, North Shore.

Breast cancer treatment uses surgery and/or radiation therapy to establish “local control” by removing the cancer from the breast, and “systemic treatment,” which is achieved by using chemotherapy (as needed) to treat any cancer cells that have escaped to other parts of the body. Chemotherapy may include the use of endocrine therapy, chemotherapy or target monoclonal antibody therapy like “Herceptin.”

Although whole breast radiation has a long track record of success in preventing breast cancer recurrence, researchers now believe that it may be possible to achieve similar results while limiting radiation (through partial breast irradiation) to the region directly surrounding the tumor, where recurrences are most likely. Accelerated partial breast irradiation can be achieved through three different techniques: intraoperative radiation therapy, five-day external beam radiation and brachytherapy. All three of these techniques limit the exposure of healthy tissue to radiation and greatly reduce the time commitment required to receive radiation therapy.
The Nurses Improving Care for Healthsystem Elders (NICHE) Team continues to introduce initiatives to improve care of the older adult throughout Lahey Clinic. While continuing NICHE education on 7C and 6E, Arlene Stoller, BSN, RN, and Susan Bellofatto, BSN, RN-BC, began implementing NICHE education on 6/7 SE on April 12, 2011. The education focuses on pain, delirium and constipation initiatives as well as teaching the nursing staff how to perform a systematic geriatric assessment using the SPICES tool developed by Dr. Fulmer. SPICES is an acronym that addresses common geriatric syndromes, including Sleep, Problems with eating and nutrition, Incontinence, Confusion, Evidence of falls, and Skin breakdown.

Two very important NICHE initiatives that have evolved into collaborative interdisciplinary Lahey Clinic projects are the Confusion Assessment Method (CAM) education and pain management education. Across the country, research indicates that delirium is often underrecognized and undertreated. The goal of CAM education is to improve early identification, decrease risk factors and standardize treatments, thus improving patient outcomes. Similarly, improving pain management is imperative for improving patient outcomes and satisfaction. Pain management education includes a 20-minute Moodle learning module that discusses treatment of chronic vs. acute pain, age-specific pain assessment, pain medication options/dosing, equianalgesic knowledge, and patient education and communication. Currently being implemented on 7C, 7E, 6E, 6W and 6/7SE is the evidence-based laminated pain poster that is placed in each patient’s room.

The nurse documents the last time PRN pain medication was given and when the next dose is available, if needed. The goal of this poster is to improve communication and collaboration with the patient and all health care providers, thus improving patient satisfaction.

NICHE education continues to be implemented throughout the institution. Information about NICHE is now included in all Skills Fairs at both the Burlington and Peabody Lahey campuses. Basic information presented includes “What is NICHE:” current tools and initiatives as well as the impact of age-sensitive care on improving function, quality of life and health outcomes. In addition, unlicensed assistive personnel (UAP) are key members of the health care team. Monthly eight-hour classes are offered for all UAPs and are included as part of their 2011 competency program. This new program has received positive feedback from the staff as well as increased interest in learning more about best care for the older adult.

In February, NICHE began monthly interdisciplinary meetings with representation from Pharmacy, Medicine, Social Services, Nutrition and Rehabilitation Services. Members include Ted Courville, MD; Elaine Lander, PT, MHA; Katherine Lundy, RD, LDN; Lisa Carlson, HIM, LICSW; and Maileah Nguyen, PharmD, Clinical Pharmacist Practitioner. Nurse-led, successful implementation of NICHE initiatives includes all members of the health care team. We are truly fortunate to have such dedicated individuals working on this project.

NICHE has also been very involved in incorporating age-specific docu-
Lahey Clinic’s APBI program utilizes the balloon-catheter brachytherapy technique. APBI offers select patients with early stage breast cancer an opportunity to complete their surgery and radiation therapy within a two-week time period. Prior to APBI, the time from surgery to completion of whole breast radiation would take up to 12 weeks or more.

Side effects of APBI are similar to those of traditional radiation therapy. However, because APBI delivers radiation to a smaller area over a shorter time, side effects are often fewer and milder. The most common side effects of APBI include feeling tired, swelling and discomfort in the breast, and red and peeling skin.

APBI is not an option for all patients with breast cancer. Some factors, such as the size and location of the tumor, affect who might benefit from the treatment. The American Society of Breast Surgeons recommends guidelines for APBI eligibility, including age 45 years old or greater; invasive ductal carcinoma or ductal carcinoma in situ; total tumor size less than or equal to 3 cm; negative surgical margins; and negative sentinel lymph node biopsy (for invasive cancer). It is important to also note that the long-term effectiveness of APBI is still unknown (current clinical trials are at 10 years of follow-up). Research is ongoing to learn more about this form of cancer treatment.

To bring this service to Lahey Clinic, Peabody campus representatives from the Comprehensive Breast Health Center, Radiation Oncology leadership, and Administration met in November 2010 to discuss the direction and future of breast cancer care at Lahey Clinic. We all embraced the fact that Lahey would be the second center in Massachusetts and the only center on the North Shore to offer patients the option to have APBI.

This interdisciplinary approach was then expanded to include colleagues from Breast Surgery, Breast Health Navigator, Breast Imaging, Pathology, Ambulatory Surgery, Nursing Education, Radiation Oncology, Social Services, Visiting Nurses Association, Industry (Contura), and Administration. The necessary staff and resources were assembled and developed.

Within a two-month time period, policies and protocols were developed within multiple departments and disciplines to establish a seamless continuum of care. Communication throughout the system is the unifying thread.

Our program evaluation is ongoing. We have utilized exit interviews with patients to gain insight into patient perspectives and experiences. We have also planned a “wrap-up” meeting with the team to discuss experiences to date and any potential barriers encountered, as well as to determine ways to enhance the program design, patient satisfaction and outcomes.

The inception of the APBI program is a testament to the dedication, expertise and collaboration of the Lahey Clinic team. From the early planning stages in late 2010, to our first patient beginning treatment on February 4, 2011 at Lahey Clinic, North Shore, and the expansion of the program to our Burlington campus on March 3, 2011, the commitment and passion of the team to embrace the challenges of establishing a new program exemplifies the value and necessity of teamwork in patient care.

How is APBI performed?

Before treatment
APBI is performed after breast surgery (lumpectomy) to remove a tumor. Before a patient can receive APBI, the following steps are taken:

• During the lumpectomy, a small thin tube will be placed where the tumor was removed. This tube is called the spacer catheter.

• If the results from the lumpectomy show that the tumor was completely removed, the patient will have a second, shorter surgery. This usually takes place within three to four days after the initial lumpectomy. During this second surgery, the spacer catheter is removed and replaced with another catheter, called a treatment catheter.

• The day after the treatment catheter is placed, the patient is scheduled for her “simulation visit” in Radiation Oncology. During this visit, the patient does not receive treatment. Instead, several images are taken to establish the exact dose and limits of radiation treatment.

During treatment
A day or so after the simulation visit in Radiation Oncology, the patient will begin her treatments. During treatment, a patient should expect the following:

• She will receive treatments twice a day (six hours apart) for five days. Prior to the treatment, she will have an X-ray done to be sure the catheter is in the correct position. Each treatment will take approximately 10 minutes.

• During each treatment, a radioactive seed is placed in the treatment catheter. This is done with the help of a special computer system to make sure that the seed is placed in the correct spot.

• After each treatment, the seeds are removed. The catheter stays in place until the full course of treatment ends.

After treatment
At the end of the five days of treatment, the catheter will be removed. A dressing will be placed over the treated area until it has healed.
Nursing Research and Evidence-Based Practice: Recognized and Celebrated During Nurses’ Week

By Ann M. Dylis, PhD, RN, Nurse Research Scientist

One focus of our Nurses’ Week celebrations is the recognition of Lahey nursing research. The Eighth Annual Nursing Research Day was dedicated to the memory of B. Patricia Hungler, PhD, RN, Nurse Researcher and Author, Lahey Nursing Research Consultant, and friend and inspiration to all. Dr. Hungler, the co-author of six editions of the premier Nursing Research textbook, was an active participant in many of Lahey’s nursing research initiatives, including the Research Steering Committee and the Research Council. Her work at Lahey was acknowledged in our Magnet Research Exemplar. Attended by members of the Hungler family, the dedication included personal reflections, tributes, and a video presentation.

Research Day activities started on Friday, May 6, at Lahey Clinic Medical Center, North Shore with three podium presentations* and the exhibition of the research-based posters. These posters not only represent the work of our Nursing Research Fellows (see separate article), but also showcase various studies, evidence-based practice initiatives, and research-based projects completed by Lahey nurses in various practice settings. Tuesday, May 10, marked the beginning of the Burlington campus nursing research celebrations. Eighteen posters were exhibited in the SouthEast Lobby for the entire week. Additionally, there were six podium presentations, including three Lahey Institutional Review Board approved studies†, including findings from one of the previous Lahey Nursing Research Grant winners. Please join me in recognizing the podium presenters listed below. A complete list of all poster exhibitors can be found on MassNet, Nursing at Lahey page, under Nursing Research and Evidence-Based Practice.

- Nurse’s Perceptions of the Existence of Horizontal Violence in the Workplace*+
  Alison O’Brien, MSN, RN, Senior Education Coordinator, 2008 Nursing Research Fellow
  Arlene Stoller, BSN, RN, NICHE Program Leader, 2008 Nursing Research Fellow
  2008 Lahey Nursing Research Grant Recipients

- Educational Interventions to Increase Medication Knowledge and Safety in the Hospitalized Older Adult*
  Arlene Stoller, BSN, RN, NICHE Program Leader, 2008 Nursing Research Fellow
  Susan Bellofatto, BSN, RN-BC, Geriatric Resource Nurse Coordinator, 7 Central Staff Nurse, 2011 Nursing Research Fellow

- Orange You Glad You Know Where Your Specimens Are? Surgical Specimen Handling in the Operating Room, A Performance Improvement Project
  Kim Wheeler, MSN, RN, CNOR, Clinical Educator, Operating Room, 2008 Nursing Research Fellow
  Danielle Clark, ASN, RN, CNOR, Staff Nurse, Operating Room
  Mary Chris Sopel, BSN, RN, Staff Nurse, Operating Room

- Because We Care: Journey of a Pneumonia Vaccine Administration Performance Improvement Project
  Erika M. Rosato, BSN, MHA, RN, OCN, 7 West Nurse Manager, 2011 Nursing Research Fellow
  Suzanne Quigley, BSN, RN, Staff Nurse, 7 West
  Alicia Jacobs, BSN, RN, Staff Nurse, 7 West

- Nurse Readiness Assessment for Peer Review*+
  Ann M. Dylis, PhD, RN, Nurse Research Scientist
  Janet Habeshian, MSN, RN, Nurse Manager, 7 Central
  Margie Sipe, MS, RN, Nursing Performance Improvement Innovator

- Investigating the Characteristics of Peer Matching in the Peer Review Process*+
  Grayce Massi-Ventura, BSN, RN, CAPA, Clinical Educator, 6 West Progressive Care Unit
  Maureen O’Connell, BSN, RN, CEN, Tertiary Care Leader, Emergency Department
Research Day activities concluded with the announcement of the 2011 Lahey Nursing Research Grant winner by Kathleen S. Jose, MSN, RN, Chief Nursing Officer. Amy Dooley, MS, RN, CPAN, Post Anesthesia Care Unit (PACU) Staff Nurse, and her co-investigators, Kim Climo, BSN, RN, CPAN, and Joan O’Connell, BSN, RN, are the recipients for their study *Exploring the Nursing Culture of a Post Anesthesia Care Unit*. This study will explore the cultural norms or beliefs, values, and behaviors of a PACU that were first described by PACU staff during the annual self-evaluation process. By acquiring an understanding of the current nursing culture, this study will explore the implications of culture in the PACU on nursing work environment, patient care and change process.

The fifth class of Nursing Research Fellows were active participants in this year’s Research Day activities. Since its inception in 2007, the 28 fellows have served as research peer mentors, generating research excitement among staff nurses at Lahey. The fellows are selected on a yearly basis by the Research Steering Committee after review of their applications and support letters. The Fellows Program is one of the key components of our Magnet exemplary nursing research initiatives. Among other activities and classes, first-year fellows complete an extensive, research-based literature review and showcase their findings in posters, which are exhibited at Research Day. This year’s class, along with the names of their posters, includes:

- **Susan Bellofatto, BSN, RN-BC, Geriatric Resource Nurse Coordinator and 7C Staff Nurse**
  *Examining Nursing Recognition of Delirium Using the Confusion Assessment Method (CAM) Tool*

- **Rachel Richards, MS, APRN, Nurse Practitioner and Breast Health Navigator, Comprehensive Breast Health Center, Lahey Clinic Medical Center, North Shore**
  *Poster 1: Expanding Breast Cancer Treatment Options for Women with Early Stage Breast Cancer: Accelerated Partial Breast Irradiation*
  *Poster 2: Supporting Patients Through Their Breast Cancer Journey: The Role of the Nurse Navigator*

- **Erika M. Rosato, BSN, RN, OCN, MHA, 7WH Nurse Manager**
  *Because We Care: Journey of a Pneumonia Vaccine Administration Performance Improvement Project*
  (co-authored with Margie Sipe, MS, RN, Nursing Performance Improvement Innovator)

- **Anne-Mer Slebodnick, RN, 7C Staff Nurse**
  *FLACC Behavioral Pain Assessment Tool: Investigating Evidence for Use in the Cognitively Impaired Elderly Patient in Acute Care*

- **Erin Taylor, MSN, RN, CNOR, Ambulatory Clinical Educator**
  *Valuing Generational Differences in Nursing: Promoting Cohesion in the Workplace*
Welcome and congratulations to the following advanced practice nurses who have been approved for appointment, reappointment or additional privileges:

Sandra G. Benson, CNS, Psychiatry and Behavioral Medicine/Internal Medicine
Kristin J. Benting, NP, Orthopaedic Surgery/Surgery
Tracy L. Cagnina, NP, Neurosurgery/Surgery
Carolyn R. Chungu, NP, Interventional Neuroradiology/Hospital-Based Medicine and Neurosurgery/Surgery
Marcia G. Chwalek, NP, Rheumatology/Internal Medicine
Katherine Dorvel, NP, Neurosurgery/Surgery
Victoria H. Gantz, NP, General Internal Medicine/Community Medicine
Allison S. Gonta, NP, General Internal Medicine/Internal Medicine
Shirley A. Gove-Vlahos, NP, Rheumatology/Internal Medicine
Kristina M. Green, NP, Cardiovascular Medicine/Internal Medicine
Alicia A. Hill, MSN, NP, Neurosurgery/Surgery
Lesley E. Hirl, NP, Neurosurgery/Surgery
Elisabeth M. Hurley, NP, Interventional Radiology/Hospital-Based Medicine
Mary S. Lucca, NP, General Internal Medicine/Community Medicine
Melissa K. Maloney, NP, General Internal Medicine/Community Medicine
Lisa M. Martin, NP, Orthopaedic Surgery/Surgery
Edward G. Mayo, Jr., CRNA, Anesthesiology/Hospital-Based Medicine
Mary Katherine McNeice, NP, Oncology/Internal Medicine
David Melzack, NP, Neurosurgery/Surgery
Dawn M. O’Toole, NP, Emergency Medicine/Surgery
Patricia C. Payne, NP, Family Practice/Community Medicine
Lori A. Petersen, NP, Cardiovascular Medicine/Internal Medicine
Louisa E. Schlee, CNS, Psychiatry and Behavioral Medicine/Medical Specialties
Richard A. Wold, CRNA, Anesthesiology/Hospital-Based Medicine

Congratulations to the following nursing colleagues who have recently received nursing degrees:

Diane Currier, BSN, RN, Assistant Nurse Manager 7C, received her Bachelor of Nursing from UMass Boston.
Jennie Ann Dango, BSN, RN, Clinical Educator 7C, received her Bachelor of Nursing from Regis College.
Claire MacDonald, DNP, RN, Central Clinical Educator, received her Doctorate of Nursing Practice from Regis College.
Grayce Ventura, MSN, RN, CAPA, Clinical Educator CDU, received her Master of Nursing from Salem State University.

Massachusetts Governor Deval Patrick congratulating Grayce Ventura, MSN, RN, CAPA, Clinical Educator CDU.
A Special Occasion

On May 4, Mark and Bonnie Barnes, co-founders of the DAISY Foundation, visited Lahey Clinic to take part in a reception honoring all nurses who have received a DAISY award since the program’s inception at Lahey Clinic. Attendees also included many of the nominators of the DAISY award winners.

Back row, from left to right:
Mark Barnes, co-founder, The DAISY Foundation; Jing Liu, ASN, RN, ICU/CCU;
Susan Wheeler, ASN, RN, SICU; Greg Babcock, BSN, RN, CCRN, 6WPCU; Bonnie Brien, BSN, RN, Case Management; Kim Johanson, BSN, RN, 7CH; and Jacquie Martin, ASN, RN, Hematology/Oncology

Middle row, from left to right:
Caroline Doherty, NP, CathLab/Interventional; Donna Benanti, RN, CNOR, RNFA, Operating Room; Roxane Deniso, ASN, RN, 5WH; Sheila Baxter, BA, RN, CEN, ED; Helen Rogers, LPN, Dermatology; Kathleen S. Jose, MSN, RN, CNO; Sandra Scolaro, BSN, RN, Endoscopy; Eileen Allosso, MS, APRN, BC, Neurology Clinic; Gail Spellman, MSN, FNP, General Internal Medicine; Sue Greene-Steinbauer, RN, Continence Center; Mrs. Dellorusso; and Joanne Sliney, RN, PACU

Front row, from left to right:
Bonnie Barnes, co-founder, The DAISY Foundation; Helen Callahan, RN, ED, Lahey Clinic North Shore; Laurie Young, RN, ICU/CCU; Amy Poirier, BSN, RN, 6EH; Erin Casey, BSN, RN, MICU; Wendy Doran, RN, CAPA, Ambulatory Surgery; and Janet Giacchino, RN, representing the Cath Lab Holding Nurses

Sue Greene-Steinbauer, RN, of the Continence Center was presented the May 2011 DAISY award

From left to right:
Mark Barnes, co-founder, The DAISY Foundation; Bonnie Barnes, co-founder, The DAISY Foundation; Sue Greene-Steinbauer, RN, Continence Center; Margie Sipe, MS, RN, Nursing Performance Improvement Innovator; and Howard Grant, JD, MD, CEO

APRIL 2011
Gail Spellman, MSN, FNP, General Internal Medicine

MAY 2011
Sue Greene-Steinbauer, RN, Continence Center

JUNE 2011
Vera Allen, AS, RN, 6CH
Brandon Van Corbach, BSN, RN, 6C

JULY 2011
Catherine M. J. MacLellan, RN, Lahey Lexington Department of Orthopaedics
Congratulations to the following nursing colleagues who received specialty certifications:

**CRITICAL CARE NURSING**
- Karen Flynn, RN, CCRN, Cardiology
- Lisa Meinhold, RN, CCRN, Center for Clinical and Professional Development
- Barbara Moloney, RN, CCRN, Center for Clinical and Professional Development
- Sheila Shields, RN-BC, CCRN, Center for Clinical and Professional Development

**EMERGENCY DEPARTMENT NURSING**
- K. Stephen, RN, CEN, CEN-Emergency, ED

**MEDICAL SURGICAL NURSING**
- Lisa Jasak, RN-BC, 6/7SE

**ONCOLOGY NURSING CERTIFICATION**
- Susan Bowers, RN, OCN, Hem/Onc Clinic
- Vivianne Chioutsis, RN, OCN, 7W

**OPERATING ROOM NURSING**
- Doti Doxtader, RN, CNOR, OR

**PERIANESTHESIA NURSING**
- Dana Maser, RN, CPAN, PACU
- Brandon Walsh, RN, CPAN, PACU
Because We Care:
Journey of a Pneumonia Vaccine Administration Performance Improvement Project

By Erika M Rosato, MHA, BSN, RN, OCN, 7 West Nurse Manager and 2011 Nurse Research Fellow, and Margie Sipe, MS, RN, Nursing Performance Improvement Innovator

The purpose of this performance improvement project was to improve the rate of compliance of pneumococcal vaccination for eligible inpatients, initially on our 7 West Oncology and Medical/Surgical Inpatient Unit, and subsequently throughout our acute care inpatient facility. The hospital rate of vaccination compliance, as was reported for our abstracted pneumonia patients for the period of July through September 2010, was 96.9 percent. Even though this number was above the Joint Commission target, we were not satisfied. Our expected level of compliance, which would move us into the top 10 percent of hospitals, was 100 percent. Additionally, our abstracted patients represented only a small proportion of all patients who would be eligible to receive the pneumococcal vaccine.

Vaccination is an important initiative to protect patients from acquiring pneumonia. Pneumococcal vaccination is indicated for persons 65 years of age and older because it is up to 75 percent effective in preventing pneumococcal bacteremia and meningitis.\(^1\) It is also an important vaccine because it increases antibiotic resistance among pneumococci. One-third to one-half of eligible individuals does not receive recommended vaccinations against influenza and pneumococcal disease. To improve vaccination rates, public health experts recommend vaccinating patients at risk for vaccine-preventable disease when they are hospitalized.\(^2\) Although inpatient vaccine screening and administration are recommended, hospitalization is an underutilized opportunity for adult vaccination.\(^3\)

Pneumonia is one of the core measures identified by the Joint Commission and the Center for Medicare & Medicaid Services (CMS) as a hospital priority focus area.\(^4\) The pneumonia core measure and, specifically, vaccine compliance is critical for all hospitals to address due to:

- Disease prevalence
- Increased antibiotic resistance
- Health care costs
- Pneumonia is the sixth most common cause of death in the U.S.
- Increased population of persons aged 65 years or older (identified as at higher risk of getting pneumonia)
- Annually there are between two and three million cases of community-acquired pneumonia, resulting in 10 million visits, 500,000 hospitalizations and 45,000 deaths
- CMS will link hospital reimbursement to each organization’s performance on the core measure (i.e., pay for performance)

The 7 West nursing staff reviewed the current practices of vaccine administration and provided feedback regarding opportunities for improvement. From the moment of assessment through the point of administration, the nurses worked through the barriers to vaccine administration, which resulted in improvements surrounding the administration of the pneumococcal vaccine on the unit and hospital-wide. In order to improve our compliance, we decided that we needed to demonstrate the importance of this initiative. As leaders, we needed to make sure assessments were completed and then, once completed, that eligible patients received the vaccine. We began by looking at all patient assessments and documented vaccine administrations. Each day that the vaccine was not administered, a leadership member gave a verbal reminder to the staff. This was a very time-consuming and labor-intensive process. One factor we identified that led to poor compliance was difficulty remembering to go back and complete the assessment of vaccination status if it had not been obtained on admission. We worked with the nursing performance improvement innovator to design a colorful sticker that could be placed on our nursing Kardex to identify as assessments that were incomplete. This project resulted in the following practice and systems changes:

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Because We Care:
Journey of a Pneumonia Vaccine Administration Performance Improvement Project
(Continued from page 9)

- Created a unit-based leadership rounds model for 7 West
- Created a custom CareFusion report to identify patients with orders
- Initiated a sticker process to alert nurses of assessment status
- Created ways to document refusals
- Encouraged staff to administer vaccine on day 1 of inpatient visit rather than day of discharge
- Recommended a redesign of the CareFusion report (barcode medication administration [BCMA] report)
- Initiated the use of a daily CareFusion report by charge nurses
- Recommended rollout of workflow to all units
- Collaborated to redesign the CareFusion report for unit leadership
- Distributed the vaccine administration compliance report, which is compiled every two weeks, to nurse managers
- Communicated progress to the unit staff directly from the nurse manager, showing our own unit’s progress as well as the progress of other units
- Implemented the pilot program of vaccination during preop visits

We measured the changes in compliance with pneumonia vaccination for eligible patients on the pilot unit as well as housewide. We used data from our BCMA system report to identify all patients who were eligible to receive the vaccine as demonstrated by an entered and available active order. We compared the percentage of vaccines administered or refused against the total eligible patient orders. We started looking at this data with a manual process and progressed to using more electronic data in order to better measure actual rates of compliance of all identified “opportunities.”

The results of the project were quite impressive. When we launched the performance improvement project on 7 West, pneumococcal vaccine compliance hovered around 62 percent. Four months later, we achieved 100 percent compliance. Similar results began to occur throughout the hospital as we shared the work of the pilot unit, implemented the new refined reports and created a new process to use data to help direct practice. This demonstrated that the work done by the 7 West staff was not only applicable to a single unit, but all units. It was successful because the nurses recognized the barriers to poor vaccine compliance and then discovered the best ways to remove the barriers based on simple changes to practice and systems.

Some of the significant project limitations were the inability to apply best practices due to our manual entry system and minimal electronic system. Best practices suggest having orders placed automatically for eligible patients on admission and configured as a one-time order with reminders. Since our hospital does not currently have an electronic medical record, we were limited to using manual and minimal electronic data to prompt our actions because there were no opportunities for electronic reminders.

Our organization is proud to have implemented this innovative performance improvement process housewide, including the Critical Care Unit. Our global recommendations include:

1. When thinking about performance improvement processes, include the staff at the level where the innovation is to take place. For us, this meant a 35-bed Oncology and Medical/Surgical Unit.
2. Use performance improvement methods and outcome measuring tools to evaluate processes, streamline, and track variation.

Pneumonia vaccination rates for 7 West.
3. Insist on interdisciplinary collaboration. We utilized staff nurses, physicians, members from the Quality department, nursing leadership, pharmacy and our electronic medication vendor.

4. Share what you have learned with everyone through discussion and collaboration inside and outside the organization to help support best practice and enable others to focus on how to best implement innovation that is crucial for the care of patients.

5. Engage staff who want to make changes based on data. Data demonstrated that we needed to improve our vaccine scores in order to improve patient care. Staff engaged when they realized that, by not administering the vaccine, they were putting their patients at risk for being readmitted with the diagnosis of pneumonia.

6. Provide compliance-rate feedback to unit managers and nursing staff. Individual unit reports were generated and shared with staff. This created a sense of pride within the nursing units as they witnessed the steady improvement in their vaccine compliance rates.

7. Rounding by the nursing performance improvement innovator on all patient units was done with the initiation of the implementation of the project. This brought attention and support to the project.

8. Educate nursing staff about vaccination importance and new initiatives. This was done by the nurse managers and leadership team of the units and with the nurse innovator’s regular presence on all units.

9. Work with pharmacy staff to ensure that vaccines are stocked on the units. This was accomplished by the Pneumonia Core Measures Committee early in the discussions of the performance improvement project.

The staff of 7 West should be commended for their hard work and dedication to this very important patient care issue. Due to their efforts, more patients are being vaccinated hospital-wide, which should result in less readmissions of pneumonia and better patient care.

References


Lahey Clinic remains committed to providing the highest quality care for all patients, and NICHE is one of the initiatives that help to achieve this goal. NICHE continues to expand, and the medical/surgical rollout on 7 East took place at the end of May. Additionally, Lahey Clinic was excited to host the recent meeting of the Boston Area Chapter of the National Gerontological Nursing Association on June 8, 2011. Nancy Todd MS, NP, discussed “Reducing 30-Day Readmissions: Heart Failure Readmissions in Older Adults.” Look for more information about NICHE as we continue to influence practice throughout the institution.

In April, Lahey Clinic was represented at the Annual NICHE Conference in Las Vegas by Kathleen Carabedian, RN, 6 East; Lisa McBride, RN, 6/7 Southeast; Ann Dylis, PhD; Arlene Stoller, RN; and Susan Bellofatto, RN-BC. Ms. Stoller and Ms. Bellofatto delivered a podium presentation entitled “Educational Interventions to Increase Medication Knowledge and Safety in the Hospitalized Older Adult.” As a result of this successful presentation, Lahey has been selected to be profiled in the NICHE Solutions Series, which provides other NICHE institutions with information on how to approach challenges faced when caring for older adults. Ms. Stoller and Ms. Bellofatto also delivered the presentation to Lahey colleagues at both the Peabody and Burlington campuses during Nursing Research Days.
Welcome to the following nursing staff who recently began working at Lahey Clinic:

Kim Benson, RN, LCN, Otolaryngology
Julie Bouchard, LPN, GIM
Jane Burd, BSN, RN, OCN, Outpatient Medicine/Oncology
Kayla Cantres, LPN, Radiation Oncology
Jennifer Caputo, BSN, RN, 7WH
Jacqueline Cesaire, RN, Float pool
Kristen Considine, RN, 5C
Heather Doherty, RN, 6W Telemetry
Caroline Dudman, BSN, RN, OCN, Hematology Oncology
Raina Ferguson, BSN, RN, 6W PCU
Maria Geraghty, BSN, RN, OR
Sarah Gerblick, BS, RN, OR
Stephanie Glynn, BSN, RN, 6C
Beth Gray, BSN, RN, ED
Christine Gunzburg, RN, 6E
Dennis Hamson, BSN, RN, DaVita
Alicia Hill, MSN, NP, Neurosurgery
Stephanie Jalbert, MSN, RN, ACNP-BC, OCN, Radiation Oncology
Sean Keener, ASN, RN, CEN, CCRN, Rapid Response RN
Erin Kelly, MSN, RN, Research
Kristine King, RN, Ambulatory Pool
Bindumol Kurian, ASN, RN, 6W
Alicia Marconnot, BSN, RN, 6/7E
Shaina Menicucci, AND, RN, PCCN, 6E
Donna Miliano, LPN, Orthopaedics, North Shore
Charles Mooney, BSN, RN, DaVita
Grace Ndegwa, BSN, RN, Pain Center
Meghan Pappas, BSN, RN, 6E
Juliette Perkins, BSN, RN, IV Team
Abby Petrione, BSN, RN, 7EH
Evelyn Ramos, BSN, RN, Pain Center
Sebastian Reyes, RN, 7C
Judy Riccio, BSN, RN, MICU
Diana Robinson, ASN, RN, 6C
Roxanne Sayce, RN, OR
Jaime Sennott, BSN, RN, 5W
Jeannel Taylor, BSN, RN, CNN, DaVita
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