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January/February 2005

Notes on NURSING at Lahey

From the CNO

◆ Kathleen S. Jose, RN, MSN, Chief Nursing Officer

The year 2005 will be a busy and ambitious time for all of us at Lahey. The strategic vision of Lahey Clinic is to extend our world-renowned medical knowledge and skills to restore health and extend life, to empower our patients, to enhance the quality of care and the patient care experience, and to enrich our professional environment through an ambitious program of education and research. Our nursing vision at Lahey is for nurses to be renowned for their expertise in the delivery of patient-focused care through a commitment to professional growth, work excitement and evidence-based practice.

Kathie Jose, RN, MSN, CNO

The 2005 nursing strategic plan is grounded in our vision and our goal to link strategy to operations. Nursing will be involved in all 2005 operational goals for the organization at some level.

Our nursing strategic goals are as follows:

Continue to Enhance OR Services

- Supply chain management
- Enhance efficiency
- Continue to create nursing pods of excellence
- Maintain perioperative nursing program
- Collaborate with Northeastern University
- SIP project

Increase Nursing Touch Time

- Pyxis PatientStations
- Nextel phones
- Cardinal health supply chain
- Dictaphone
- Teletracking
- Sentillion
- Increased computer access
- Streamline documentation
- Nursing walk rounds
- Enterprise Content Management

Optimize Customer Relations

- Interactive Voice Recognition
- Telephone service redesign
- Nursing Education Website
- Establishment of shared nursing

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COUNCIL REPORTS

The **Professional and Education Council** continues to plan new educational initiatives.: the staff education TV channel will provide staff with immediate access to videos on equipment, procedures, and nursing practice; day three of nursing orientation for all new colleagues; Whap VAP education for all critical care staff; and ECCO – an orientation for all new critical care nurses. The P & E Council, working with the **Research Committee**, is developing plans to integrate Evidence Based Practice (EBP) into the work environment. The **Patient and Family Education Committee** is expanding the patient video-on-demand program.

Nursing Grand Rounds, an ongoing, monthly series, has been well received and attendance is increasing each month. 7East hospital will be featured in January and 7C in February. Our hope is that staff nurses will bring their lunch and receive CEUs as their col-

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Lahey CLINIC

From the CNO

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computer drives
- NDNQI Nursing Satisfaction Survey
- 2005 Joint Commission Patient Safety Goals
- Supply chain liaison
- Pyxis PatientStation concierge

Access/Patient Flow Performance Improvement Initiative
- Teletracking
  - Bed tracking
  - Pre-admit tracking
- Expanded virtual bed program
- DRRT Team
- Add two 18-bed units
- Med/Surg Task Force to address communication with ED
- Add more depth to per diem pool
- Anchor Rapid Response RN's at points of saturation
- De-escalation nursing competency
- On call depth in Cardiac Cath Lab

Continue to Strengthen Nursing Governance Structure
- Enhance unit-based council structure
- Identify unit-based champions
- Establish Ambulatory Nursing policies online
- Enhance Nursing quality plan & further develop Nursing dashboards
- Establish global Nursing e-mail
- Develop clinical advancement program to include mentoring

Continue to Work in Collaboration with Human Resources & Integrate with Other Departments
- Implement E-learning strategies
- Clinical Pathway Teams (i.e. Stroke Team)
- Workforce Development Initiative
- Career Counseling Program
- PeopleStrategies
- Establish partnerships with educational institutions
- Continue to work with Philanthropy to establish workforce development

Safety
- Moderate sedation
- Universal protocol
- Joint Commission Safety Goals
- High Reliability Organization

Professional Development & Education
- Develop staff education channel
- On-site education offerings
  - Salem State College
  - Regis College
  - Middlesex Community College
- Develop role of Nursing quality liaison
- VAP education roll out
- E-learning modalities
- Simulated learning opportunities with SimMan
- 2nd Annual Nursing Research Day
- Evidence Based Practice (EBP) Awareness Campaign
- Continue Nursing Grand Rounds
- Implement Essentials of Critical Care Orientation (ECCO)

Continue on our Journey to attain Magnet Status
- Develop project plan for 2005
- Submit application
- Develop Evidence for:
  - Evidence Based Practice
  - Diversity
  - Community outreach
- Develop Marketing, Mentoring & Communication Committee
- Finalize professional advancement model

This is an exciting time at Lahey. As the Clinic expands to meet the needs of patients, the Nursing Department will continue to grow and embrace the challenges before us. Together, we will continue to foster a nursing department committed to providing the highest quality of care to patients and families.

I wish you all a happy and healthy new year!

Kathleen S. Joel, RN, MSM

Notes on NURSING at Lahey

January/February 2005

Published under the auspices of the Professional and Education Council, Gayle Gravlin, RN, EdD, chair.

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Notes on Nursing at Lahey Clinic is a newsletter for and by nurses at Lahey. We hope to improve communication among nurses and bring you information you need. Let us know what changes can be made to make this serve you. Call us, send e-mail to Notes.on.Nursing@Lahey.org, or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

Nursing is an art: and if it is to be made an art, It requires an exclusive devotion, as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of the spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts.

Florence Nightingale

Our Magnet Journey

◆ Heather Kolnsberg RN, MBA, BSN

The Magnet Recognition Program is all about *excellence* in nursing. It is the highest award given to organized nursing services by the ANCC (American Nurses Credentialing Center). The designation recognizes organizations that support and promote the best in professional nursing practice. As you know, Lahey is seeking Magnet Recognition. We have not yet applied, but will do so soon, after which we have one to two years to meet the program requirements.

Enabling the professional nurse to best care for the patient is what Magnet is all about. Our Nursing Division philosophy supports this. It states, "Nursing is committed to providing the highest quality of care to patients and families. The goal of our nursing care is to facilitate the well being of all patients across the healthcare system through use of evidence-based practice."

Nurse input and involvement are integral to delivering the best in patient care. Chief Nursing Officer Kathleen Jose, RN, MSN, has laid the foundation for staff nurse involvement in the management system of our nursing care. A few years ago, she adopted a *shared governance structure.* Staff nurses from all areas are encouraged to sit on the different councils that make decisions and implement processes affecting care and professional practice. These councils are the working center of our Nursing division –where policies and initiatives are developed and undertaken. The councils include Clinical Practice, Quality & Safety, Professional & Education, Policy & Coordination, and Nurse-Physician Partnership. There are several sub-committees for each council as well. Council updates are in each issue of *Notes on Nursing* and are discussed at staff meetings/unit councils. In shared governance, nurses have a real voice in affecting their practice.

Shared governance demonstrates both an **organizational structure** and a **participative management style** that are committed to **quality improvement** and **quality of care**. These are four of the Forces of Magnetism in operation within our Nursing division. As a staff nurse, you are dedicated to patient care, and it is evident in your day-to-day activities. Your input matters. Talk with your manager if you are inclined to be a council member. Staff nurses are encouraged to join councils and sub-committees because staff nurses are the direct caregivers. This is how you can contribute to decisions that will better impact our practice environment and the well being of our patients.

COUNCIL REPORTS

Continued from page 1

leagues present current topics in nursing care. Also presented monthly is an educational series for unlicensed assistive personnel. Topics in the New Year include team building and stress management.

The Nurse/Physician Partnership Council is working on patient flow issues, including facilitating earlier-in-the-day discharge of patients. The council is also establishing chain-of-command and medication reconciliation practices. On call schedules and telephone pages continue to be issues that are addressed.

The Clinical Practice Council has completed a review of the nursing practice guidelines and these will soon be available online. The council is currently in the process of reviewing all of the nursing policies and procedures as part of the preparation for our upcoming JCAHO site visit.

The Policy Coordination and Development Council is continuing to develop, along with Human Resources, a new format for job descriptions. A number of policies have been reviewed and a decision was made to develop a nursing practice guideline for post mortem care of the patient. Working with Enterprise Content Management, the council is updating the initial patient assessment and the Med/Surg nursing flow sheet.

The Quality Safety Council is part of the group developing our medication reconciliation policy. This is a 2005 JCAHO Patient Safety Goal and must be implemented by 2006. The council is exploring the reporting of critical values – who gets called, how to document the results and assure that telephone orders are written directly into the patient's chart. The new brochures for each unit are being written and standardized and these will be included in a folder given to each patient on admission as part of the HRO (High Reliability Organization) emphasis on patient safety. The "Travel Ticket" has been implemented. The ticket, completed by the inpatient area, provides important safety information which will increase safety for all patients traveling from the inpatient environment to other areas of Lahey for tests and procedures.

HOTLINES FOR BCLS and ACLS

Providing information about upcoming dasses, course requirements and registration.

BCLS: 781 – 744 – 5322

ACLS: 781 – 744 – 8386

Registration for ACLS cannot be done over the telephone. This must be done in person in the nursing administration office.

EDUCATION CALENDAR

✚ = MARN contact hours applied for

See below for details

January

M	T	W	TH	F
3 Re-Entry Course	4	5	6 BCLS (CPR)	7
10	11 BCLS (CPR) Lahey North; Nursing Grand Rounds+	12	13 Chemo. & Biotherapy Course+	14 Pacemaker Workshop+
17	18 Precetor Workshop+	19	20 All Day Cont. Ed.+; Chemo. & Bio. Course+	21
24	25	26	27 Trauma for Criti. Care Nurses+	28
31				

February

M	T	W	TH	F
	1	2	3 Initial CPR, Parts 1 & 2	4
7 Basic Dysrhythmia+; Telemetry+	8 BCLS (CPR) Lahey North	9 Nursing Grand Rounds+	10 BCLS (CPR)	11 Basic Dysrhythmia+; Telemetry+
14 Basic Dysrhythmia+; Telemetry+; Crisis Wkshp.+	15	16	17 All Day Cont. Ed.+; Chemo. & Biotherapy Course+	18
21	22	23	24 Chemo. & Biotherapy Course+	25
28				

JANUARY

3rd through 27th
RE-ENTRY COURSE

◆A series of classes for nurses returning to the bedside.

6 BCLS (CPR)
Time: 1:15 – 3:15 pm
Place: Auditorium
◆Re-certification only. Space is limited and pre-registration is required. Call ext 8725 or 5332

11 BCLS (CPR) Lahey North
Time: 1:30 – 4:00 pm
◆Pre-register at ext. 4501

11 Nursing Grand Rounds +
Do You Find Tubes Draining – The Ins and Outs of GU Drains
Presented by 7 East Hospital
Time: 12:30 – 1:30 pm
Place: 4W Conference Room

13, 20 CHEMOTHERAPY & BIOTHERAPY COURSE +
Time: 9:00 am - 5:00 pm
Place: 31 Mall Road, Large Conference Room

14 Pacemaker Workshop +
Time: 11:00 am – 3:00 pm
Place: Room 184, 31 Mall Road
◆A "hands-on" introductory workshop on temporary pacemakers. Pre-registration is required at ext. 8725

18 Preceptor Workshop +
Time: 8 am – 4 pm
Place: Room 184, 31 Mall Road
◆Designed to help new preceptors develop the skills needed to be an effective preceptor for new staff members. Pre-registration required at ext. 8725. OPEN TO ANY DEPARTMENT

20 ALL DAY CONTINUING EDUCATION +
Trends in Transplantation
Time: 7:30 am – 4:00 pm
Place: Alumni Auditorium
◆Pre-registration is requested at ext. 8725

27 Trauma for Critical Care Nurses +
Time: 8:30 am – 5:00 pm
Place: Room 185, 31 Mall Road
◆An introduction to trauma for critical care nurses. Non-critical care nurses may attend if space is available. Pre-registration is required with Sue Drew, ext. 2567

FEBRUARY

3, 4 Initial CPR, Parts I & II
Time: 1:00 – 5:00 pm
Place: Auditorium
◆Pre-registration required at ext. 8725 or BCLS HOT-LINE: ext. 5322

7, 11, 14 Basic Dysrhythmia +
Time: 9:00 am – 12:30 pm
Place: Room 184, 31 Mall Road
◆Intended to help beginning critical care/telemetry nurses develop an understanding of basic dysrhythmias. OPEN TO ANY RN. Pre-registration is required at ext. 8725

7, 11, 14 Path to Expertise – Telemetry+
Time: 1:00 – 4:00 pm
Place: Room 184, 31 Mall Road
◆Follows morning session of Basic Dysrhythmia. A series of classes devoted to caring for the patient on telemetry. Pre-registration is required at ext. 8725

8 BCLS (CPR) LAHEY NORTH
Time: 1:30 – 4:00 pm
◆Pre-register at ext. 4501

9 Nursing Grand Rounds +
The Story of Skin – To Break or not to Break
Presented by 7 Central Hospital
Time: 11:30 am – 12:30 pm
Place: 4W Conference Room

10 BCLS (CPR)
Time: 1:15 – 3:15 pm
Place: Auditorium
◆Re-certification only. Space is limited and pre-registration is required. Call ext 8725 or 5332

14 Medical/Surgical Crisis Workshop +
Time: 1:00 – 5:00 pm
Place: Room 5-301, 5C Clinic
◆What to do when the patient has taken a turn for the worse on a med/surg floor. OPEN TO ALL. Pre-registration is required at ext. 8725

17 ALL DAY CONTINUING EDUCATION +
Murmurs, Gallops, and Rubs – Oh My!
Time: 7:30 am – 4:00 pm
Place: Alumni Auditorium
◆Pre-registration is requested at ext. 8725

17, 24 CHEMOTHERAPY & BIOTHERAPY COURSE +
Time: 9:00 am - 5:00 pm
Place: 31 Mall Road, Large Conference Room

MEDICATION SAFETY

How Fast is too Fast for IV Push Medications?

◆ Maureen Mclaughlin, RN, BSN, CPAN

Errors in the administration of medications can have devastating effects. Errors in the administration of IV push medications can have often irreversible, life-threatening effects. In fact, most recognized high- alert medications are administered via the IV route. In a research study performed in the United Kingdom, most reported medication errors involved IV push medications, and most of the errors involved administering them too quickly.

The technique of administering medication by the IV push route has several advantages. A rapid rise in blood plasma levels is obtained, thus ensuring an immediate effect from the medication. This route also bypasses some limiting factors associated with the absorptive process, again ensuring an immediate effect. However, the side effects and complications are also immediate.

Lahey Clinic is fortunate to have an excellent online reference titled the **IV Grid.**

Often, the physician's orders simply state "… IV." The rate of the infusion of this IV push medication is not specified in the order. Lahey Clinic is fortunate to have an excellent online reference titled the **IV Grid**. This extensive, detailed reference manual for the administration of IV medications provides the recommended infusion rate of IV push medications. Examples include:

- Adenosine: …given over 1 to 2 seconds
- Labetolol: …maximum infusion rate (IVP) is 20 mg/ 2minutes
- Ativan: …maximum infusion rate is 2 mg per minute
- Toredol: … minimum infusion time is 15 seconds

Did you know

- Morphine administered too rapidly may result in chest wall rigidity, making ventilation, or the ability to breath, difficult?
- Demerol may induce tachycardia because of its vagolytic effect?
- Labetolol administered too rapidly may induce a cardiac arrest?
- Vancomycin administered too rapidly can cause "red man syndrome", or severe facial flushing, as well as severe hypotension?

Safety Recommendations

- Remember to access information on medication
- Reduce the concentration whenever possible
- Dilute the medication whenever possible
- Consider using an infusion pump
- Carefully read any special alert labels attached to the medication
- Know how fast is too fast for IV push medications

References

Kost, Michael. 2004. Moderate Sedation St Louis, Missouri: W.B.Saunders

ISMP Medication Safety Alert, June 2004

WRITTEN TO THE NURSE MANAGER OF 7C

Dear Janet,

My name is Kolleen. I was a patient on 7C recently, and I am writing to let you know how I amazed I was with your nurses!

I have never been so overwhelmed, so grateful, and so happy with the level of care I received. Your nurses were always there when I needed them. They were professional, genuinely concerned and happy - once even making me laugh so hard I cried. Even my family was relieved and grateful for the exceptional care I received.

I want to mention two nurses in particular who did a lot for me. Even though I was not their patient, Dawn and Laura F. took time out of their busy day to stop by and say "hi" and make me smile. Please thank them for me and let them know I'll never forget them. All the people who helped me deserve a big thank you for their hands-on care. Besides Dawn and Laura, these people include: Marie, Patience, Rosemary, Debbie, Karen, Julie, Sean, Laurie, Linda, Mary Ellen, Courtney, Sue, Steve, Dave and Patti – what a group!

One happy and grateful patient extends her heartfelt thanks to these caregivers turned friends. I applaud you for having such an incredible staff - they are all stars!

With sincere and heartfelt thanks,

Kolleen

THE BUG STOP

The Emergence of Community-Acquired MRSA

◆ By Jane Eyre Kelly, RN, CIC

Methicillin resistant *Staphylococcus aureus,* or MRSA, is an important cause of hospital-acquired infections worldwide. In fact, the rate of methicillin resistance in *Staph aureus* isolates in critical care units has approached 50 percent in U.S. hospitals.

Traditionally, MRSA infections have been acquired almost exclusively in hospitals, in long-term care facilities or in similar institutional settings. Risk factors for acquiring MRSA colonization or infection have included prior exposure to antibiotics, admission to a critical care unit, surgery and invasive procedures, and exposure to an MRSA-colonized individual.

However, recent reports of virulent and highly transmissible new strains of MRSA have been showing up in places never before linked to such infections. There have been reports of MRSA infections in high school wrestlers and football players, military recruits and National Football League players. The organism is transmitted by skin-to-skin contact with a colonized carrier and can spread in locker rooms through dirty towels and sweat-drenched workout equipment. Turf burns, cosmetic body shaving and sharing inadequately disinfected whirlpools were implicated in an MRSA outbreak among the members of a Connecticut college football team. Clusters of skin infections caused by MRSA have also been described among injecting drug users, homeless and incarcerated persons.

Community-acquired MRSA typically causes skin and soft tissue infections, such as boils, but can also present as pneumonia, bloodstream infections and abscesses. There have also been reported cases of MRSA necrotizing fascitis, better known to the public as flesh-eating bacteria. These infections are frequently noted to cause what looks like an insect or spider bite. This organism generally grows faster than hospital-acquired strains and infection can spread rapidly, requiring aggressive therapy and, occasionally, surgical intervention. Infection with MRSA should be suspected in outbreaks of skin boils that are nonresponsive to standard antibiotic therapy, especially among participants of contact sports and their close contacts. In general, community-acquired MRSA is more susceptible to antibiotics than hospital strains. However, delays in starting appropriate antimicrobial therapy may be life threatening.

The importance of good hygiene in preventing the spread of MRSA in the community cannot be overemphasized. Transmission of MRSA can be prevented by:

- Practicing hand hygiene
- Washing towels, sports uniforms, and gym clothes frequently
- Cleaning athletic equipment after use
- Cleaning scratches and wounds immediately
- Proper disinfection of whirlpools
- Discontinuing the practice of body shaving
- Identifying and treating individuals who are colonized

Notes on NURSING
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