

# Notes on NURSING at Lahey

January/February 2007

From the CNO

## Patient Safety

*Kathleen S. Jose, RN, MSN, CNO*

**T**he safety of our patients is a top priority. You may have noticed a veritable “alphabet soup” of acronyms regarding patient safety issues over the past several months. As we enter into a new year, this is a good time to review some of the acronyms.

**HRO** refers to a **high reliability organization** and is a mandatory competency at Lahey Clinic. An HRO constantly looks for and anticipates unsafe situations that may result in errors, so that they can be prevented. A high reliability organization also means that we have a blame-free environment. Colleagues are able to report errors or unsafe situations without fear of retribution. Also, if an error is made, colleagues are appropriately counseled and supported.

**FMEA** stands for **failure modes and effects analysis**. This describes a systematic, proactive method for evaluating a process to identify where and how it might fail, and to assess the relative impact of different failures in order to identify the parts of the process that are most in need of change.

**RCA**, or **root cause analysis**, is a set of processes by which the underlying causes of adverse outcomes or sentinel events are identified, with the goal of preventing the reoccurrence of such adverse events.

**PI** refers to **process improvement** and is the outcome of FMEAs and RCAs. PI can also be the outcome of a workgroup that identifies a process that is not working well for patients or staff.

**PDSA** contributes to the process of PI; **p**lan a change, **d**o an intervention, **s**tudy the results, and then **a**ct to make the change permanent if it is working or start the process over if it is not working.

**DPH** stands for the **Department of Public Health**. In part, the mission of the DPH is to promote healthy people, healthy families, healthy communities and healthy environments through compassionate care, education and prevention. Anyone can contact DPH if they feel that safe patient care is not being delivered.

I know that, as nurses who deliver the best patient care possible, you are vigilant every day to ensure only the best outcomes for our patients.



Kathie Jose, RN, MSN, CNO

*Kathleen S. Jose, RN, MSN*

## CONGRATULATIONS TO...

**PAM GREENWOOD, RN, CNOR**, OR staff nurse, received her certification as a certified OR nurse.

**TOSHIE SADAMURA, RN, BSN, OCN**, received her certification as a certified oncology nurse.

**KELLY COLLINS, RN, BSN; JENNIE-ANN DANGO, RN, ASN; LISA DEVINE, RN, ASN; and JANET HABESHIAN, RN, MSN, 7 Central, and REBECCA LIBERMAN, MPH, Research**, had a poster, *To Break or Not to Break*, accepted for presentation at Nursing Research day at Winchester Hospital in October.

**MERRIE WATTERS, RN, MS, CNOR**, had a poster, *The Power of Relaxation: Integrative Care for Surgery and Anesthesia*, accepted for presentation at Nursing Research day at Winchester Hospital in October. Her presentation was one of three that won the Certificate of Excellence award.

**MARTI HOAR, RN, MS, CCTC**, kidney transplant coordinator, and **DENISE MORIN, RN, MSN**, liver transplant recipient manager, recently present-

*Continued on page 2*

# Presenting Abstracts at an International Meeting

**T**he 15th annual International Transplant Nurses Society (ITNS) symposium, entitled Building Bridges, was held in Rotterdam, the Netherlands, last October. Marti Hoar, RN, MS, CCTC, kidney transplant coordinator, and Denise Morin, RN, MSN, liver transplant recipient manager, had abstracts accepted for presentation at the meeting.

**Denise Morin shares her thoughts about the meeting below:**

This year's conference themes included infectious disease issues, living donation, and the management of immunosuppressant side effects, and my presentations paralleled these subjects. I presented the Lahey Clinic living donor adult liver transplant recipient complication experience, as well as our use of rapamycin to minimize the toxicities of standard maintenance immunosuppression and calcineurin inhibitors. While presenting the data, it was equally important to emphasize related issues specific to transplantation in the United States, especially the disparity between donor livers and transplant candidates in our region.

The ITNS symposium was both a personal and professional success. In addition to the caliber of presenters and the level of content, it was an opportunity to network with international colleagues, participate in our professional organization, and market the Lahey Clinic transplant program. I encourage my transplant nurse colleagues to take advantage of similar opportunities.

**Marti Hoar reports the following about the meeting:**

I presented an abstract from a study completed at Lahey Clinic in conjunction with the Department of Cardiology, *Results Using a Risk-Weighted Algorithm for Cardiac Screening in Renal Transplant Candidates*. This study explored the best way to evaluate a patient candidate pre-kidney transplant for any cardiac anomalies. The protocol was developed because outcomes after transplant had not been ideal. Patients had cardiac events post-transplant, and hopefully the algorithm would prevent this in the future.

The symposium was a wonderful opportunity to showcase the kidney transplant program at Lahey Clinic and network with other transplant coordinators and nurse practitioners from around the world. Presenting at this conference has helped me tremendously in professional growth and in validating what we accomplish in every aspect of nursing.

The 2007 ITNS symposium will be held in Denver, Colorado.

## Diversional Cart Used on 6 West

■ Linda Caves, RN, staff nurse, initiated the use of a diversional cart for confused patients on 6 West with great success. The cart contains a variety of reading materials, crayons, coloring books, paper, markers, word puzzles and cards.

Patients have enjoyed the opportunity to use the various options and stay busy. Hospital stays can be a challenge for any patient, and the cart helped many patients pass the time. If you have any suggestions or materials that you would like to donate, please bring them to 6 West and leave your name so that the staff can thank you.

Any nursing unit is welcome to borrow the cart if they feel it would be useful for their patients.

For more information on the diversional cart, contact Linda Caves, RN, 6 West, x 8510.

## CONGRATULATIONS TO...

*Continued from page 1*

ed at a conference in the Netherlands. (See article above.)

**JANET HABESHIAN, RN, MSN,** was nominated and received a special mention in the *Best Nurse Leader* article in October's New England edition of *Advance for Nurses*.

**NELLE FINE, RN, MA, AOCN; CAROL MARTEL, RN; BRENDA HILL, RN, AOCN; and MAUREEN PYLPINK, RN, BSN,** were included in an article that profiled the development of clinical expertise and advanced training of nurses on 7 West. The article, featuring Lahey Clinic's *Pathway to Expertise*, was published in

the Advisory Board's *Oncology Watch* in October.

## Notes on NURSING at Lahey

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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](mailto:Notes.on.Nursing@Lahey.org),

or write to us care of

Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

## EDUCATION CALENDAR

### February

#### 1 Pacemaker Workshop

Time: 9 am to 1 pm  
Place: Gordon Building, Room B

#### 5 Telemetry I

Time: 9 am to 5 pm  
Place: Gordon Building, Room A

#### 6 Nursing Orientation

Time: 8 am to 4:30 pm  
Place: Alumni Auditorium

#### 7 Nursing Orientation

**Computers, Documentation & Unlicensed Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab

#### 8 Mandatory Education

Time: 8 am to Noon  
Place: Alumni Auditorium

#### 8 BCLS (CPR) Recertification

Time: 1:15 to 3:30 pm  
Place: Gordon Building, Training Room

#### 9 Nursing Orientation

**Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room A & Skills Lab

#### 9 Newly Licensed Nurse Update

Time: 8 to 9 am  
Place: 6C – 601

#### 9 Nursing Grand Rounds\*

**Current Cancer Treatments presented by Diane Doyle, NP**  
Time: Noon to 1 pm  
Place: Alumni Auditorium

#### 12, 15 Initial BCLS (CPR)

**Part I & II**  
Time: 1 to 5 pm  
Place: Gordon Bldg, Training Room  
■ Deposit required with registration.

#### 13 BCLS (CPR) Recertification - Peabody

Time: 1:30 to 4:30 pm  
Place: Lahey Clinic North Shore, Conference Room A  
■ To register, call ext. 4501.

#### 13 Telemetry II

Time: 9 am to 5 pm  
Place: Gordon Building, Room A

#### 14 ECCO Workshop:

**Nutrition and Neuro**  
Time: 9 am to 2 pm  
Place: 5C - 301

#### 20 Nursing Orientation

Time: 8 am to 4:30 pm  
Place: Alumni Auditorium

#### 21 Nursing Orientation

**Computers, Documentation & Unlicensed Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab & Room A

#### 22 Mandatory Education

Time: 8 am to Noon  
Place: Alumni Auditorium

#### 22 Newly Licensed Nurse Orientation

Time: 1 to 4:30 pm  
Place: Gordon Building, Room B

*Unless otherwise indicated pre registration is required and can be made by calling ext. 8725 from the Burlington or Peabody facilities or 781-744-8725 from other locations.*

#### 23 Nursing Orientation

**Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room A & Skills Lab

#### 26 ECCO Workshop:

**Pharmacology**  
Time: 9 am to 1 pm  
Place: Gordon Building, Classroom C & Skills Lab

#### 27 All Day

**Continuing Education\* Diversity**  
Time: 7:30 am to 3:30 pm  
Place: Alumni Auditorium

#### 28 Preceptor Workshop\*

Time: 8 am to 4:30 pm  
Place: Gordon Building, Training Room

## Quality and Safety

# Hand Hygiene

Jane Eyre-Kelly, RN, CNC

**H**and hygiene—washing with soap and water or using an alcohol-based waterless hand rub—remains the single most effective and economical measure to prevent transmission of infection. However, even in critical care settings, studies have demonstrated an average hand hygiene compliance of less than 50 percent, with nurses generally having higher compliance than other health care workers. Hand washing is an easy and inexpensive measure to prevent infection, but is too often overlooked.

Failure to practice appropriate hand hygiene is the number one cause of hospital-associated infection and the spread of multi-drug-resistant organisms, such as MRSA. Performing simple tasks, such as taking blood pressure, assisting patients with mobility, and touching sheets or objects in the environment can contaminate hands.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards focus on reducing the risk of hospital-associated infections, and a high priority is placed on compliance with the Center for Disease Control and

Prevention (CDC) hand hygiene guidelines. Hand hygiene must be practiced:

- Before and after direct contact with patients, including contact with a patient's intact skin when taking blood pressure, lifting patients and administering medications.
- After contact with potentially contaminated inanimate objects.
- After removing gloves or other personal protective equipment.

Gloves are used in addition to practicing proper hand hygiene. Wearing gloves does not replace the need for hand hygiene.

Artificial fingernails have been found to carry potentially pathogenic organisms and are prohibited during direct contact with patients at high risk for infection, e.g., patients in the operating room, critical care areas, cardiac catheterization unit, and interventional radiology.

The most useful measure to improve hand hygiene compliance in health care settings is by direct observation and feedback. It is up to each and every one of us to make a personal commitment to improve compliance. Peer pressure and face-to-face interaction and feedback regarding the importance of hand hygiene play an important role in improving behavior.

Anything less than excellent hand hygiene practices cannot be tolerated at Lahey Clinic.

March

- 1 Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Classroom B
- 5 ACLS Part I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Training Room
- 6 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 6 ACLS Part II & Recertification**  
Time: 9 am to 1 pm  
Place: Gordon Building, Training Room
- 7 Nursing Orientation  
Computers, Documentation & Unlicensed Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab & Classroom A
- 7 Telemetry I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Classroom B

- 8 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 8 CPR Recertification**  
Time: 1:15 to 3:30 pm  
Place: Gordon Building, Training Room
- 9 Nursing Orientation Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Classroom A & Skills Lab
- 9 Nursing Grand Rounds\***  
Presented by 6 Central  
Time: Noon to 1 pm  
Place: Alumni Auditorium
- 12 Newly Licensed Nurse Update**  
Time: 5 to 6 pm  
Place: 6C-601
- 13 BCLS (CPR) Recertification - Peabody**  
Time: 1:30 to 4:30 pm  
Place: Lahey Clinic North Shore, Conference Room A  
■ To register, call ext. 4501.

- 14 ECCO Workshop: Cardiac and Hemodynamics**  
Time: 9 am to 1 pm  
Place: Gordon Building, Skills Lab & Classroom A
- 15 All Day Continuing Education \***  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 20 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 20 Telemetry II**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 21 Nursing Orientation  
Computers, Documentation & Unlicensed Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab & Classroom A
- 21 12 Lead EKG**  
Time: 9 am to 3 pm  
Place: Gordon Building, Room C

- 22 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 22 Newly Licensed Nurse Orientation**  
Time: 1 to 4:30 pm  
Place: Gordon Building, Room B
- 23 Nursing Orientation Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Classroom A & Skills Lab
- 26 BCLS Recertification**  
Time: 5 to 7:30 pm  
Place: Gordon Building, Training Room
- 27 ECCO Workshop: Respiratory**  
Time: 9 am to 1 pm  
Place: Gordon Building, Classroom B
- 29 Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Classroom A

## Did You Know?

- **YOU CAN ACCESS THE LINK FOR "NURSING ACCESS" ON THE FRONT PAGE OF MASSNET** in the left-hand menu. When you click on "Nursing Access" the next screen will be a list of favorite nursing sites that include, the nursing event calendar, the weekly calendar, Micromedex, Care Notes, the nursing manual, and Ovid.
- **YOU CAN ACCESS THE EVENT CALENDAR FROM MASSNET.** Click on the Lahey Clinic logo in the upper left-hand corner of the page to bring you to Lahey Clinic's Web site. Next, choose "Event Calendar" from the menu on the left, and then select "Nursing Education." You will find nursing education listings for the next few months at this site. As always, check the weekly calendar for updated information on times and rooms, as this information sometimes changes.

■ **YOU CAN ACCESS MASSNET FROM HOME** by going to the site <http://ecafe.lahey.org>. You will be asked for your MR1 name and password, which is the name and password you use at work to log on to a computer. You may access MassNet, Colleague Connection, or Web mail from this portal.

■ **YOU CAN ACCESS THE OVID AND CINAHL DATABASES** to look up articles on nursing practice and current nursing literature by going to MassNet and selecting "Nursing Access" from the left-hand menu. Next, scroll down and select "Ovid Databases/Ovid CINAHL Nursing Package" and the portal "Welcome to Ovid" will open. Do not enter a name or password, just click on "Start Ovid" and choose "Continue" on the next page. Select the database(s) you would like to explore and click "Continue."

\*NOTE: You must use a Lahey computer to access Ovid.

# Intercepting Medication Errors

Maureen F. McLaughlin, RN, BSN, CPAN

**A**dverse drug events harm at least 1.5 million people each year, and hospitalized patients experience at least one medication error each day (Cipriano, 2006). In inpatient settings, nurses have the onerous responsibility to be the last professional to have contact with a medication before it reaches the patient. Thus, nurses play a crucial role in intercepting medication errors. While lacking prescriptive authority, bedside nurses must possess the knowledge of the correct dose, route and frequency of drugs. Also, nurses lacking formal training in pharmaceuticals must know drug-to-drug interactions and drug incompatibilities.

One study found that nurses intercepted 86 percent of errors made by physicians, pharmacists and others (Cipriano, 2006). Technology can assist nurses in many of these situations. For example, a computerized order entry system can catch errors in physician orders before a medication error can occur. Also, technology that allows orders to be scanned to a pharmacy lets the pharmacist review the order before a medication can reach the patient. But errors can still be made, as the case study below describes.

INDIANAPOLIS—Six premature infants received an incorrect dose of heparin, and three have since died. What went wrong?

The correct patient name was entered into the automated medication-dispensing machine, and the correct medication, heparin, was removed and given to the correct patients.

However, a pharmacy tech had incorrectly stocked the bin containing the heparin, and an adult dose vial was placed in the bin instead of the pediatric dose. Both vials were one-milliliter vials; one had 10,000 units of heparin, the other had 10 units of heparin. The newborn intensive care unit where this event occurred is only supposed to stock the vial containing 10 units of heparin.

The unsuspecting nurses removed what they thought was the pediatric dose and administered the medication at the correct time, via the correct route, and to the correct patient. Lulled into a false sense of security by the technology designed to prevent such errors, they never checked the vials and therefore administered the wrong dosage.

The medication error described above involved a medication that is frequently administered to inpatients. Heparin is a high alert medication at Lahey Clinic, and the verification of two registered nurses is required before it can be administered. If that verification process had been in place in the case study, the incorrect vials of heparin should have been detected.

The following are tips on how you can make drug administration safer:

- Maintain a culture of adherence to safe medication practices: the five rights; appropriate crosschecks with colleagues; double and triple checks of orders, vials, and patient identification.
- Create safe work environments for the removal, preparation and administration of medications. Stay mindful during the process and don't let distractions interfere with your concentration.
- Establish a system of reviewing new policies, updates to the IV grid, and practice changes.
- Contribute to the high reliability culture of reporting errors in order for systems to be evaluated as a possible cause. When completing an incident report related to a medication error, don't limit your text to the error. Tell the whole story. Elaborate as to why you think the error occurred: was the lighting poor, was the order illegible, was the Pyxis stocked incorrectly, did the error occur on the busiest night you had ever worked? This language helps to evaluate how systems can be improved to enhance a culture of patient safety at Lahey Clinic.

Remember that technology is only aimed at assisting in the prevention of medication errors. Nothing can replace the vigilance of the nurse who is administering the medication.

Cipriano, P. "Practice Matters." *American Nurses Today* (2006): 8.

## Welcome

The Nursing Department would like to extend a warm welcome to the new hires:

Elaine Bryn, NP, Dermatology

Jill Connell, NP, Colon and Rectal Surgery

Christine Edgerton, NP, General Surgery

Gina Kolak, NP, Neurosurgery

Nicole Strieter, NP, Orthopaedic Surgery

Janet Zani, NP, Neurology

Carol Downen, RN, BSN, PACU

Christine Higgins, RN, ASN, 7 Southeast

Tracie Leong, RN, BSN, 7 Southeast

Lisa Jasak, RN, BSN, 7 Southeast

Cathy Russo, RN, BSN, OR

Lisa McBride, RN, ASN, 6 Southeast

Charlene Collins, RN, BSN, SICU

Casey Sias, RN, ASN, MICU/CCU

Susan Wisnewski, RN, OR

Donna Creamer, RN, Lahey Clinic Medical Center, North Shore

Claire MacDonald, RN, MSN, Center for Clinical and

Professional Development

Meghan Gardner, RN, BSN, 6 East

Karen Picariello, RN, ASN, OR

Robin Capprini, RN, Cardiology

Kathleen Girard, RN, BSN, ER

# Guiding Our Next Generation

*Diane Doyle, MS, APRN BC, AOCN,  
Nurse Practitioner, Medical Oncology*

**T**hink back to when you first started out as a nurse and reflect on the journey from novice to expert. How did you acquire all the knowledge you needed to take care of patients? Then consider all the wonderful nursing mentors you encountered over the course of your career, and the time they spent nurturing you. Your preceptor was most likely the first person who helped you in your transition from student to registered nurse.

Preceptorship is a means of bridging the gap between theory and actual nursing practice. It offers an opportunity to guide the transition and integration of nursing students into the nursing workforce. Personal and professional development is a benefit realized by both student and preceptor.

I had the opportunity during the course of my nursing career to become involved in preceptorship programs, most recently in my nurse practitioner (NP) role at Lahey Clinic. I was contacted by an NP student asking if I would be her preceptor for the semester. She had an interest in oncology and wanted to spend time in a specialized setting. I hadn't done this for several years, so I was happy to accept. It has been a refreshing experience and allowed me to reflect on my own practice, realizing just how much the treatment of cancer has changed.

A preceptor's responsibilities include coordination of the student's clinical education, selection of patients that the student will manage, and identification of opportunities that may broaden their experience. Preceptors guide and supervise a student's clinical decision-making, in collaboration

with physicians and other health care providers. Also, frequent interaction with their school instructors is necessary to provide feedback regarding the student's performance and attainment of goals.

It is not mandatory for license renewal that a nurse practitioner be a preceptor. Certain certifying organizations, like the American Nurses Credentialing Center (ANCC), may offer point credits towards certification renewal for being a preceptor. Additionally, the student's school may provide a

**Personal and professional development is a benefit realized by both student and preceptor.**

voucher for courses or continuing education units (CEUs) offered at the institution to the preceptor as a means of thanking them for placement and supervision of a student.

A strong preceptorship and mentorship program at Lahey demonstrates the organizational commitment to nursing. In addition to in-house mentorship for newly hired nurses, we

network with other academic institutions to precept nursing students at the basic nursing and nurse practitioner levels. Some of those institutions include Simmons College, University of Massachusetts Lowell, Salem State College and Regis College. A preceptorship can also be a stepping stone in the nursing recruitment process.

It is our responsibility to the nursing profession to ensure that the quality of nursing knowledge will remain strong for future generations. Take the step in guiding the next generation of nurses and consider becoming a preceptor.

## Notes on NURSING

Lahey Clinic  
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