

Notes on NURSING at Lahey

January/February 2008

From the CNO

Nursing's Strategic Plan

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

The beginning of a new calendar year brings with it an opportunity to reflect on the past, take stock of the present, and continue to plan for the future. In this spirit, I would like to review the Nursing Strategic Plan for 2007 – 2008.

We continue as Lahey nursing colleagues to attend Magnet workshops offered by the American Nurse Credentialing Center (ANCC) to ensure that we stay abreast of the evolution of the Magnet journey.

We continue to advance evidence-based practice within the Nursing Department. In September of 2007, Ann Dylis, PhD, RN, joined our team as the nurse research scientist. In her role, Dylis will offer evidence-based and research-related courses and will provide research mentorship to staff nurses at all levels. Please consider joining the Nursing Research Council.

We are collaborating with an interdisciplinary team as we further our effort in the care process management redesign. Working with physician leadership, nursing leadership and the Admitting Department, we are committed to improving our access and patient placement to improve patient flow. A joint effort is under way with the Division of Medicine and the Nursing Department to enhance patient admission placement. This is in conjunction with the ongoing efforts to facilitate discharge.

Advancing the high reliability organizational model is an active process, and Nursing contributes to this effort by maintaining Joint Commission readiness throughout the department, each and every day. Our audit results show improvement in documentation, core measures, infection control, and fall rates. We are fully aligned with the Lahey Clinic Operations Improvement Model and are working on making improvements to our systems and fixing the problems the nurses' encounter.

Nursing is integral in the development of electronic solutions, and the Nursing Department is presently in the planning stages to implement an electronic point of care medication administration device with CareFusion. There are many other initiatives that we are involved in to support our safe nursing



Kathie Jose, RN, MSN, CNO

CONGRATULATIONS TO:

■ **Karen Donovan, BSN, RN, CCRN**, of the SICU, recently attained her certification in critical care nursing.

■ **Denise Morin, MSN, RN, and Marti Hoar, MSN, RN, CCTC**, recently received the prestigious Roche Transplant Nursing Award for the year 2007 at the International Society of Transplant Nurses annual meeting in Denver. Morin presented her work on liver transplantation for familial amyloidotic polyneuropathy and "domino" liver transplants utilizing FAP livers. Hoar's presentation concerned an unexpected positive cross match and the methods used to overcome this obstacle to successful kidney transplantation. Lahey Clinic was the only participating facility to receive more than one award.

■ **Jennie-Ann Dango, ASN, RN**, accepted the position of clinical educator for 7 Central. She has been at Lahey Clinic since 1999, first as a nursing assistant, then unit coordinator. After graduating from the Lawrence Memorial/Regis College Collaborative in 2002, she became a staff nurse on 7C. Dango is

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Cardiothoracic Surgery: A Nurse Practitioner's Role

Nancy Cummings, MSN, APRN-BC, FNP

The Department of Cardiovascular and Thoracic Surgery has outpatient clinic Monday through Friday. Each of the department's five surgeons are assigned a particular day.

I was hired by Richard D'Agostino, MD, department chairman, to assist the surgeons in management of our patients after hospital discharge. Our patients have undergone either cardiac surgery or thoracic surgery, which includes lung resection and esophagectomy. Patients return for their first postoperative visit four weeks after surgery. They are then referred back to their cardiologist or pulmonologist for further medical management or follow-up.

My background consists of 29 years of nursing experience, particularly in cardiovascular disease, as well as research. As a nurse practitioner, my expertise has been in the management of heart failure.

My primary role is to provide direct care to our patients, as well as close monitoring of postoperative complications through telephone contact within 48-hours after discharge. During the clinic visit, I provide cardiovascular assessment and evaluate the surgical incisions. Fifty percent of a patient visit is devoted to educating the patient about prevention and progression of disease. For example, postoperative cardiac surgery patient education would include coronary artery disease and its progression, valvular disease, dyslipidemia, hypertension, heart failure, chronic kidney disease and diabetes mellitus as it relates to cardiovascular disease. Reading materials are provided, and time is allowed to discuss carbohydrate counting, sodium restriction, exercise and medications and their indications. If necessary, I adjust the patient's medications and perform thoracentesis for pleural effusion(s).

I have developed a class for our postoperative patients

involving a multidisciplinary team approach to care after surgery. I am also working closely with the nurses on 6 East and their manager, Judy Catalano, MEd, RN, in preparing them to teach these classes. We are also collaborating on a series of patient educational posters to be displayed in the unit. In my role as a nurse practitioner, I am always available to consult with staff nurses on the management of cardiothoracic patients.

I am proud to be a member of the Lahey Clinic team that provides exceptional care to our cardiothoracic patients.

From the CNO

Continued from page 1

care delivery. Recently we implemented a standardized process to communicate interdisciplinary consults in LCMC. If you are interested in participating, consider joining the Patient Care Technology Council, which meets monthly.

By utilizing our guiding principles, all of us at Lahey Clinic are committed to securing our position as the employer of choice by utilizing, recruiting and retaining talented nurses who are committed to practicing in an environment that fosters excellent patient care.

Kathleen S. Jase, RN, MSN

CONGRATULATIONS TO:

Continued from page 1

currently attending Regis College for her master's degree in nursing.

- Mary Sutton, RN, CPAN, CAPA, manager of the PACU, was recently induct-

ed into Sigma Theta Tau, the national honor society for nursing, at the University of New Hampshire, where she is completing the requirements for her BSN.

- Diane Nikitas, BSN, RN, CAPA, recently accepted the position of nurse manager,

Surgical Services, Lahey Clinic Medical Center, North Shore. She has been with Lahey Clinic since 1980, first as a PACU staff nurse and more recently as the clinical educator for ambulatory surgery at both Burlington and Peabody campuses.

Notes on NURSING at Lahey

January/February 2008

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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.

Electronic Medication Administration Record

Debra Fortin, MEd, RNC

Electronic medication administration will be coming to Lahey Clinic. Clinicians will be able to document the administration of medications at the point of care.

Recently, Lahey Clinic entered into a developmental partnership with Cardinal Health to integrate wireless communication between the handheld point-of-care device to the Alaris pump and to the Pyxis MedStation. This closed-loop system will help provide a fail-safe method for electronic medication administration. Only 0.5 percent of all hospitals today have a closed-loop medication system.

Our partnership with Cardinal began in late July, when Lahey was in the market for a bar code scanner that could read all types of bar codes. The present scanners in use today at Lahey read only “linear” barcodes; medications in the pharmacy can have any one of a number of different kinds of bar codes. Nationwide only about 50 percent of medications are readable via bar codes.

To be successful in implementing an EMAR (electronic medication administration record) with bar codes, the ability to scan drugs had to be near 100 percent. To reach

To be successful in implementing an EMAR (electronic medication administration record) with bar codes, the ability to scan drugs had to be near 100 percent.

this goal all our pharmacy medications had to be reviewed, and the accuracy of scanning each medication had to be tested and the results documented.

The testing plan included working with Pharmacy to find the top 500 medications in use on a patient unit. These medications were then picked one by one from the Pharmacy, brought to an empty patient room and scanned by the EMAR core team. The results demonstrated that a new bar code scanner was needed.

A new bar code scanner was purchased that could read all bar codes. With this new device the scanning accuracy increased to more than 85 percent!

At that point, Cardinal approached us with a solution that could provide many benefits:

- Solve our medication scanning issues. (All bar codes can now be read.)
- Document medication administration wirelessly at the point-of-care via a handheld device with their CareFusion software.

- Support nurse data collection by capturing and documenting vital signs and other patient information, enabling consolidated patient data at the bedside.
- Verify specimen collection by correctly labeling lab specimens and documenting collections
- Verifying transfusion of blood products prior to transfusion and document transfusion processes.
- Verify charge capture. In a future release, we will be able to capture supply charges electronically at point of use.

The CareFusion point-of-care device for the nurse will provide the optimum in safety and technology as well as convenience and portability. Most important, clinicians will be able to positively identify patients utilizing the “Five Rights of Medication Safety.”

This MedCare platform alliance with Cardinal is a collaborative venture with Lahey Clinic and Cardinal Healthcare. If you have any questions, please feel free to contact me at ext. 7339 or debra.a.fortin@lahey.org.



Debra Fortin, MEd, RNC (left), informatics nurse specialist, and Cynthia Fiekers, BSN, RN, associate chief nurse, demonstrating the bar code scanner/point of care medication administration device.

February

4 BLS (CPR) Initial Part I

Time: 1 to 4:30 pm
Place: Gordon Building Training Room

6 Telemetry I

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

7 All Day Continuing Education, CEUs *

Bones & Bugs—An Update on Orthopaedics and Infection Control
Time: 7:45 am to 4 pm
Place: Alumni Auditorium

7 BLS (CPR) Initial Part II

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

8 Nursing Grand Rounds

Time: 12 noon to 1 pm
Place: Alumni Auditorium

11 Med-Surg Pathway 1—Foundations

Time: 9 am to 5:30 pm
Place: Gordon Classroom B and Skills Lab

11 Advanced Telemetry Workshop

Time: 1 to 5 pm
Place: Gordon Classroom A

12 Nursing Orientation

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

12 Telemetry II

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

12 BLS (CPR)

Time: 1:30 pm – 4:30 pm
Place: Lahey Clinic Medical Center, North Shore Conference Room A
To register please call ext. 4501.

13 Nursing Orientation

Computers and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building Computer Lab and Classroom A

14 Mandatory Education

Time: 8 am to 12:30 pm
Place: Alumni Auditorium

14 BLS (CPR) Recertification

Time: 1:15 to 4:30 pm
Place: Conference Room A

15 Nursing Orientation—Skills

Time: 8 am to 4:30 pm
Place: Gordon Building, Room B and Skills Lab

18 Med-Surg Pathway 2—Challenges

Time: 9 am to 5:30 pm
Place: Gordon Building, Classroom A and Skills Lab

19 Preceptor Workshop, CEUs *

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

22 Nursing Assistant Skills Class

Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

25 ECCO Workshop—Neuro and Pharmacology

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

26 Nursing Orientation

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

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

27 Nursing Orientation

Computers and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A

28 Mandatory Education

Time: 8 am to 12:30 pm
Place: Alumni Auditorium

28 Telemetry III

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

28 Newly Licensed Nurse

Welcome and Orientation
Time: 1 to 4 pm
Place: Alumni Conference Room

29 Nursing Orientation—Skills

Time: 8 am to 4:30 pm
Place: Gordon Building, Room C and Skills Lab

Staff as Clinical Instructors

Nancy-Ellen Rainier, MSN, RN

Last fall, the nursing units had 22 separate groups of student nurses doing their clinical course work at Lahey Clinic. Up to eight students are allowed in a clinical group with one instructor. They come from a number of different schools: Lawrence Memorial/Regis College Collaborative, Middlesex Community College, Regis College, Salem State College, UMass Lowell, and Bunker Hill Community College. We are very fortunate to have some of our staff work as adjunct faculty at many of the nearby educational institutions and lead the clinical groups. They bring an intimate knowledge of Lahey Clinic

combined with excellent current clinical skills to their roles as faculty to nursing students.

Darlene Bourgeois, MSN, RN, CCRN, a part-time central educator who coordinates the simulation/skills lab and ACLS and BLS, is an adjunct faculty for Salem State College. For the past four years she has facilitated the critical care course for senior BSN students, working with the students in the SICU, MICU, CCU, and Emergency Department. Until this year, she was also an adjunct faculty for Middlesex Community College.

Barbara Moloney, MSN, RN, has been at Lahey Clinic for many years in critical care and education, and continues as faculty for the Lawrence Memorial/Regis College

March

3 ACLS Part I

*Time: 9 am to 5 pm
Place: Gordon Building*

4 ACLS Part II and Recertification

*Time: 9 am to 1 pm
Place: Gordon Building*

5 Introduction to 12-Lead EKG

*Time: 9 am to 3 pm
Place: Gordon Building, Room C*

6 Telemetry I

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

10 Med/Surg Pathway 3—Complexities

*Time: 9 am to 5 pm
Place: Gordon Building, Room B and Skills Lab*

11 Nursing Orientation

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

11 Telemetry II

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

11 BLS (CPR)

Recertification—Peabody

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

12 Wound and Skin: Whom Do I Consult? CEUs *

*Time: 7:15 am to 8 am
Place: 3SE Surgical Conference Room*

12 Nursing Orientation

Computers and Documentation

*Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A*

13 Mandatory Education

*Time: 8 am to 12:30 pm
Place: Alumni Auditorium*

13 BLS (CPR)

Recertification
*Time: 1:15 to 3:30 pm
Place: Gordon Building, Room A*

14 Nursing Orientation—Skills

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

14 Nursing Grand Rounds

*Time: 12 noon to 1 pm
Place: Alumni Auditorium*

17 PALS Recertification

*Time: 7:45 am to 5 pm
Place: Gordon Building, Training Room*

18 Charge Nurse Workshop

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

19 Telemetry IV—Pacemaker Workshop

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

20 All Day Continuing Education CEUs *

Ethics for Nurses
*Time: 7:45 am to 4 pm
Place: Alumni Auditorium*

20 Trauma Critical Care Course CEUs *

*Time: 7:45 am to 5 pm
Place: Gordon Building, Training Room*

21 Nursing Assistant Skills Class

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

25 Nursing Orientation

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

26 Nursing Orientation

Computers and Documentation
*Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A*

27 Mandatory Education

*Time: 8 am to 12:30 pm
Place: Alumni Auditorium*

27 Telemetry III

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

27 Newly Licensed Nurse

Welcome and Orientation
*Time: 1 to 4 pm
Place: Gordon Building, Room B*

27 BLS (CPR) Recertification

*Time: 5 to 7:30 pm
Place: Gordon Building, Training Room*

28 Nursing Orientation—Skills

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

March

Collaborative on 5 West, a busy telemetry and cardiac medical/surgical unit.

Kathy Weisse, BSN, RN, is a staff nurse on 7 Central with years of experience in medical/surgical nursing. Weisse obtained a waiver from the Board of Registration in Nursing through Salem State College and is a clinical adjunct faculty on 6 Central, with the maximum of eight students.

Gail Spellman, MSN, APRN-C, continues her role as nurse practitioner in General Internal Medicine and is also a clinical adjunct faculty for both Regis College on 7 East and Middlesex Community College on 6 Central. This past June, Spellman received an award at the national convention of nurse practitioners for exemplary work with students.

Marti Cuneo, BSN, RN, works in the float pool for the medical/surgical units and has been an adjunct clinical

faculty for Regis College on 7 Central for the past three years under a waiver from the Board of Registration in Nursing.

Adrienne Diamond, BSN, RN, has worked in many areas at Lahey Clinic, including 6 East, the float pool, and currently with the Executive Health Center. She started last fall as an adjunct clinical faculty for the Lawrence Memorial/Regis College Collaborative on 5 West under a waiver from the Board of Registration in Nursing.

For student nurses, the opportunity to obtain clinical experience at Lahey Clinic is enhanced not only by our staff-faculty, but also by the professionalism and enthusiasm of each and every nurse with whom they have contact. Student evaluations of their time here have consistently demonstrated their respect and admiration for the outstanding work done by the nurses at Lahey.

The Southeast Councils

Tracie L. Leong, RN, and Melissa Lombardo, RN

Since their opening in November of 2005, the 6 and 7 Southeast units have actively sought to include staff in patient outcome initiatives. An Operations Council was created in January 2006 by members of the leadership team and the staff as a collaborative effort toward staff involvement. Input from leadership, RNs, NAs, unit coordinators and educators are taken into consideration to create an environment that promotes excellence in patient care.

In February 2006, the Operations Council recognized the need for falls improvement on the Southeast units. By April, a safety round form was created to perform checks on patients every two hours based on a nursing research study recommendation. The form would be filled out by an RN or NA to make sure that high-risk patients were wearing yellow bands, had the call bell in reach, had a safe environment for ambulation, had a bed or chair alarm on, and had yellow dots outside of the room. If any of these things were out of place, the RN or NA would quickly rectify the situation to ensure patient safety.

Many obstacles had to be overcome before safety rounds became ingrained in Southeast culture. A Night Operations Council was created to involve input from the night staff and improve compliance of safety rounds during the night shift. Patient acuity changes frequently on the floors, and high-risk patients were moved to nurses' station rooms as soon as possible for better visibility. The leadership team also reviewed incident reports and found that falls were most likely to occur while patients were in the bathroom. As a result, we amended the safety rounds form as a reminder to toilet patients frequently to reduce the risk of falls.

The Southeast units had zero falls from December 2006 to February 2007, which showed a paradigm shift in staff attitudes towards fall prevention. Vigilance and safety became a team effort rather than the work of just one individual. A few falls occurred in the summer of 2007 due to new obstacles, reminding us that falls performance improvement is a continual process, not something that is easily solved. The new hospital-wide Falls Risk Assessment is a derivative of safety rounds, which will help improve patient safety throughout Lahey. The Southeast Operations Council will continue to refine its methods to further create an environment of patient safety.

WELCOME

Karen M. Demeo, MS, RN, MICU
Cynthia Salerno, BSN, RN, MICU
Alyssa Morrissey, BSN, RN, 5W
Deanna Staniul, BSN, RN, Amb. Nephrology
Deanna Mazzone, ASN, RN, 5W
Lynn Kimball, BSN, RN, GIM
Joanna Tyler, RN, 6C
Sarah Thompson, BSN, RN, 5W
Diana Quarantello, BSN, RN, 7C
Lori Wagner, ASN, RN, 7C
Richelle Montelione, BSN, RN /RCIS, Cath Lab
Mary Sullivan, BSN, RN, Derm. Surgery
Beth Stavolta, ASN, RN, 6W
Lori Masucci, BSN, RN, Endoscopy
Andrea Levasseur, RN, OR LCN
Jennifer Thompson, ASN, RN, Endoscopy
Norine M Black, RN, ER
Maureen Weir, BSN, RN, Urology Clinic
Tracy Politis, BSN, RN, 6EH
Anne Colorusso, BSN, RN, Neuro Surgery Clinic
Keri Kubit, BSN, RN, 6E
Alina Sanchez, BSN, RN, CCU
Kim Kerrigan, RN, 6E

DJ Wood, RN, CNOR, OR
Karyn Mastrangelo, BSN, RN, 6E
Kristen Massaro, RN, ENT Clinic
Janice L. Clarke, RN, 7W
Nina Suzette, ASN, BS, RN, Otolaryngology
Amir Palic, RN, MICU
Ilona Goldstein, BSN, RN, 6W
Mary J. Noonan, RN, Allergy
Debra Belcher, RN, OR-LCN
Cameron Levine, RN, PACU-LCN
Elaine Gallagher-McKee, RN, OR-LCN
Laure Vixamar, RN, 6W
Andria Ledoux, RN, 6E
Mary K. McNeice, NP, Oncology/Internal Medicine
Dawn M. O'Toole, NP, Emergency Medicine/Surgery
Elizabeth A. Wilson, NP, Cardiovascular Medicine/Internal Medicine
Eleana M. Conway, NP, Pulmonary Critical Care/Internal Medicine
Colleen P. Ergin, NP, Orthopaedic Surgery/Surgery
Vicki W. Lepine, NP, Orthopaedic Surgery/Surgery
Tracy L. Marland, NP, Neurosurgery/Surgery
Ellen McCafferty-O'Connell, NP, Dermatology/Medical Specialties
Rachel M. Richards, NP, Gynecology/Surgery

Reducing the Risk of Blood Stream Infections

Maureen McLaughlin, BSN, RN, CPAN

Health care associated infections (HAIs) are described by the Center for Disease Control (CDC) as being the 10th leading cause of death in the United States each year. Annually, HAIs are associated with 99,000 deaths, 1.7 million infections, and between \$4.5 and \$5.7 billion in additional health care costs. In the not-too-distant future, hospitals may not be able to be reimbursed for their services if a patient acquires an infection during a hospital stay. Nursing plays a key role in the reduction and prevention of HAIs, especially in relation to intravenous therapy.

Most hospitalized patients have some type of intravenous access (IV) during their admission. Aseptic technique is used during the insertion of the intravenous access to prevent contamination. However, adherence to this same aseptic technique is not always present thereafter. The CDC reports that, nationwide, basic hand-washing occurs only 25 to 50 percent of the time during the preparation and administration of injectable medications and solutions. There have been published reports of hepatitis outbreaks related to improper use of syringes and multidose vials.

Prior to the advent of the needle-free system, nurses were well trained at cleaning the injectate port on IV tubing with an alcohol swab prior to inserting a needle. If a syringe or IV tubing is attached to a port without cleansing of the site, the patient may be exposed to contaminants. This could easily lead to a blood stream infection if the site is not cleansed with alcohol prior to the introduction of fluid or solution.

Other unsafe practices that have evolved include “looping,” in which the exposed end of the IV tubing is attached

to the port on the same tubing. Since the port that the exposed end is attached to may not be properly cleansed prior to this attachment, contamination can easily occur. The best practice is to attach a sterile cap to any exposed end of IV tubing and, when reattaching to the patient, cleanse the site with alcohol first.

Some recommendations from the Institute of Safe Medication Practices include the following:

Follow aseptic technique

- Disinfect the port before connecting tubing or a syringe to the port.
- Cover the exposed end of IV tubing with a sterile cap between uses.

Avoid “looping”

- Per the Infusion Nurses Society: “A compatible sterile covering should be aseptically attached after each intermittent use.”

Limit those who can disconnect

- Unlicensed staff should never connect/disconnect medical tubing.

Establish policies

- Organizational policies should indicate that capping exposed ends of IV tubing with sterile caps is the expected practice.

Assess compliance

- Conduct compliance rounds on a regular basis to document current practice and encourage the correct process of disinfecting IV ports and capping IV tubing.

Magnet Workshop

Patricia A. Conway, MHA, RN

Last November, Kathie Jose MSN, RN, chief nursing officer, and Jackie Bergeron, MSN, RN, associate chief, medical/surgical nursing, attended a two-day Magnet workshop hosted by Rochester General Hospital, a Magnet organization since 2004. Accompanying them were 11 staff nurses who work in tertiary care, the ambulatory

clinics, the PACU, the Cardiac Catheterization Lab and ambulatory surgery in Lahey’s medical centers in Burlington and Peabody.

During the first day, the participants learned about the Magnet Recognition Program and spent time learning to interpret the 14 Forces of Magnetism. What excited the participants most was hearing

from the nurses at Rochester General Hospital about their experience of the journey to excellence and Magnet designation.

On the second day the group took part in discussions ranging from “Shared Decision Making and Professional Practice” to “Evidence-Based Practice and Research” and “Peer Review and Interdisciplinary Collaboration.” The nurses from Rochester General Hospital were very generous

with their time one-on-one and in groups in describing their road to Magnet. Tours of various units were also generously offered.

Everyone came back impressed with what the nurses had accomplished to elevate professionalism and impact patient outcomes. We now have 11 more nurses who can inspire their colleagues as Lahey Clinic continues the journey to excellence and Magnet recognition.

Nurse Research Scientist



Ann M. Dylis, PhD, RN

Happy New Year! I want to extend my personal thanks to all Lahey Nursing Department colleagues who have welcomed me since my September arrival as your nurse research scientist. I have had an opportunity to visit many of your units and talk with you about your research and evidence-based practice ideas. Please introduce yourself if I have not already met you. I'd like to share with you some of the exciting research and evidence-based practice initiatives planned for 2008.

Save the Date! Research Day is planned for Monday, May 5, as a start to Nurses Week activities. We are very proud to announce that our keynote speaker will be Jacqueline Fawcett, PhD, RN, renowned nurse theorist and researcher, who will speak on the topic, "Conceptual models, theories, and evidence-based practice: What are the connections?" Fawcett, professor emerita, University of Pennsylvania School of Nursing, is currently professor, College of Nursing and Health Sciences, University of Massachusetts—Boston. Fawcett is perhaps best known for her meta-theoretical analysis, including many articles and several books on conceptual models of nursing, nursing theories, family theory development, and the relationship of theory and research.

The inaugural Lahey Clinic Nursing Research Grant has recently been announced. The purpose of this grant is to encourage the research career development of the nurses at Lahey Clinic, and to provide funds for nurse researchers to conduct studies. One research award of \$1,000 or two awards of \$500 will be made annually. Funds for this award

are provided by the Lahey Clinic Department of Nursing. Anyone wishing to apply for the grant should submit a letter of intent to me by February 5, 2008. A full proposal is due by March 5, 2008. Kathie Jose, chief nursing officer, will announce the grant recipient(s) on Nursing Research Day. Please contact me (ann.m.dylis@lahey.org, extension 8518) if you are interested in applying for the grant. I will be conducting workshops to assist applicants in preparing their proposals. Watch your e-mail for announcements of dates.

Great news! Courses on research-related topics will be offered more frequently and at times to address the scheduling needs of Lahey nurses. Topics will include basic concepts of research and evidence-based practice; searching the literature for evidence using Lahey resources; and critiquing nursing research articles. Check the Nursing Education Calendar for specific offerings.

The second group of nursing fellows will be starting classes in January. The nursing fellows are a select group of Lahey nurses at the baccalaureate and master's level who are mentored by nurse researchers at the doctoral level. The first year of fellowship involves an intense, research-focused, monthly educational program. In the second year, the fellows mentor, support, coach and teach the new group of first-year fellows. All fellows will ultimately serve as mentors and consultants to staff nurses as they identify research and evidence-based practice clinical questions and projects.

Please continue to contact me with any research or evidence-based practice questions, concerns, or suggestions. Thank you.

Notes on NURSING

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