Lahey CLINIC

Notes on NURSING at lahey clinic

Exceptional NURSES... Extraordinary CARE

From the CNO

Kathleen S. Jose, MSN, RN
Chief Nursing Officer

Quality at the Core

As we mark the new year, many of us have been following the national debate around health care reform with interest. Whatever reform brings, it will surely involve high expectations for positive health outcomes and appropriate costs—in essence, high value health care. As part of the debate, researchers and politicians alike have praised delivery models like that of Lahey Clinic. The integrated group practice, where teams of doctors and nurses take care of patients, is now widely recognized as a model for efficient, high quality care.

In this issue of *Notes on Nursing at Lahey Clinic,* we focus on quality through the lens of core measures: those outcome data that indicate how closely Lahey adheres to accepted, evidence-based practices for treating conditions such as heart failure and pneumonia. As a Magnet organization, Lahey Clinic is committed to transpar-

(Continued on page 2)

Core Measures: The Interface of Nurses, Research and Evidence

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

The focus of this issue of *Notes on Nursing* is core measures. Some of the articles have described what these measures are, while others have detailed the ways that Lahey is working to achieve higher performance in these key areas. But, have you ever thought about how research and evidence-based practice (EBP) influence the outcomes related to core measures? And, have you recognized the valuable contribution of nurses at the front line in suggesting what areas should be investigated in research or performance improvement studies?

Let's look at heart failure, one of the core measures. Experts recognize that, in order to improve performance, all components of a multifaceted system must be examined. Thomas Clancy, MBA, PhD, RN, in his recent series in the *Journal of Nursing Administration* on "Improving Performance in Heart Failure Outcomes" (June and September 2009 issues), noted the complexities encountered with heart failure patients. These include multiple comorbidities; variable length of stay; and numbers of clinical interventions including numerous medications, practice patterns, type of admission (from emergency department, clinic, or somewhere else), and place of admission (type of unit).

Nurses' knowledge about these complexities can form the basis of future research studies. For example, nurses often see heart failure patient patterns of behavior, observe responses to treatments, and assess family interactions that potentially could be used to frame future research questions.

Nurses caring for heart failure patients at the point of care are also in an excellent position to influence outcomes by using EBP guidelines. Such guidelines, based on previous research, are available in many of the EBP databases and can be found by searching www.cochrane.org, www.ahrq.org, http://www.joannabriggs.edu.au/pubs/best_practice.php, www.guideline.org, and www.uptodate.com. Additionally, The Joint Commission Web site, www.jointcommission.org, has valuable information on the core measures themselves. Lahey nurses use these sites to both revise policies and protocols and to ensure that our patients continue to receive the best care while improving our core measure performance. If you have any questions or thoughts that could form the basis of investigation into these areas, please contact me to discuss if they could be the basis for a research study or evidence-based project.

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What is an RIE?

By Margie Sipe MS, RN,
Nursing Performance Improvement Innovator

One method to help define and test solutions for performance improvement initiatives is a Rapid Improvement Event (RIE). This event uses our LA3HEY thinking, which is our problem-solving approach (as described in the March/April 2009 *Notes on Nursing*). An inter-disciplinary group meets together for four days to use the nine-step process to define a reason for action, the initial state, and the target state of an issue that needs to be addressed. The "reason for action" defines the burning question the team will tackle. After doing a "gap analysis" to establish the root causes of the problem, the group determines where the solutions might be. Then the real work begins—testing the theories in a series of rapid experiments.

A recent RIE involved patient flow from the Emergency Department to the inpatient units. Our unit-based council chairs had identified the flow issues as something that impacted both patient and staff satisfaction and were anxious to improve performance. When reviewing our pre-event data, it was clear that patients often remained in the Emergency Department long after they were ready to be admitted, even when an inpatient bed was available. We mapped the process and found that the multiple handoffs that occurred helped produce an inefficient process. Participants visited all the areas that were involved in the process (bed board, Emergency Department, and inpatient care units) and observed firsthand some of the bottlenecks. Our goal was to move a patient in one hour or less after a decision to admit was made.

Many participants on the interdisciplinary team saw the value of "walking in the shoes" of others. Michele Barry-Fennelly, a 7 Central staff nurse member of the team, remarked, "The process really helped me to think 'outside of the box'. I quickly recognized that my own perceptions about what happened in the different phases of the process were not at all supported in reality. We were challenged to come up with better ways to improve patient flow. It was an energizing and transforming experience."

As new processes are implemented and measured, our hard work persists. We continue to collect data and evaluate what is working and what needs to be refined so we can sustain the gains achieved in the early phases of the pilot. The work does not end; more events are executed to address other phases of the process that can impact outcomes. The Nursing Department continues to make significant contributions to identifying ways to eliminate waste and improve focus on our patients.

From the CNO

(Continued from page 1)

ency, particularly in the area of quality and safety. I want every nurse at Lahey to understand and effectively participate in the pathways and protocols that help us deliver superb care to our patients.

Central to our mission is the concept of teamwork. In this issue, we show how nurses are helping to advance our organization. The Nursing Department has actively participated in the development of Lahey Clinic's medical informatics systems and electronic medical records. The General Internal Medicine Unit-Based Council reports on its activities. You can also read about an impressive Rapid Improvement Effort (RIE) in the Emergency Department (ED), which used Lean thinking to improve the flow of patients being admitted from the ED to the inpatient service. Two veteran nurses, Susan Buthmann, RN, CAPA, CPAN, and Anna Trunfio, BSN, RN, CAPA, wrap up this issue by reflecting on their roles as Magnet champions and all that we, the Lahey nursing team, have accomplished during our journey.

So, here's to quality care and teamwork—and best wishes to all for a successful 2010.

Kathleen S. Joel, RN, MSN

Core Measures

By Therese Golden, RN, Mary Sansone, RN, Patti Coppola, RN, and Carol Di Orio, RN

Performance measures, more commonly referred to as core measures, are evidence-based, best practice clinical process measures reported nationally by both The Joint Commission (TJC) and the Centers for Medicare & Medicaid Services (CMS). The measures were developed to provide information about hospitals' performance on common diagnosis and to make this information available to patients and others who are interested, including insurers and regulatory agencies. Organizations that receive accreditation from TJC and participate in Medicare and Medicaid programs are required to collect clinical data on each core measure and submit it for public posting. In addition, organizations are required to improve performance where data indicates poor performance. At Lahey Clinic, we are committed to achieve in the top 10 percent of performance for all measures.

In May 2001, four initial core measures were endorsed: acute myocardial infarction (AMI), heart failure (HF), pneumonia (PN), and pregnancy-related conditions. In 2002, the Surgical Infection Prevention (SIP) Project was added as a core measure. In 2006, SIP became known as the Surgical Care Improvement Project (SCIP), with the addition of several other process measures. Each year, specific process measures are evaluated for evidence and performance, and changes can be made to the overall measure set. For instance, in 2010, new performance measures will be added, including venous thromboembolism (VTE), stroke (STK), and Emergency Department (ED) care. While evidence-based practice is a combination of disciplines contributing to a meaningful outcome for the patient, there are elements of practice where nursing has a unique contribution, referred to as nurse sensitive indicators (NSIs).

The following chart displays some of the NSIs and their current performance.

Measure	Most Recent Performance Second Quarter 2009 (April-June)	National Top 10% Joint Commission www.qualitycheck.org
Surgical Care Improvement Project		
Discontinuing antibiotics within 24 hours post-op	95.6%	98%
Urinary catheter removal on post-op day 1 or day 2	New measure	NA
Outpatient Measure		
Antibiotics received within 1 hour prior to incision	55.7%	New measure
Pneumonia		
Pneumococcal/influenza vaccination assessment and administration	Pneumococcal: 86.2%;influenza not measured during this period	99%
Blood cultures performed in the ED prior to antibiotic administration	100%	100%
Smoking cessation advice/counseling	33.3%	100 %
Initial antibiotic received within 6 hours of hospital arrival	68.2%	99 %
Acute Myocardial Infarction		
Smoking cessation advice/counseling	95%	100 %
Heart Failure		
Discharge instructions (six elements, including weigh self daily, call physician if symptoms worsen, medication information, activity, diet and follow-up appointment with physician)	77%	99 %
Smoking cessation advice/counseling	100%	100%

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education CALENDAR

MARCH

Unless otherwise indicated, preregistration is required and can be made by calling ext. 8725 or 781-744-8725. We are continually adding to and updating our calendar. Please refer to the Nursing@Lahey web site for the current Nursing Weekly Calendar.

*** = MARN contact hours applied for**

1 ACLS Part I
Time: 9 am to 5 pm
Place: Gordon Building, Training Room

2 ACLS Part II, Recertification
Time: 9 am to 1 pm
Place: Gordon Building

3 Med/Surg Pathway: Day 4, Conditions
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B and Skills Lab

8 Telemetry I – Beginner
Time: 9 am to 5 pm
Place: Gordon Building, Classroom A

9 Nursing Orientation
Time: 8 am to 4:30 pm
Place: Alumni Auditorium

9 BLS Recertification – LCMC, North Shore
Time: 1:30 to 4:30 pm
Place: Conference Room A

10 Nursing Orientation – Computer and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A

11 Unlicensed Personnel Skills Lab
Time: 1 to 4:30 pm
Place: Gordon Building, Classroom B and Skills Lab

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

11 Mandatory Education
Time: 8 am to 12:30 pm
Place: Alumni Auditorium

12 Nursing Orientation – RN Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

12 Nursing Grand Rounds
Time: 1 to 2 pm
Place: Alumni Auditorium

19 Nursing Assistant Skills Class
Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

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

23 ONS – Chemotherapy/ Biotherapy Course, Day 1
Time: 8 am to 5 pm
Place: Gordon Building, Classroom B

23 Telemetry II – Advanced Beginner
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B

24 Nursing Orientation – Computer and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A

24 Unlicensed Personnel Skills Lab
Time: 1 to 4:30 pm
Place: Gordon Building, Classroom B and Skills Lab

25 Newly Licensed Nurse Orientation and Welcome Luncheon
Time: 1 to 4 pm
Place: Alumni Conference Room

25 BLS Recertification
Time: 5 to 7:30 pm
Place: Gordon Building, Training Room

26 Nursing Orientation – RN Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Classroom A and Skills Lab

30 ONS – Chemotherapy/ Biotherapy Course, Day 2
Time: 8 am to 5 pm
Place: Gordon Building, Classroom B

education CALENDAR

APRIL

Unless otherwise indicated, preregistration is required and can be made by calling ext. 8725 or 781-744-8725. We are continually adding to and updating our calendar. Please refer to the Nursing@Lahey web site for the current Nursing Weekly Calendar.

*** = MARN contact hours applied for**

5 Telemetry III – Intermediate
Time: 9 am to 5 pm
Place: Gordon Building, Classroom A

6 Nursing Orientation
Time: 8 am to 4:30 pm
Place: 5C-301 for first hour

6 BLS Recertification – LCMC, North Shore
Time: 1:30 to 4:00 pm
Place: Conference Room A

7 Nursing Orientation – Computer and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A

7 Unlicensed Personnel Skills Lab
Time: 1 to 4:30 pm
Place: Gordon Building, Classroom B and Skills Lab

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

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

9 Nursing Orientation – RN Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Classroom A and Skills Lab

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

12 ACLS Part I
Time: 9 am to 5 pm
Place: Gordon Building

13 ACLS Part II, Recertification
Time: 9 am to 1 pm
Place: Gordon Building

16 Nursing Assistant Skills Class
Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

20 Nursing Orientation
Time: 8 am to 4:30 pm
Place: Alumni Auditorium

21 Nursing Orientation – Computer and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Classroom A

21 Unlicensed Personnel Skills Lab
Time: 1 to 4:30 pm
Place: Gordon Building, Classroom B and Skills Lab

22 Mandatory Education
Time: 8 am to 12:30 pm
Place: Alumni Auditorium

22 Med/Surg Pathway: Day 1, Foundations
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B and Skills Lab

22 Newly Licensed Nurse Orientation and Welcome Luncheon
Time: 1 to 4 pm
Place: Alumni Conference Room

28 Telemetry IV – Pacemaker Workshop
Time: 9 am to 1 pm
Place: Gordon Building, Classroom A

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Notes on Nursing at Lahey Clinic is a newsletter for and by nurses. Our goal is to communicate important information. We invite all nursing colleagues to share stories about their professional practice, unit successes and performance improvement projects. 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.

Notes on NURSING at lahey clinic
JANUARY/FEBRUARY 2010

Introduction to iChart

*By Mary Sylvanowicz, BSN, RN**

In mid-September, Lahey Clinic started the design and validation phase of its inpatient electronic medical record (EMR) project iChart. iChart will allow providers to enter orders on inpatients, review and enter allergies, and enter notes and flowsheet information online. The system is slated to go-live in October 2010, and there is a lot of planning and validation that is taking place in order to ensure a successful activation.

The Department of Nursing has identified nurses from each unit at Lahey Clinic to represent their areas during this very busy design phase. These Subject Matter Experts, or SMEs, attend weekly meetings called Future State Design sessions. During these sessions, the SMEs learn about the electronic system and make recommendations based on their unit needs and workflows.

The SMEs have been educating staff members by sharing what they have learned through emails, bulletin boards and updates at unit-based council meetings. In the months to come, please look for monthly iChart updates.

Below is a list of the SMEs:

Karen M. Annetti	BSN, RN
Laura J. Asquith	RN
Catherine F. Bellino	BSN, RN
Karen J. Clinton	BSN, RN
Michael Dumais	MEd, RN
Andrea L. Falzano	BSN, RN
Catherine A. Geras	BSN, RN
Rachel S. Greer	BSN, RN
Colleen E. Helein	RN
Elizabeth N. Kiarie	BSN, RN
Catherine A. Lundeen	RN
Linda M. McCarron	MS, RN
Erin M. McGonagle	BSN, RN
Judith E. Palmatier	AS, RN
Amy L. Richards	BSN, RN
Rita J. Ross	BSN, RN
Cynthia S. Ruddock	RN
Lisa C. Warner	BSN, RN
Erin M. Woodill	BSN, RN

* At the time of submission, Mary Sylvanowicz was the Informatics Nurse Specialist at Lahey Clinic.

Core Measures

(Continued from page 3)

Currently, multidisciplinary teams are engaged to work with colleagues to improve the delivery of evidence-based care. Nursing champion representatives are Janet Habeshian, RN, MS, SCIP; Erika Rosato, RN, pneumonia team; Pearl Joyce, RN, and Karen Walsh, BSN, RN, acute myocardial infarction team; and Lynda Rideout, MS, RN, and other Lahey colleagues, heart failure. Corrective actions that have been addressed by the teams include reviewing and learning from case outliers; revisions to documentation tools to accurately support practice; standing order set revision to reflect current evidence-based practice Carefusion implementation; reviewing and revision of Nursing Care Plans; revised patient education tools; ongoing education; and concurrent review of clinical documentation to support just-in-time learning and intervention to ensure patients receive all evidenced-based care.

General Internal Medicine Unit-Based Council

By Kathleen Sheehan, BSN, RN

The General Internal Medicine (GIM) Unit-Based Council (UBC) began on Friday, January 9, 2009. Our mission statement is to strive for excellence in patient care in GIM as well as in the Walk-in Clinic. Some of the issues discussed for improvement were incorrect signage on 4 West for the Walk-in Clinic; sick patients who present to the information desk, front desk or lobbies rather than the GIM station; the shortage of supplies in the Walk-in Clinic on evenings and weekends; and ways to help each other, whether that be answering phones or getting patients triaged for the Walk-in Clinic.

We were able to have the incorrect signs removed from 4 West, and we instituted an emergency phone line in GIM (ext. 3111) so all nurses can answer when free and staff will get a prompt response from a nurse. This is in addition to MET call and code blue calls. We also set up a list of medication and/or supplies that need to be stocked every Friday to get ready for the weekend Walk-in Clinic. Additionally, all nurses go to the Walk-in Clinic at 4:30 pm to help prepare the clinic, not just nurses assigned to work that evening.

This was all accomplished after our first UBC meeting. Ellyn Davis, RN, was chair of this committee and Kathy Sheehan, BS/RN-BC, was cochair. Both Ms. Davis and Ms. Sheehan are the Magnet champions for GIM and pushed to get this council started. This all became possible because of our goal as an institution to become Magnet certified.

Denise S. Morin, MSN, RN, Senior Transplant Coordinator/Living Donation, recently presented two papers at the 18th Annual International Transplant Nurses Society meeting in Montreal, Quebec Canada. Morin was the only attendee/participant nominated for two best abstract awards.

The first was in the category of Donor Issues: "Evaluation of 707 Adult Right Hepatic Lobe Donors in a Large Western Center: A successful Algorithm That Resulted in 180 Live Donor Adult Liver Transplants." The second was in the category of Ethics: "Significant Medical Issues in 'Healthy' Right Hepatic Lobe Donor Candidates: The Importance of Donor Advocacy." Morin won in the Ethics category. This is a significant accomplishment: presenting two papers and being selected for a best abstract award as well as preparing for the meeting and keeping up with her "day job!"

Congratulations and welcome to the following Advanced Practice Nurses and Nurse Specialists who have been approved for appointment or reappointment:

Barbara A. Brady, NP, Cardiothoracic Surgery/Surgery

Susan E. Busch, NP, Dermatology/Medical Specialties

Suzanne M. Cappella, NP, Orthopaedic Surgery/Surgery

Eleana M. Conway, NP, Pulmonary Critical Care/Internal Medicine

Colleen P. Ergin, NP, Orthopaedic Surgery/Surgery

Lesley E. Hirl, NP, Neurosurgery/Surgery

Gina C. Kolak, NP, Neurosurgery/Surgery

Audrey S. Lebourdais, CRNA, Anesthesiology/Hospital-Based Medicine

Elizabeth F. Leighton, NP, Cardiovascular Medicine/Internal Medicine

Vicki W. Lepine, NP, Orthopaedic Surgery/Surgery

Cathi A. Mabon, NP, Pulmonary Critical Care/Internal Medicine

Stephanie L. Schroot, NP, General Internal Medicine/Internal Medicine

Katy C. Stropnicky, NP, Family Practice/Community Medicine

Jane Tallent, NP, Dermatology/Medical Specialties

Carlotta Y. Vachon, NP, Cardiothoracic Surgery/Surgery

Charlene M. Watkins, NP, Family Practice/Community Medicine

Congratulations to the following Lahey nurses whose research abstracts were accepted for presentation at the 22nd Annual Scientific Sessions of the Eastern Nursing Research Society (ENRS), Celebrating Diversity in Nursing Science, March 24-26, 2010 in Providence, Rhode Island. We are happy to announce that 100 percent of all Lahey abstracts submitted were accepted to this prestigious conference.

Podium presentations:

- Gayle Gravlin, EdD, RN, NEA-BC, Associate Chief Nurse, Nursing Education, Research and Professional Development; and Nancy Bittner, PhD, RN, CCRN, Per Diem Research Scientist and Associate Dean at Regis College: "Nurses' and Nursing Assistants' Reports of Missed Care and Delegation"
- Frances White, MSN, RN, Nurse Manager, 6 Central: "The Lived Experience of the Living Liver Donor: A Phenomenological Study"

Poster presentations:

- Claire MacDonald, MSN, RN, Central Educator; and Deborah Sullivan, MS, APRN, BC, Cardiovascular Prevention and Rehabilitation Department: "Social Support and the Continuum of Care for the Cardiovascular Rehabilitation Patient"
- Patrice M. Osgood, BSN, RN, CNOR, Nurse Manager, Operating Room; Ann M. Dylis, PhD, RN, Nurse Research Scientist; Kimberly K. Wheeler, MSN, RN, CNOR, Clinical Educator, Operating Room; and Deborah Zarrella, MSN, RN, Associate Chief Nurse, Surgical Services: "A Multidisciplinary Effort to Improve Safety and Teamwork in Surgical Services"

Welcome TO LAHEY CLINIC

Welcome to the following colleagues who just began working in the Nursing Education Department:

It is our pleasure to announce that Susan J. Gordon, ACNP-BC, has joined Lahey Clinic's Nursing Education Department. Susan comes to us from Massachusetts General Hospital, where she served as a nursing director and worked with the "MGH 65-Plus/NICHE (Nurses Improving Care for Healthsystem Elders) Program." She will serve a dual role at Lahey, as our first NICHE program leader and as a med/surg educator. Gordon is board certified as an Adult Acute Care Nurse Practitioner and has a special interest in gerontological nursing, with a demonstrated passion for working with older adults in the acute care setting. Gordon has completed her term as a Fellow, Sigma Theta Tau and the John A. Hartford Association Geriatric Nurse Leadership Academy (GNLA). She served as a Fellow, Comprehensive Geriatric Education and Mentoring (CoGEM), University of Massachusetts-Worcester, and is a matriculated part-time doctoral student in gerontological advanced practice nursing. She has previously taught at Simmons College, Regis College, and Massachusetts Bay Community College and is active in the National Gerontological Nurses Association. Gordon's office is located in the Nursing Education Office on 3SE.

Please join us in welcoming Paula R. Rock, MSN, RN, who has recently joined Lahey Clinic's Nursing Education Department as an ambulatory educator. Rock comes to us from Beverly Hospital at Danvers, where she developed her role as the first clinical educator in the ambulatory setting. At Beverly Hospital, Rock participated on many committees, such as Magnet, Medication Reconciliation, and Clinical Policy and Procedures. Rock's past experience includes service as the Critical Care Educator at Melrose-Wakefield Hospital, where she was chosen by her peers to represent them in the "Commonwealth Group of Nurses," leading the profession of nursing within the organization into the future. Paula has also served as lead nurse in the Emergency Room at Brigham and Women's Hospital. She exhibits a clear passion for ambulatory education and has enthusiastically begun her work with her colleagues in ambulatory nursing and in nursing education. Paula's office is located on 7SE. We wish Paula every success here at Lahey and look forward to her future contributions.

Welcome to the following nursing staff who recently began working at Lahey Clinic:

Stella Bracke, RN, 6CH

Kristen Coraccio, BSN, RN, 6C

Roxane Deniso, RN, 5WH

Elizabeth Dufault, BSN, RN, 7C

Bryan Gallagher, ASN, RN, ED

Kathleen Garabedian, BSN, RN, 6E

Joelle Hanley, RN, Amb Clinic

Ashley Hoefer, BSN, RN, 7E

Susan Izzo, RN, CDE, GIM

Kathleen Micheli, BSN, RN, Nursing Admin

Lauren Musacchio, BSN, RN, 7E

Karin O'Donnell, ASN, RN, 7C

Rinna Pen, BSN, RN, 6C

Paula Rock, MSN, RN, Amb Clinic

Sara Tanner, BSN, RN, 6C

Lisa Terpstra, LPN, GIM

Elizabeth Walsh, BSN, RN, 6/7SE

Unit-Based Practice Council Coordinators and Magnet Champions:

NEW ROLES, NEW CHALLENGES, AND NEW OPPORTUNITIES

By Susan Buthmann, RN, CAPA, CPAN, and Anna Trunfio, RN, BSN, CAPA

"Congratulations!" said our Nurse Manager Grayce Ventura, RN, CAPA. "Your colleagues have nominated you both as our unit's Magnet Champions. Don't worry, we're going to send you to a Magnet Conference and you'll be attending Lahey's Magnet Champion meetings. You'll learn all about Lahey's initiative to achieve the American Nurses Credentialing Center (ANCC) Magnet accreditation and our unit's role in this endeavor. This is a great honor."

"Thanks" (long, reflective pause). "So what are we expected to do?" Thus began our own Magnet Marathon, some two and a half years ago.

We attended a Magnet Regional Conference and Lahey Magnet Champion meetings and we LOVED what we heard! We learned about Lahey's Shared Nursing Governance and Unit-Based Practice Councils (UBPC) where staff nurses are empowered, encouraged and supported in the development of creative solutions to nursing care issues on their units and to share their successes with the Lahey nursing community. This effort was fully supported by Lahey leadership.

With over 65 years of bedside nursing between us, we considered ourselves seasoned veterans. We shared a passion for our own nursing practice and were proud and honored to be members of a team of like-minded nursing professionals whose dedication and skills were evident daily on our unit. The tenets of the ANCC's "Fourteen Forces of Magnetism" were exciting and represented "the pinnacle" of what professional nursing could be. The concept of staff nurses as leaders could transform our nursing practice. Our UBPC could improve the quality of patient care and promote the value of nursing staff as an integral part of the patient care team. We definitely could improve communication and promote autonomy among our members. All we needed to do was focus all the innovative energy, creativity and talent that we knew our colleagues possessed!

We developed a survey to identify issues related to the delivery of nursing care on our unit. Responses from all of our UBPC members including nursing assistants, unit coordinators, staff nurses and charge nurses were welcomed and valued. The survey helped our members to formulate and implement multiple action plans using our P.D.S.A. (PLAN, DO, STUDY, ACT) problem-solving methodology.

Two committees were created to address long-range, multifaceted and complex issues. The objective of our Home Care Instruction Committee was to improve the quality and consistency of our ambulatory surgical patients' discharge instructions. Our Space, Flow and Utilization Committee sought to improve the flow of our large volume patient population through our unit with a focus on maximizing the use of limited space.

Our UBPC members also successfully developed several Quality Improvement Projects. Examples include: Technology In Our Daily Practice, An Informational Guidebook to assist members with the many computer applications for Lahey users; Hand Hygiene, developing and implementing an Avagard dispenser for patient bedside tables; the Pillow Project: Everyone gets a pillow (or two!) pre-op; the Welcome Packet for new UBPC members; Laughter is the Best Medicine (diversionary activities for pre-op "On-Hold" patients); and Improving Interdisciplinary Relationships: Focus on the Nurse-Physician Relationship, presented at the Nurse-Physician Professional Practice Council.

Education is a major focus of our UPBC. Our members participate in quarterly Journal Club presentations where volunteers review and critique evidenced-based practice journal articles related to our perianesthesia nursing practice. Some of our members have participated in national and state conferences

such as the ANCC Magnet, American Society of PeriAnesthesia Nurses (ASPAN) and the Massachusetts Society of PeriAnesthesia Nurses (MASPAN) conferences. Their experiences are shared in our monthly UBPC meetings. ANCC CAPA certification is valued and encouraged by all members of our UBPC. Members have facilitated study groups for CAPA certification, and Anne Marie McLaughlin, BSN, RN, CPAN, CAPA, our Clinical Nurse Educator and President of MASPAN, offers CAPA review classes. Our members also presented "Negative Pressure Pulmonary Edema, Nursing Implications" at Nursing Grand Rounds.

We witnessed a culture change. Our unit's staff nurses are now participating in hospital-wide decision-making bodies to improve the quality of patient care.

Ambulatory surgery nurses are active participants in our Nursing Shared Governance Structure. One of our goals is member representation on all of the Professional Nurse Practice Councils with alternates available. We keep informed and share council-wide news at monthly meetings. We developed and presented our unit's bylaws to the Nursing Practice Coordinating Council (NPCC) to clearly define our UBPC's scope of practice, objectives and structure, aligning our unit with the Vision, Mission and Foundation Documents of Lahey's nursing community.

Anna Trunfio, RN, BSN, CAPA, and Ms. McLaughlin have been invited to serve as Nursing Research Fellows. This requires a multiple-year commitment, with dedicated classroom time learning the research process, and culminates in the completion of an evidence-based practice project or research project. Ann Dylis, PhD, RN, Nurse Research Scientist, is the coordinator of this program. Ms. Trunfio and Ms. McLaughlin are halfway through the fellowship commitment and are considering designs for their research projects. "The Research Fellows Program is an amazing opportunity that is available to all Lahey Nurses."

Communicating with all of our 60 or so UBPC members has proven to be a continuing challenge. Global e-mails with monthly news and announcements, meeting agendas, and minutes have been somewhat effective as it has been logistically impossible for all members to attend our unit's council meetings. Our members are currently in the planning phase of developing a Web page for our unit. We utilize bulletin boards to keep members updated on Nursing Quality Indicators such as the NDNQI Survey, Surgical Care Improvement Plan (SCIP), Hand Hygiene Audits, and "First Case of the Day, on Time Starts." We also post agendas, minutes and announcements. The Ambulatory Big Book is our "Go To Reference" for all of the UBPC's work, including "Magnet Moments."

In a busy unit, taking time to review issues, conduct meetings and journal clubs, and fully participate in the Professional Nurse Council structure requires leadership support and staff enthusiasm. Our unit possesses both. The superb nurses, assistants, unit coordinators and support staff are invested and enthusiastic. Many of our surgeons and anesthesiologist colleagues also are active participants in our unit's initiatives. Creative scheduling by our ANM Doree Atkisson enables many to participate in the Professional Practice Committees, Nursing Grand Rounds, Journal Club meetings and conferences. The efforts are fully supported by our Nurse Manager Ms.Ventura and our Clinical Educator Ms. McLaughlin.

Zip drives in hand, we have recorded, photographed, organized, posted and attempted to chronicle all of the exciting events. We witnessed a culture change. Our unit's staff nurses are now participating in hospital-wide decision-making bodies to improve the quality of patient care. These innovative changes are shared with our UBPC, allowing for discussion, review, and plans for integration into our daily practice. Lahey nurses are recognized for achievements in exceptional practice, precepting and mentoring. Nursing research is well underway with a nursing research fellow's program and research committee. Scientific references, evidence-based practice, Nursing Quality Indicators, outcomes measurements, literature searches, and Rapid Improvement Events (RIE) are now integrated into our nursing language and practice. We are very proud of the professional growth that has taken place here at Lahey and are honored to have been a part of this transformational process.

Anna Trunfio, RN, BSN, CAPA and Susan Buthmann, RN, CAPA, CPAN

Notes on Nursing

Lahey Clinic
41 Mall Road
Burlington, MA 01805

Lahey Clinic Department of Transplantation Participates in the Annual Liver Life Walk 2009

By Denise S. Morin, MSN, RN, Senior Transplant Coordinator/Living Donation

The Department of Transplantation participated in the Annual Liver Life Walk sponsored by the New England Chapter of the American Liver Foundation. I was the team captain and, with participants from the Outpatient Transplant Department, the Inpatient Transplant Unit (6C), and the patient population, we raised $6,060, making us one of the top 10 fundraising teams! The goal for the New England Chapter was to raise $225,000, and we have raised $188,606.81.

The Lahey Bile Ducts.

Colleagues shown in the photo include: Marti Hoar, MS, RN, CCTC (Certified Clinical Transplant Coordinator); Fran White, MSN, RN, 6C Nurse Manager (in white hat); Jennifer Ehlin Verbesey, MD, Department of Transplantation (sitting with children Zoey and Alex); Denise S. Morin, MSN, RN, Senior Transplant Coordinator/Living Donation; Nina Coté, RN, BC, CCTN, Clinical Educator, 6 Central Hospital; and Kelly A. DePiero, PharmD, BCPS, Clinical Pharmacist - Solid Organ Transplant.