Lahey CLINIC

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Notes on NURSING at Lahey

July/August 2008

From the CNO

Nursing Strategic Goals

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

Nursing strategic goals for 2008-2009 have been developed and will guide our energy focus over the coming months. These goals are fully aligned with the organizational, strategic and operational initiatives for fiscal year 2008. Our first priorities are to provide safe, quality care and to enhance the patient experience at Lahey Clinic. We will persist in our drive to establish and maintain continuous Joint Commission readiness and to advance evidence-based nursing practice, including improving patient outcomes and performance on all publicly reported core measures. Our journey toward achieving Magnet designation will support these strategic and operational goals.

As we continue our Magnet journey to excellence, we have enhanced the Nursing Shared Governance Structure with the participation of ambulatory clinical practice staff nurses and expanded unit-based council structure in the ambulatory setting. These councils have been developed and engaged for allergy, hem/onc, GIM, orthopaedics and bronchoscopy. Both the nurse practitioners and nurse anesthetists are meeting regularly to focus on practice issues. The Nursing Practice Coordinating Council meets monthly, at which time the staff nurse unit/area base council chairs discuss practice recommendations and decide on changes to policies and procedures.

We will continue to advance evidence-based practice (EBP), nursing research and education. Our nursing research program has grown more robust and now includes our research nurse scientist, Ann Dylis, PhD, RN, and the research fellows program that has four second-year fellows and seven new first-year fellows. Ongoing research currently involves the Tufts/Lahey Nurse/Student Partnership Study, the Missed Care Following Delegation Study, an informatics study, and a wound prevalence study. EBP Review Group sessions and the research course offerings continue to occur monthly.

Educational initiatives within the nursing department include our partnership with Middlesex Community College, resulting in our first graduating class of five Lahey colleagues in May 2008. The implementation of the Work-Life Balance and career coaching programs are assisting many of our newly licensed staff as they enter the nursing profession. To further the education of our nursing colleagues, we have joined with the University of Massachusetts Lowell and Regis College to offer on-site courses for RN to BSN students. The nursing re-entry program, which recently completed its 17th session, has served 215 participants. This three-week intensive curriculum supports nurses returning to the bedside, whether at Lahey Clinic or within the community. One of the highlights of our recent Nurses Week Celebration was the addition of many names to the Nursing Wall of Honor in recognition of Lahey nurses who have achieved certification in their specialty. With the help and encouragement of "Commit to Sit" certification review groups such as in critical care, the OR, dermatology, cardiology and transplant, many more nurses are actively seeking certification.

Kathie Jose, RN, MSN, CNO

Another strategic goal is to further collaborate with the multidisciplinary teams in Care Process Management Redesign, with particular emphasis on Lahey Clinic Medical Center, North Shore, and ambulatory operations. This includes streamlining the communication of information and bed assignment for patients admitted from outpatient clinics. The patient allocation project is multidisciplinary to provide better patient flow and access, while improvements in Teletracking will help all front-line staff to have current information on patients who are admitted.

Many changes are underway in the critical care areas. We are reviewing MET calls, the wait time for beds and Code 99 events. The MICU has moved to the second floor; Debra Flynn, MSN, RN, is now the manager of CCU/ICU; and the

continued on page 2

6 West PCU is transitioning to provide care to the neuroscience patient with a new manager, Joan McCarthy, BSN, RN. Our surgical services division is involved with the Peabody campus expansion, the new Pre-Admission Testing area, the expanded PACU and Rapid Improvement Events (RIE) such as first case starts and OR safety.

In line with our commitment as a high reliability organization (HRO), the Nursing Department strives to ensure a culture of safety as evidenced by the review audits and tracers demonstrating nursing competence in understanding and articulating the National Patient Safety Goals. The Pharmacy/Nursing Committee, implemented last year, continues to identify and resolve issues in medication management, and the new Medication Management Committee provides support for system process changes to advance the safety of medication administration. The new falls risk policy implemented in late 2007 has not only decreased patient falls but also decreased injuries associated with falls.

Kathie Jose, MSN, RN, CNO, congratulating Donna Loehner, RN, CWOCN, at the Wall of Honor Celebration Tea. Nurses who have attained certification in their specialty have their names on plaques across from the auditorium entrance.

As information technology becomes an increasing part of our work environment, a strong nursing presence is required on the committees and task forces that determine the selection of various technologies, including AllScripts, Theradoc, the T-System used in the ED, CareFusion point of care medication administration, enterprise content management system (ECMS), ANSOS updates, the vendor selection of an inpatient electronic medical record (EMR) and the patient entertainment and education services.

Lahey Clinic strives to secure our position as the employer of choice for recruiting and retaining talented colleagues, and the Nursing Department continues to attract and keep excellent nurses in all areas. In 2007-2008, we on-boarded 200 RNs: 70 were newly licensed and 66 were critical care nurses. The Critical Care Internship/Resident Program hired four interns in 2007 and will add eight more this summer. Our partnership with the Red Cross and acute care resulted in the hiring of 22 certified nursing assistants. Educational coverage approaching seven evenings/nights per week supported the successful transition and socialization of our new colleagues on the off-shift.

In the past year, nursing education presented over 200 educational sessions requiring preregistration. Of the 3,351 participants, 3,214 were Lahey Clinic staff. The continuing education series of six all-day programs included 491 participants and provided over 3,500 nursing contact hours. In the leadership series, there were 82 participants in the Charge Nurse Workshop, 77 participants in the Preceptor Workshop and 53 participants in the Leadership Workshop.

The Nursing Strategic Plan for 2008-2009 exemplifies our nursing vision: *As leaders in practice and partners in patient-focused care, nurses at Lahey Clinic are recognized for their expertise and compassion in providing care to patients, families and the communities we serve. We strive for safety, excellence and quality patient outcomes by engaging in evidence-based research, innovation and system improvements that support our professional practice environment.*

I hope all of you will join with me to achieve our goals in the coming year as you continue to exemplify our Magnet logo, *Exceptional Nurses…Extraordinary Care.*

Kathleen S. Jose, RN, MSN

Notes on NURSING at Lahey

JULY/AUGUST 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.

Nursing Outreach – An International Adventure

Kathy McNamara, BSN, RN, CCRN, and MaryAnn Naughton, RN, DNC, CNOR

Project Pacer International is a nonprofit group consisting primarily of Lahey colleagues dedicated to providing complex medical, interventional and surgical cardiac procedures to indigent patients in the developing world. In October 2007, we traveled to Cochabamba, Bolivia, located in the heart of South America along the Andes mountain range. It has an elevation of 8,392 ft (2,558 m) above sea level and is the third largest city in Bolivia with a population of more than 900,000 people.

Our mission consisted of performing valve replacement surgery for indigent people and mentoring our counterparts at Hospital Viedma. Our ultimate goal is to have the Hospital Viedma, a public hospital serving the very poor of Cochabamba, become a successful self-sustaining cardiac surgery center.

The facility is clean as a whistle and the doctors, nurses, housekeepers and nursing assistants could not have been more hospitable; we were greeted with a standing ovation from all the potential medical, interventional and surgical patients in the hospital's auditorium. We met with our surgical patients from last year and witnessed their remarkable progress, making the long hours and hard days worthwhile. After seeing and evaluating the prospective surgical candidates, we chose five patients, ranging in age from 12 to 42 years old, to operate on during the course of the week.

All the patients presented with severe symptoms and significant decompensation from either rheumatic heart disease or Chagas' disease, a parasitic infection transmitted from the *vinchuca* bug that is found primarily in the rural poverty areas of Latin America. These insect vectors are infected with *Trypanosoma cruzi* and are typically found in houses made of mud. The most recognized marker of acute Chagas' disease is swelling of the eyelid on the side of the face where the bite occurred. Even after the acute symptoms resolve, the infection persists if left untreated. Those with cardiac complications may have severe cardiomyopathy, heart failure, bradycardia and/or sudden cardiac death. Those with GI complications may present with megaesophagus (dilation and paralysis of the esophagus) and/or megacolon. Some patients may present with ailments affecting both systems. According to the Pan American Health Organization, Chagas' disease is the fourth leading cause of illness in Bolivia and is responsible for 13 percent of the deaths of people between 15 and 75 years old; 3.5 million people–almost half of Bolivia's population–are at risk of contracting the disease; 300,000 children under the age of 12 are already infected.

The Project Pacer International surgical team consisted of (standing L to R): Veronica Baya, biomedical engineer and our invaluable translator; Kathy McNamara, BSN, RN, CCRN, ICU nurse; Pam Straube, RN, CNOR, OR nurse; Richard D'Agostino, MD, cardiac surgeon; (kneeling L to R): Edward M. Nadolny, CCP, cardiac perfusionist; Rebecca Natale, PA-C; Mary Ann Naughton, RN, DNC, CNOR, OR nurse; (not shown: Sana Ata, MD, anesthesiologist).

The most severe patient was Ronald, a 12-year-old boy who will forever remind us of why we became nurses. He was assisted into the examination room as though he were 100 years old: scared, deconditioned, extremely short of breath and unable to lie down on the exam table due to severe dyspnea and orthopnea. Even though Ronald presented with the worst overt symptoms, all of our patients were very sick and the advanced medical care we were providing raised challenges that brought out the creativity of adaptation from our entire team. Overall, we may not have had the earliest OR start times but we gave 110 percent to all of our patients and their recovery. The most rewarding part of the trip was seeing how quickly they improved post-op and seeing Ronald, who went from struggling for each and every breath to being extubated and smiling with relief at his mother the next morning.

Our success was a result of the teamwork and camaraderie of our entire group, including our physician and nurse counterparts at the Hospital Viedma. We hope to return again in the fall of 2008 and work with Hospital Viedma performing cardiac surgery. They face many hurdles, including a lack of supplies, but we feel confident that one day they will be able to overcome the obstacles. The collaborative experience was rewarding, and as stated by Dr. D'Agostino, "It was a team effort, each of us dependent on the other."

References:

1. www.projectpacer.org
2. www.cdc.gov/chagas/factsheet.html
3. Becht, Debbie K. Kissing the assassin bug goodbye. *Perspectives in Health*, Vol. 5, No. 2, 2000 Pan American Health Organization.

Welcome

- **Joan E. McCarthy, BSN, RN, NE-BC,** has recently assumed the position of nurse manager of the 6W Progressive Care Unit (PCU). McCarthy received her RN from Saint Elizabeth's Hospital and her BSN from the University of Massachusetts, Harbor Campus, Boston. She comes to Lahey from the South Shore Hospital where she was the nurse manager of critical care and hemodialysis. She is certified in nursing administration and an active member of the Massachusetts Organization of Nurse Executives (MONE) and the American Organization of Nurse Executives (AONE).

- **Joan M. Cavanaugh, MHA, RN,** has accepted the position of clinical educator for 6W Hospital. A graduate of Newton-Wellesley Hospital Nursing School, she earned her BS in biochemistry and biophysics from the University of Houston and her MHA from Clark University, Worcester, Mass. Previously, Cavanaugh was the nurse educator in the Emergency Department of Caritas St. Elizabeth's Medical Center in Boston, the Patient Safety Supervisor at Newton-Wellesley Hospital and a staff RN in the Emergency Department at UMass Memorial Healthcare.

Jessica Burns, ASN, RN, Electrophysiology
Susan Short, BSN, RN, 6W PCU
Brian Stephenson, ASN, RN, SICU
Maureen Dugan, BSN, RN, GIM Amb
Susan P. Caputo, ASN, RN, LCN, Amb Float
Andrea Dube, RN, Endoscopy
Tabitha Gad, BSN, RN, 6W
Juliene Turner, BSN, RN, 6C
Jessica Serino, BSN, RN, 6C
Alana Turgiss, BSN, RN, 7C
Kassia Pereira, BA, RN, 7C
Catherine Village, BSN, RN, Endoscopy
Sarah Thomann, BSN, RN, ER
Christine Carlson, ADN, RN, Endocrine
Julie Hamel, BSN, RN, 5W
James Breath, ADN, RN, 5W
Itaman Barbosa, ASN, RN, 6C
Elizabeth Nichols, ADN, RN, 7C
Arlene Panagsagan, ASN, RN, 6W
Joan McCarthy, BSN, RN, CNA-BC, 6WH
Michelle Murgo, BSN, RN, Dermatology
Valerie Gosselin, BSN, RN, 7C
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Janet Conran, ASN, RN, 6W
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Elizabeth D'Amico, ASN, RN, CCU
Deborah Mansfield, BSN, RN, MICU
Tracey Joyce, BSN, RN, PACU
Ciara Ann Sullivan, BSN, RN, 6W
Sandra Delage, ASN, RN, 6W PCU
Anthony Saia, BS, RN, OR
Laura Amero, BSN, RN, 6W
Mary Larson, ASN, RN, 6 Southeast
Melissa Palumbo, BSN, RN, 6W PCU
Bethanne Crosby, ASN, RN, SICU
Jennifer Buchholz, BSN, RN, CCU
Joan Politi, RN, Anti Coag Clinic
Carrie G. Cannon, NP, GIM Danvers
Marcia Nelson-Vancini, NP, Neurology

Kathie Jose, MSN, RN, CNO, cutting the ribbon to open the display of the Wall of Honor, celebrates nurses who have achieved certification during Nurses Week.

COUNCIL UPDATES

Professional and Education Council

- The Pacemaker Educational Packet was approved.
- Guidelines for the use of sequential compression boots by nursing assistants were approved and are available from clinical educators.
- The all-day continuing education program on May 8, 2008, on ethics was well attended and received quite favorable evaluations. Keynote speaker was Christine Mitchell, MS, RN, MTS, FAAN.
- The education packet IV Medications for the Monitored Patient was approved.

Clinical Practice Council

- ACLS/BLS policy was approved with minor changes:
  - BLS is required for all licensed nursing staff at Lahey.
  - ACLS is required for certain areas.
  - Nurses are responsible for maintaining current BLS/ACLS certification.
  - If BLS/ACLS has expired, nurses are responsible for attending an outside course at own expense.
- Close/continuous observation policy was approved.
- New infection control policy: Management of exposure to meningococcal disease will have a link from the nursing manual titled "exposure to meningococcal disease, management…"
- New policy: Telemetry management for med-surg was presented and is being discussed at present.

Nursing Quality and Safety Council

- Welcome to newest member Marty O'Brien, staff RN, Cath Lab.
- The January 2009 NPSG will be "anticoagulation."
- Lahey is in the beginning stages of a hospital-wide "hand hygiene" campaign with an educational kickoff as well as secret observers.
- Response to the current posted Dashboards indicated that staff feels it is too slow and the data is old. A suggestion was to use zip sessions to update staff throughout the month.

Nursing Practice Coordinating Council

- 2007 achievements were presented by Kathleen S. Jose.
- 2008 goals were presented by Kathleen S. Jose.
- Professional Improvement Model was presented by Carol Jones, Rosemarie Delacy and Doug Alden.
- Magnet was presented by Kate Scotti.

Nursing Research Council

- Summary: Visit of Dr. Kristen Swanson, April 3, 2008
- Research Article Critique Checklist: Revised Version
- Planning: May 2008 Research Day

Coordination and Review Council

- Review of Critical Care Family Room RN job description
- Review of TR Band Policy
- Review of Patient/Family Education Policy – policy approved
- Review Assistant Clinical Educator job description

Ambulatory Clinical Practice Council

- Finalized ambulatory policies
- Began work on ambulatory competencies for 2008
- Continued work on job descriptions

Patient Care Technology Council - EMR

- Due to Super User Training, the April PCT meeting was cancelled. The next meeting is scheduled for Thursday, May 8.
- CareFusion is scheduled to go live on 6C in June.

INFECTION CONTROL

Just Thinking Out Loud

Jane Eyre-Kelly, RN, CIC

- If every colleague reliably practiced hand hygiene before and after caring for a patient, there would be an immediate and profound reduction in the spread of resistant bacteria, including MRSA.
- It's everyone's duty to remind each other to clean our hands.
- Colleagues have until July 31 to complete the Hand Hygiene training course on MassNet under Colleague Connection-Lahey Tools.
- Lahey achieved a 33 percent reduction in the rates of central line infections and a 20 percent reduction in the rates of ventilator-associated pneumonia in our critical care units since 2006.
- When a patient is admitted with a previous history of MRSA or VRE, it is automatically noted on the Admission Face Sheet so that contact isolation can be initiated.
- Hand hygiene should not be viewed as an interruption but rather part of patient care.
- Disposable blood pressure cuffs will soon be the standard of care at Lahey Clinic for all patients on contact isolation precautions.
- Chlorhexidine alcohol (CHG) is the standard of care for skin preparation for *all* vascular access, including peripheral venous catheters, arterial catheters, and central and PICC lines.
- The Infection Control Manual can be accessed through MassNet; a hard copy is maintained in the Infection Control Office.
- Annual health care worker influenza vaccination is strongly recommended and helps protect colleagues from getting sick and spreading the flu to vulnerable patients.
- **Clean hands save lives.**

Thanks for listening!

Nursing Assistant Week on 5W

Nursing Assistant Week was an idea that was brainstormed at a 5 West Unit Based Council (UBC) meeting several months ago. The members of the UBC felt that there should be a day (or a week) that would recognize the hard work and dedication of the nursing assistants. After some research, we learned that there is a national NA day on the first Thursday in June. However, we decided to dedicate an entire week to the NAs on 5 West, March 30 to April 4. We asked the staff nurses to donate money towards food and gift certificates for each NA. We planned several days of food as well as a thank you party at the end of the week with cake and ice cream and a presentation of small gift bags for each NA. I believe that all would agree that it was a success and a tradition that we will continue on 5 West for years to come.

5W Nursing Assistants (L to R): Roxanne Deniso, Tammy Carriere and Rose D'Angelo during the celebration week.

CONGRATULATIONS TO:

- **Eleanor Lawler, BSN, RN, CCRN,** clinical educator, SICU, for obtaining her certification in critical care.
- **Kristina A. Gartner, BSN, RN, CCRN,** staff nurse, SICU, for obtaining her certification in critical care.
- **Mary Ann Naughton, RN, CNOR, DNC,** received certification in the OR and was also elected to the Dermatology Nurses Association nominating committee for a two-year term.
- Case managers **Lisa Knight, BSN, RN, CCM,** and **Laurie Brewster, BSN, RN, CCM,** both received certification in case management.
- **Lynda J. Walsh, MSN, RN,** recently accepted the position of Nurse Manager of Patient Flow and Nursing Resources. Walsh received her BSN from Salem State College and her MSN from Loyola University, Chicago. Most recently, Walsh was the Clinical Educator for 6W. Walsh has experience as an administrative supervisor and manager of neurological and telemetry units.
- **Anne Riley, RN, AE-C,** received certification as an Asthma Nurse Educator.
- Nurses from the Endoscopy Department recently received their certification in gastroenterology nursing: **Michelle Dearborn, RN, CGRN; June Casper, RN, CGRN;** and **Mary Peterson, RN, CGRN.**
- **Dawn Wood, RN, CNOR,** received her certification in operating room nursing.
- **Maureen McLaughlin, MSN, RN, CPAN, CAPA,** clinical educator, PACU, recently presented three sessions at the 2008 American Society of Perianesthesia Nurses (ASPAN) National Conference in Dallas, Texas: *When the ICU Patient is in Your PACU: Strategies for Success; Governmental Affairs 101; and Advocacy Hot Topics Panel.* Attendees at the conference included colleagues Mary Sutton, nurse manager, PACU; Roberta DelRosso, assistant nurse manager, PACU; Maureen McLaughlin, clinical educator, PACU; Ann Marie McLaughlin, clinical educator, Ambulatory Surgery; and Amy Dooley and Ruth DeSoto, staff nurses, PACU.
- Recent BSN graduates from Emmanuel College: **Jean Cunningham, BSN, RN,** nurse manager, 5W; **Grace Massi-Ventura, BSN, RN,** nurse manager, Ambulatory Surgery and Pre-Operative Center; and **Ann Marie McLaughlin, BSN, MHA, RN, CPAN, CAPA,** clinical educator, Ambulatory Surgery and Pre-Operative Center.
- **Diane Cronin, MSN, RN,** clinical educator, Cath Lab, and **Sandra Kelley, MSN, RN,** clinical educator, Lahey Clinic Medical Center, North Shore, received master's degrees in nursing from Salem State College.
- **Margie Sipe, MS, RN,** Nursing Performance Improvement Innovator, received "The Spirit of Sigma" award from Alpha Chi chapter of Sigma Theta Tau International at Boston College. This award is given to a nurse leader who has demonstrated the mission, vision and values of this honor society by displaying evidence of contributions to improving care in the community and/or academic setting through the following attributes: leadership, dedication, respect, collaboration, imagination, humor, intuition, creativity, collegiality and compassion.
- **Sally Cadman, MS, RN, CCRN,** and **Nancy Bittner, PhD, RN, CCRN,** for their presentation at the 2008 National Teaching Institute for Critical Care Nurses Held in Chicago, Ill. The pair presented two concurrent sessions and a poster during the conference which was held May 5-8, 2008. The topic title was the "Development of a Transition Program for New Critical Care Nurses" which highlighted Lahey Clinic's program.
- **Ruth DeSoto, RN, CPAN, CAPA** was awarded a $500.00 scholarship from the American Society of Perianesthesia Nurses (ASPAN) to be used to attend the 2008 ASPAN National Conference in Dallas, Texas.

Ambulatory Surgery Journal Club

Ann Marie McLaughlin, MHA, RN, CPAN, CAPA

For several months, members of our Ambulatory Surgery Magnet Committee had been talking about having a Journal Club, an opportunity for the nurses to get together and critique a research article pertaining to our practice. Diane Leary, BSN, RN, staff nurse, wanted to present an article dealing with preventing sciatic nerve injury from IM injections. Leary felt this topic was important to our practice in Ambulatory Surgery.

The ground rules for the Journal Club were few and simple. Anyone who was interested could participate by obtaining a copy of the article electronically or at the nurses station and reading it prior to the Journal Club meeting. A review checklist was developed that would guide a critique and emphasize the salient points. Communication about the Journal Club would occur electronically and be posted in high visibility areas, including our Magnet Board. The person presenting the article would speak about the important "take away" points and follow the checklist as best as possible. Staff members would be encouraged to take part in a discussion after the presentation and make recommendations for our practice based upon what they read and learned in the article. The meeting would last approximately 45 minutes: 30 minutes for article review and 15 minutes for discussion.

The first Journal Club was very successful. Staff members engaged in spirited discussion and searched Lahey Clinic Nursing Policy and the Procedure Manual to review the specific policy about IM site selection and injection. The group recommended that sites for IM injections should be included in the policy. In addition, the group added that an education program should be developed to encourage the use of alternate IM injection sites.

Alicia Habeshian, RN, and Sarah Thomman, RN, from the Emergency Department, at the Nurses Week Council Fair.

Bernadette Villalpando, RN, from the PACU, representing the Clinical Practice Council at the Nurses Week Council Fair.

According to Leary, "Journal Club is an excellent opportunity for nursing education because it is an individual, as well as a departmental, learning experience. After reviewing the article to be presented, I focused on the major implications in regards to our nursing practice and standard of care. The article that I presented was very well researched and generated a lot of discussion. It was beneficial that the staff was e-mailed a copy of the article prior to the discussion. I enjoyed the experience of being a presenter for Journal Club and appreciated the support and guidance from Ann Marie McLaughlin, MHA, RN, CPAN, CAPA, our clinical educator, and Anna Trunfio, BSN, RN, CAPA, our Magnet champion. It was rewarding and satisfying because I feel that I made a contribution to our standard and safety of nursing practice for the benefit of our patients."

Melissa Gurney, BSN, RN, staff nurse, presented the first Journal Club for the evening staff of Ambulatory Surgery the next month at the end of their shift. She also completed the checklist, which helped her present the "take away" points of the article focused on medication errors. As Gurney states," By studying and discussing how med errors affect our care and advocacy of our patients, the nurses in our department were able to share thoughts on making our patients safer and their care more thorough. I look forward to having more Journal Club discussions in the future!"

Improving The Reporting Of Medication Errors

Maureen F. McLaughlin, MSN, RN, CPAN, CAPA

Most health care organizations rely on spontaneous reporting to identify errors. Typical incident reports identify only 2 to 5 percent of reportable [errors].[1] Potential causes for the lack of reporting include confusion over what constitutes an error; fear of retribution and/or punishment; lack of knowledge that an error had even occurred; and lack of consensus over who and what should be reported. Often, nurses only complete "incident reports" on medication errors that they committed, not on errors that they either discovered or intercepted. And most often this reporting only involves medication that had already reached the patient. One of the best methods of preventing errors is to learn from actual and potential errors.[2] Thus, the full scope of medication errors remains unknown, creating a barrier to the development of strategies to improve patient safety during medication administration. Awareness of potential risks, actual errors, causes of errors and prevention strategies are helpful and essential elements of safety initiatives to reduce medication errors.

Open reporting

Many organizations strive to be an HRO, encouraging the open reporting of errors. Still, there are many individuals who fear reporting an error, feeling that such exposure will lead to retribution or even a lawsuit. Also, they may be embarrassed or ashamed that they committed an error. However, open reporting of errors or near misses allows an organization to analyze the error, determine what went wrong and how, and develops systems and processes to prevent a similar error from occurring again. Reducing the frequency of errors requires a shift away from a punitive approach. The focus should be on identifying error-prone aspects of the medication-use process and improving the system.[3]

Nursing Grand Rounds during Nurses Week featured Darlene Bourgeois, MSN, RN, CCRN, clinical educator, (left) demonstrating a substance abuse assessment of a trauma patient (wonderfully played by Debralee Quinn, MSN, RN, clinical educator).

What information to report

Nurses are usually educated to only report the facts, what happened and the patient outcome. However, a complete description is always helpful in order to understand how and why an error occurred. Explanatory information should include: how it happened; what should have happened or what would have happened in normal circumstances; why it happened; behaviors that may have contributed to the error, such as a "work-around" or not following hospital policy; and recommendations on how to prevent the error from being repeated. This type of information facilitates changes in processes and identifies how a system may have contributed to the error. For example, if a system had been put in place that was cumbersome, difficult to use and required increased time and manpower, nurses may be reluctant after a while to use it. They create a "work-around," shortcutting the very process implemented to improve patient safety. These nurses are then reluctant to disclose that they did not adhere to policy. However, this knowledge is very insightful in the development of policies and procedures that are effective in improving patient safety while at the same time are not so complicated that nurses will be unable or reluctant to adhere to them.

Near misses

Organizations should encourage the reporting of near misses or a "medication error that was detected and corrected before it reached the patient."[4] All nurses should feel empowered to report errors that they intercepted or events that they changed to prevent an error from occurring to raise awareness of what may have gone wrong. This open reporting further strengthens organizations' initiatives to prevent medication errors.

References:

1. Leape, L. Systems analysis and redesign: The foundation of medical error prevention. In M.R. Cohen (Ed), *Medication Errors.* 2007; 8.
2. Mick, J.M., Wood, G.L., & Massey, R.L. The good catch pilot program. *Journal of Nursing Administration.* 2007; 37:499.
3. Smetzer, J.L. & Cohen, M.R. Medication error reporting systems. In M.R. Cohen (Ed), *Medication Errors.* 2007:513-550.
4. Ibid, p. 514.

Research Day

Ann M. Dylis, PhD, RN

The Fifth Annual Nursing Research Day started Nurses' Week activities on Monday, May 5, 2008. Opening remarks were given by Gayle Gravlin, EdD, RN, CNAA, Associate Chief of Education, Research and Professional Development and Ann M. Dylis, PhD, RN, Nurse Research Scientist. This format of former Research Days was modified this year to include a Keynote Speaker. Lahey welcomed Jacqueline Fawcett, PhD, RN, FAAN, renowned nurse theorist and researcher, who spoke on "Conceptual Models, Theories, and Evidence-Based Practice: What are the Connections?" In her presentation, Fawcett traced the development of nursing as a professional discipline, whose required elements of professional practice include an ideology, a code of ethics, a set of skills, a guild, authority, an institutional setting where nursing is practiced, and a body of knowledge. Nursing's body of knowledge is grounded in its conceptual models and middle-range theories. It is these middle-range theories that not only "narrow and more fully specify the concepts and statements contained in a conceptual model", but also "provide the evidence for practice." (Fawcett, May 5, 2008). She contends that these middle-range theories have to be translated into "practice tools and intervention protocols" representing the steps of the nursing process. The "Connections," as her title indicates, occur when conceptual models lead to theory development, when theory equals the evidence, and when theory-guided practice equals evidence-based practice (Fawcett, 2008).

Dr. Fawcett's keynote address was followed by Nursing Research and Evidence-Based Practice podium presentations by Lahey Clinic Nurses:

- Parental Reflections on Health Care Providers and Their Child's Neurofibromatosis1 (NF) Diagnosis: A Mixed Methods Analysis. **Ann M. Dylis, PhD, RN**, Nurse Research Scientist
- Medical Student/Nurse Partnership Program: A Pilot Study of Pre-clerkship Medical Student-Nurse Interactions. **Maria Blanco, EdD**, Assistant Professor, Psychiatry, Tufts University School of Medicine and **Gayle Gravlin, EdD, RN, CNAA, BC**, Associate Chief Nurse

Kathie Jose, MSN, RN, CNO, congratulates recipients of Nursing Research Grants. (From L to R) Claire MacDonald, MSN, RN; Joan Alosso, ASN, RN, CCRN; Jose; Deborah L. Sullivan, MS, APRN, BC. (Not shown: Sally J. Cadman RN, MS, CCRN)

Jacqueline Fawcett, PhD, RN, FAAN, and Kathie Jose, MSN, RN, CNO, at the 2008 Nursing Research Day.

- One Center's Experience With Calcineurin Inhibitor (CNI) Related Renal Dysfunction. After Liver Transplantation: Is Rapamycin the Answer? **Denise S. Morin, MSN, RN**, Live Donor Nurse Coordinator
- Improving Clinical Practice With Evidence: Development of Evidence-Based Protocols on 6 and 7 Southeast. **Johnny Isenberger, BSN, RN, CCRN**
  Clinical Educator, 6 and 7 Southeast
- Reducing Fall Risk in the Elderly. **Darlene Bourgeois, MSN, RN, CCRN**, Injury Prevention Coordinator, Trauma Service

Also part of Research Day were thirteen research posters, done by Lahey nurses and visiting research scholars, which were on exhibit for the entire Nurses' Week in the East Lobby.

- *Needs of Critical Care Families and the Perceptions of ICU Staff,* **Joan Alosso, ADN, RN, CCRN,** clinical educator, MICU/CCU**; Sally J. Cadman, MS, RN, CCRN,** critical care clinical nurse specialist, Research Fellow
- *Developing a Transition Program for New Critical Care Nurses* **Nancy Phoenix Bittner, PhD, RN, CCRN; Sally Cadman, MS, RN, CCRN,** critical care clinical nurse specialist, Research Fellow
- *Collaborating to Create a Culture of Evidenced-Based Nursing Practice: Bridging Academia and Practice,* **Nancy Phoenix Bittner, PhD, RN, CCRN; Patricia B. Dardano, DNSc, RN**
- *Exploring Critical Thinking and Delegation in Nursing Practice,* **Nancy Phoenix Bittner, PhD, RN, CCRN; Gayle Gravlin, EdD, RN, CNAA-BC**
- *End Of Life Issues In Critical Care: Nurse And Physician Perceptions,* **Michele Bettinelli, BS, RN, CCRN**, staff nurse, Surgical Intensive Care Unit, 2008 Research Fellow
- *Nurses' Reports of Missed Care Following Delegation,* **Gayle Gravlin, EdD, RN, CNAA-BC; Nancy Phoenix Bittner, PhD, RN, CCRN**
- *Nursing "Hand-Off" Communication from the Operating Room (OR) to Post Anesthesia Care Unit (PACU): Implications for Patient Safety,* **Amy Dooley, BSN, RN, CPAN,** staff nurse, PACU, 2008 Research Fellow

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August

4 **Getting the Most Out of Your Reading: Critiquing the Research Literature**
Time: 8 to 10:30 am
Place: 4 West Conference Room

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

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

11 **Med/Surg Pathway I – Foundations**
Time: 9 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

Debbie Sciaba, RN, 7C, representing the Quality Safety Council at the Council Fair during Nurses Week.

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

12 **BLS (CPR) Recertification – Peabody**
Time: 1:30 to 4:30 pm
Place: Gordon Building, Conference Room A

12 **Effective Literature Searching: Using Lahey Resources**
Time: 4 to 6:30 pm
Place: Gordon Building, Computer Lab

13 **Nursing Orientation Computers and Documentation & UAP Skills Lab**
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

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

14 **BLS (CPR) Recertification**
Time: 1:15 to 3:30 pm
Place: Gordon Building, Training Room

15 **Nursing Orientation – Skills**
Time: 8 am to 4:30 pm
Place: Gordon Building, Room A and Skills Lab

18 **Med/Surg Pathway II – Challenges**
Time: 9 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

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

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

25 **ECCO Workshop – Neuro and Pulmonary**
Time: 9 am to 5 pm
Place: Gordon Building, Room A

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

27 **Nursing Orientation Computers and Documentation & UAP Skills Lab**
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

27 **Research Series: Intro to Nursing Research**
Time: 9 to 11:30 am
Place: Alumni Conference Room

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 A

28 **Newly Licensed Nurse Welcome Luncheon 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 A and Skills Lab

Enjoying the Nurses Week dinner are (from L to R): Patricia Coppola, RN, BSN, Carol DiOrio, RN, and Mary Sansone, BSN, RN, from Quality and Performance Improvement and Innovation.

MICU/CCU nurses enjoying the festivities at the Nurses Week dinner (from L to R): Christine Grunes, BS, RN; Lisa Price, BS, RN; Kathryn McNamara, BS, RN, CCRN; Doris Barreiro, MS, RN, CCRN; Rachel Ritter, AS, RN; Debra Flynn, MSN, RN.

(L to R) 6 and 7 SE assistant nurse managers Tonya Johnson, RN, and Renee Morey, RN; and Beth Campbell, a recent graduate of UMass Lowell and a featured speaker at the Nurses Week dinner.

* = MARN contact hours applied for

Unless otherwise indicated, preregistration is required and can be made by calling ext. 8725 or 781-744-8725.

September

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

8 Re-Entry
A three-week program for nurses returning to the bedside
Time: 8:30 am to 2 pm
Place: Alumni Auditorium

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

8 Getting the Most Out of Your Reading: Critiquing the Research Literature
Time: 4 to 6:30 pm
Place: 4 West Conference Classroom

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

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

9 BLS (CPR) Recertification – Peabody
Time: 1:30 to 4:30 pm
Place: Gordon Building, Conference Room A

10 Wound & Skin: When to Consult *
Time: 7:15 to 8 am
Place: 3 SE Nursing Conference Room

10 Nursing Orientation Computers and Documentation & UAP Skills Lab
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

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

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

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

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

15 Med/Surg Pathway 3 – Complexities
Time: 9 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

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

16 Lahey Clinic Medical Center, North Shore, Skills Fair
Time: 3 to 8 pm
Place: Conference Room A

16 Effective Literature Searching: Using Lahey Resources
Time: 4 to 6:30 pm
Place: Gordon Building, Computer Lab

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

18 All Day Continuing Education*
Think Pink: Women's Health Care
Time: 7:30 am to 4 pm
Place: Alumni Auditorium

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

22 Leadership Workshop*
Time: 8:45 am to 4 pm
Place: Gordon Building, Training Room

22 ECCO Workshop – Cardiac and Pulmonary
Time: 9 am to 5 pm
Place: Gordon Building, Room A

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

23 ONS Chemotherapy and Biotherapy Course Part I
Time: 8 am to 5 pm
Place: Gordon Building, Room B

24 Nursing Orientation Computers and Documentation & UAP Skills Lab
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

24 Research Series: Intro to Evidence-Based Practice (EBP)
Time: 9 to 11:30 am
Place: Alumni Conference Classroom

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

25 Newly Licensed Nurse Welcome Luncheon and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Room A

25 BLS (CPR) Recertification
Time: 5 to 7:30 pm
Place: Gordon Building, Training Classroom

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

29 Introduction to 12 Lead EKG
Time: 9 am to 3 pm
Place: Gordon Building, Room A

30 ONS Chemotherapy and Biotherapy Course Part II
Time: 8 am to 5 pm
Place: Gordon Building, Room B

Celebrating at the Tea, honoring nurses who have attained certification are (from L to R): Virgie M. Zajac, RN-BC, Pain Center; Kathleen Sheehan, BSN, RN, BC, GIM; Sheila Cunniff, BSN, RN, associate chief ambulatory services; Barbara Brennan, RN-BC, GIM; Debra Hanna, BSN, MPH, RN, C, clinical educator for ambulatory services.

Linda Voner, RN, OCN, and Jean Ryle, BSN, RN, OCN, Oncology, enjoying the celebration dinner during Nurses Week.

Research Day

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- *"Sensitizing" Staff To Hypersensitivity Reactions (HSR): Clinical Practice Guidelines To Improve Outcomes For Patients Receiving Chemotherapy/Biologic Therapy,* **Nellee H. Fine, BSN, MA, RN, AOCN,** clinical nurse specialist, Hematology/Oncology, Nursing Research Fellow
- *Retention Of Experienced Nurses,* **Hermine Getzoyan MSN, RN,** critical care educator, Research Fellow
- *Nurses' Perception of the Impact of Horizontal Violence on Patient Care,* **Alison M. O'Brien, MSN, RN,** senior education coordinator, Research Fellow; **Arlene D. Stoller, BSN, RN,** clinical educator, Research Fellow
- *Medication Errors: What Are The Issues?* **Lynda Rideout RN, MSN,** clinical educator – 5 West Hospital, Research Fellow
- *Social Support and the Continuum of Care for the Cardiovascular Rehabilitation Patient,* **Deborah Sullivan MS, APRN, BC,** cardiac rehabilitation nurse**; Claire MacDonald MSN, RN,** clinical educator, 2nd Year Research Fellow
- *Balancing Patient Safety and Efficiency in the Operating Room,* **Kim K. Wheeler MSN, RN, CNOR,** clinical educator, Operating Room, 2008 Research Fellow

Kathleen Jose, MS, RN, Chief Nursing Officer, ended Research Day with the announcement of the recipients of the Inaugural Lahey Nursing Research Grants. (See article below)

RESEARCH GRANT AWARDS

The first Lahey Clinic Nursing Research grants were awarded during Nurses Week 2008. The announcement was made by Kathie Jose, MSN, RN, CNO, during the annual Research Day Program on May 5, 2008. These grants will fund two studies at Lahey Clinic after obtaining Institutional Review Board (IRB) approval:

- *Needs of Critical Care Families and the Perceptions of the ICU Staff.* **Joan Alosso, RN, ASN, CCRN,** clinical educator, MICU/CCU, Principal Investigator with **Sally J. Cadman RN, MS, CCRN,** critical care clinical nurse specialist as Co-Investigator. Their study will use a descriptive correlational research design to assess and compare the needs of critical care families to the perceptions of the ICU health care team of nurses and physicians. This study will use a reliable and valid instrument that has been widely utilized to look at critical care family needs.

- *Social Support and the Continuum of Care for the Cardiovascular Rehabilitation Patient.* **Deborah L. Sullivan, MS, APRN, BC,** cardiac rehabilitation nurse, Principal Investigator with **Claire MacDonald, MSN, RN,** central educator, as Co-Investigator. The purpose of this study is to identify and describe cardiovascular rehabilitation patients' perceptions of social support. This study will use a qualitative, descriptive, exploratory design utilizing a focus group methodology. The study will look for patterns and themes of social support that lead to both positive and negative health behaviors and outcomes in cardiac rehabilitation patients.

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