



March/April 2006

Patients First

ll of us at Lahey Clinic are focused on providing the best care possible for our patients and ensuring that we maintain the safety of these patients as they entrust us with their care. As part of our effort toward putting our patients first, Lahey Clinic has joined with the Massachusetts Hospital Association (MHA), the Massachusetts Organization of Nurse Executives (MONE), and more than 85 Massachusetts hospitals in the development of Patients First, a sweeping quality and safety initiative.

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

Patients First ensures access to the information patients and their families need to make informed health care decisions. The primary focus is to reach out to consumers and provide them with information about hospitals and caregivers. This includes describing what various team members do, from nurses and dietitians to intensivists and respiratory therapists, to name but a few.

Additionally, staffing plans are now available online. On the *Patients First* website (www.patientsfirstma.org/staffing/), the MHA writes, "Making staffing plans available through



Kathie Jose, RN, MSN, CNO

this website and through public posting in hospitals is unique to Massachusetts. We're the first state to do it and we're proud of our commitment to keeping patients informed about the care they receive." Patients and families can look on this site to review the staffing plan for each unit at each hospital. The site shows the average number of patients per day and also lists how many direct caregivers—RNs and unlicensed assistive personnel—are planned on for each shift, every day of the week.

The site also lists the additional care team members. This list includes, for example, physical therapists, respiratory therapists, rapid response nurses, clerical supports, and IV therapy team. Note that these positions are not included in calculating the "Worked Hours per Patient Day."

This information is available online, but we are also posting it on each unit so that all patients and families will have easy access. Actual staffing numbers will be compared to the reported planned numbers to address the need for changes and improvements if there are discrepancies.

By supporting Patients First: Continuing the Commitment to Safe Care, Lahey Clinic Continued on page 2

COUNCIL REPORTS

The Policy Coordination and **Development Council** (chaired by Doris Barreiro and Sheila Cunniff) continues to review job descriptions, ensuring that all job descriptions meet Magnet requirements. The council also continues to examine flow sheets from different areas and is working with the User Group to find intersecting goals.

The Nurse/Physician Partnership Council (chaired by Kathie Jose and Fran White) continues its goal of keeping the lines of communication open between nurses and physicians. The council is working on ways to decrease the number of pages that the residents receive, including posting a clock on the inpatient units identifying "protected" times for the residents. These are times that all nonemergent calls should be held. The process of calling consults needs to be standardized. Any suggestions or feedback from the staff would be appreciated.

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Nursing Practice

Quality Improvement: VAP and SCIP

Debra Flynn, RN, BSN
entilator-associated pneumonia, or VAP, is the lead-

ing cause of hospital-acquired infection in critical care units in the United States. Intubation and mechanical ventilation increase the risk of pneumonia nearly 10-fold. Factors that may lead to the development of VAP are bacterial colonization of the aerodigestive tract and aspiration of contaminated oropharyngeal or gastric secretions. VAP results in increased length of stay, increased morbidity and mortality, and increased cost.

In 2003, the Infection Control Department at Lahey Clinic recognized an opportunity to reduce rates of VAP in the critical care units. A multidisciplinary team was assembled to review existing literature, examine successful programs, review AACN standards and CDC recommendations, and evaluate our own practice. The team consisted of members of the Infection Control Department, Nursing Education, Respiratory Therapy, Critical Care Nursing Leadership, Senior Management and the Quality and Safety Department.

Many improvement strategies were implemented in the two years since then. Our policies for cleaning ventilators and for maintaining ventilator circuits were updated. Sani-Wipes and Avagard dispensers were placed in easily accessi-

> Notes on VURSING at Lahey

March/April 2006

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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.

ble locations to improve cleaning of the environment and frequency of hand hygiene. New mouth care products were introduced, including suction toothbrushes and suction swabs.

An evidence-based educational program (W.H.A.P. VAP!) was implemented to increase awareness of the risk factors for developing VAP. Every critical care nurse and every respiratory therapist completed the program, and it remains a part of critical care orientation at Lahey Clinic. The program focuses on maintaining the HOB greater than 30 degrees unless contraindicated, maintaining separate tubing for oral versus ET suction, proper storage of the Yankauer, preventing contamination of equipment and the environment, and performing oral hygiene at least every four hours. Oral hygiene includes

alternately swabbing or brushing the teeth and gums at least every four hours, deep subglottic suctioning with a soft catheter at least every eight hours, and routine application of mouth moisturizer. The Nursing Practice Guidelines for the care of the ventilated patient were revised to reflect these new standards of care.

The measures that were implemented at Lahey Clinic were the result of a comprehensive literature review and a search for successful evidence-based programs. Staff nurses, respiratory therapists, infection control practitioners, nurse educators and unit managers worked together to successfully develop and implement proven strategies. VAP rates at Lahey Clinic decreased by more than 50 percent from 2004 to 2005.

Lahey Clinic is also participating in a new national quality initiative known as SCIP: *The Surgical Care Improvement Project.* SCIP consists of many components, each of which is believed to improve the care of the surgical patient. One of the components of SCIP involves implementing particular evidence-based interventions to decrease the incidence of VAP in postoperative patients. Participating in SCIP will further support and advance our VAP program.

Lahey Clinic recently had the honor of being asked to present our VAP program at a MassPRO SCIP Collaborative in Boxborough. On January 19, Jane Eyre-Kelly, RN (infection control officer), Tracy Malone, RN (nurse manager, SICU), and I (nursing quality liaison) presented our program to attendees from many Massachusetts and Rhode Island hospitals. Several other Lahey Clinic employees who are working on SCIP also attended the conference.

From the CNO

Continued from page 1

is pledging to:

- Provide staffing that meets patient needs.
- Promote a safe and supportive working environment for all those who provide care and in which patient safety is the top priority.
- Provide the public with the hospital performance measures they need to make informed decisions about their care.
- Tackle the chronic problem of shortages of nurses and other caregiving professionals by building a plentiful and committed workforce through hospital-based initiatives and strategic partnerships.
- Educate the public about what hospitals are doing to ensure and improve safe care and forging partnerships among hospitals and with leaders of business, government, consumer groups, and others to promote access to high-quality, safe care for all.

As nurses, you have always put your patients first. Because of this, I am delighted to share with you the efforts of the *Patients First* initiative.



Continued from page 1

The Clinical Practice Council (chaired by Jean Brown and Maureen McLaughlin) wishes to thank Janet Habeshian. nurse manager of 7C, for her outstanding service as former chair of the council and welcomes Maureen McLaughlin as the new co-chair. McLaughlin, clinical educator for the PACU, has been a member of the council since its inception. Since completing the review of all policies in the fall of 2005, the council is now looking at nursing practice issues for which there is no policy. Any suggestions from staff for new policies are encouraged.

The Professional and Education

Council (chaired by Gayle Gravlin and Alison O'Brien) is reviewing all material used for staff education and updating competence packets for 2006. The staff education channel is now operational. Dialing 6333 on your telephone will bring you to the TIGR Video on Demand menu. Enter 1111 and follow the voice instructions to request the video you wish to see. Included are such videos as "Pleur-Evac Chest Drainage," "PleurX Catheters," and "Heart Failure and Pulmonary Edema." See your clinical educator for a complete list of available offerings.

The Quality/Safety Council's (chaired by Carol Martel and Cynthia Fiekers) goal for the

year 2006 is to align itself with the goals of the hospital-wide safety initiatives, including the 2006 JCAHO safety goals. This will include continuing the audit process that was conducted during the survey. Another goal for the year is to focus on nursing documentation and legalities. The council felt that this was a timely and important subject to address, especially in this age of litigation. The council continues to work on the medication reconciliation project, the insulin task force and the various core measure projects.

There are many issues that the Nursing Quality/Safety Council would like to address during the next year, including patient satisfaction, clarifying the specimen identification process, and meeting the needs of bariatric patients and their caregivers. but in order to do this we need staff participation. Please notify your manager if you are interested in joining this working council

National

May 8-12

EDUCATION CALENDAR

/ -1 / / / / / / . / .						
M	T	W	TH	F		
Preceptor 3	4	5	6	7		
Workshop *	ECCO Wkshp- Neuro	Tele I	BCLS (CPR)	Newly Lic. Nurse Update		
12 Lead EKG						
All-Day Cont. Ed. *	All-Day 11 Cont. Ed. * BCLS (CPR) - North Shore	12	13	Nursing Grand Rounds *		
17	18 Tele II	Practice Rev. Group	20	ECCO 21 Wkshp- Pharm. & Nutrition		
24 Pacemaker Workshop *	25	26	Tele III 27 Newly Lic. Nurse Lunch	28		

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

April

Preceptor Workshop *

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

12 Lead EKG

Time: 8 am to 2:30 pm Place: Gordon Building, Room B

4 ECCO Workshop-Neuro

Time: 9 am to1 pm Place: 7N-50 (7SE)

Telemetry I

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

6 BCLS (CPR)

Recertification only Time: 1:15 to 3:30 pm Place: Gordon Building,

Rooms 1 & 2

Newly Licensed **Nurse Update**

Time: 3:30 to 4:30 pm Place: Lobby Conference Room

10 All-Day Continuing Education *

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

Sepsis, presented by

II All Day Continuing Education *

Oxyhemodynamics, presented by Barbara McLean

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

BCLS (CPR) Lahey Clinic North Shore

Time: 1:30 to 4 pm Place: Conference Room A ■ To register, call ext. 4501. 14

Nursing Grand Rounds *

Global Outreach in Interventional Cardiology, presented by Kathy Malewicki and Karen Walsh

Time: Noon to 1 pm Place: Auditorium

Telecast to Lahey Clinic

North Shore

$18\,$ Telemetry II

 $\textit{Time:} \ \ \textbf{9} \ \ \textbf{am to 5} \ \ \textbf{pm}$

Place: Gordon Building, Room B

19 Evidence-Based Practice Review Group

Time: Noon to 1 pm

Place: Alumni Auditorium

All are welcome. Pick up a copy of the article in Nursing Administration. Telecast to Lahey Clinic North Shore

19 Unlicensed Assistive Personnel

Waived Testing, presented by Ann Marie Gill

Time: 2 to 3 pm Place: 6K39

21 ECCO Workshop— Pharmacology & Nutrition

Time: 9 am to 1 pm
Place: Simulation Lab, 1W

24

Pacemaker Workshop *

 $\it Time: {\it 3 to 7 pm}$

Place: Gordon Building, Room B

27 Telemetry III

TTime: 9 am to 5 pm

Place: Gordon Building, Room B

27

Newly Licensed Nurse Lunch

Time: 1:00pm to 4:00pm
Place: Gordon Building, Room C

Man						
M	T	W	TH	F		
1 ECCO Wkshp- Cardiac/Hemo	2	3	4	5		
Res. Day 8 ACLS Newly Lic. Nurse Update	All-Day 9 Cont. Ed. * Tele I BCLS (CPR)-NS	10 25	BCLS (CPR)	Nursing 12 Grand Rounds *		
Initial BCLS (CPR)	Tele II 16 ECCO Wkshp Pulmonary	17 Trauma Critical Care Course *	18	19		
Charge Nurse Workshop *	23	Practice Rev. Group	25 Newly Lic. Nurse Lunch	26		
29	30	Tele III				

May

I ECCO Workshop— Cardiac/Hemodynamics

Time: 9 am to 1 pm
Place: Simulation Lab, 1W

8-12

National Nurses Week

Nurses: Strength, Commitment, Compassion

8

Third Annual Research Day

Time: 8 am to 1 pm

Place: Alumni Auditorium

■ All are welcome. Telecast to

Lahey Clinic North Shore

8 ACLS

Re-certification only.

Time: : 9 am to 5 pm

Place: Gordon Building,

Training Room

&8 Newly Licensed Nurse Update

Time: 3:30 to 4:30 pm
Place: Lobby Conference Room

9 All DayContinuing Education *

Horizontal Violence, presented by Martha Griffin, RN, MSN, PhD

Time: 7:30 am to 4 pm
Place: Alumni Auditorium

All are welcome.

9 Telemetry I

Time: 9 am to 5 pm

Place: Gordon Building, Room B

9 BCLS (CPR)— Lahey Clinic North Shore

Time: 1:30 to 4 pm
Place: Conference Room A
To register, call ext. 4501.

11 BCLS (CPR)

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

12 Nursing Grand Rounds *

The OR presents: The Non-Beating-Heart Donor
Time: Noon to 1 pm
Place: Alumni Auditorium
Telecast to Lahey Clinic
North Shore

15, 16

Initial BCLS (CPR)

Both Health Care Provider and Heartsaver AED Time: 5 to 9:30 pm Place: Gordon Building, Training Room

16 Telemetry II

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

16 ECCO Workshop-Pulmonary

Time: 9 am to 1 pm Place: Simulation Lab, 1W

17 Trauma Critical Care Course *

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

22

Charge Nurse Workshop *

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

24 Evidence-Based Practice Review Group

Time: Noon to 1 pm

Place: Alumni Auditorium

All are welcome. Pick up a copy of the article in Nursing Administration. Telecast to Lahey Clinic North Shore.

24 Unlicensed Assistive Personnel

Process Improvement Time: 2 to 3 pm Place: 6K39

25

Newly Licensed Nurse Lunch

Time: 1:00 to 4:00pm

Place: Gordon Building, Room A

eta 1 Telemetry III

Time: 9 am to 5 pm

Place: Gordon Building, Room B

Nursing Quality NDNQI: National Database of Nursing Quality Indicators

Patricia A. Conway, RN, MHA

uality of care and patient outcomes are intrinsically linked. As an organization, Lahey Clinic participates in numerous initiatives to measure the quali-

ty of care that our patients receive in the hospital and in the ambulatory clinics. When defined aspects of patient care are measured through the collection and analysis of data, there is concrete information that can be used to continue or improve a process.

The National Database of Nursing Quality Indicators (NDNQI) collects data on nursing-sensitive indicators that reflect the structure, process and outcomes of nursing care for hospitalized patients. You may be wondering, "How did this initiative begin and what does it mean for inpatients and nurses at the bedside?"

The American Nurses Association (ANA) launched an initiative in 1994 to "explore and identify the empirical linkages between nursing care and patient outcomes." In 1995, ANA issued the Nursing Care Report Card for Acute Care. The report cited 21 potential measures of hospital performance that had an established or a theoretical link to the availability and quality of nursing services in acute care settings. In 1997, ANA chose Midwest Research Institute and the University of Kansas School of Nursing to develop and maintain a National Database of Nursing Quality Indicators because of their expertise in database programming and outcomes research. Between 1997 and 2000, a series of pilot studies was funded by ANA to test selected indicators in relation to definitions, data collection and methodology, and instrument development. Since 2001, NDNQI has been maintained by the University of Kansas School of Nursing. More than 500 institutions submit data to NDNQI. Lahey Clinic has been submitting data since June 2003.

NDNQI collects nursing-sensitive indicator data that reflect the *structure* of nursing care (number, skill level and education of RN staff), the *process* of nursing care (assessment, intervention and RN job satisfaction) and patient outcomes (those that improve if there is a greater quantity or quality of nursing, for example, pressure ulcers and patient falls). The process for developing an indicator consists of a number of steps. These include a survey of peer-reviewed literature to determine what indicators have been shown to be nursing sensitive, discussions with topic experts, and solicitation of comments from participating organizations on the utility of proposed indicators.

Lahey Clinic submits the following data quarterly to NDNQI for every medical and surgical unit and CCU, MICU and SICU:

- Skin integrity: pressure ulcer prevalence
- Patient injury rate: falls occurrence

- Skill mix of RN, LPN and unlicensed staff
- Nursing care hours per patient day

Nursing staff satisfaction surveys are conducted yearly through NDNQI. At Lahey Clinic, the NDNQI Registered Nurse Job Satisfaction survey is conducted in June. The job satisfaction survey is completely confidential and anonymous. It is a web-based survey, and all the responses are uploaded and stored at the University of Kansas. The survey is an opportunity for nurses to have input into the environment in which they work so hard each day. If you participated in the last survey and want to see the results, see your nurse manager.

Several weeks after a comprehensive analysis of the data by unit and indicator, NDNQI posts the data on a website. Authorized users may download the analysis. The data is reported unit by unit, and is benchmarked to like organizations, for example, hospitals that have similar numbers of beds. The NDNQI data is used to produce unit-by-unit

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safety and quality care
are top priorities.

reports on skin integrity, falls occurrence, skill mix of RN and unlicensed staff, and nursing care hours per patient day.

Why is this data important to inpatients and nurses at the bedside? Nursing care is very complex and patient safety and quality care are top priorities. NDNQI data offers the ability to trend data

over time with quarter-to-quarter and unit-by-unit comparisons of nursing care. The data can be used in multiple ways:

- To mark progress
- To understand the care of patients on each unit
- To develop performance improvement initiatives specific to the identified needs of each unit
- To develop staff education
- To develop research projects and evidence-based practice
- To improve the work environment of nurses
- To understand how patient care and staff satisfaction at Lahey Clinic compare to like organizations around the country (benchmarking)

Over the next few months, NDNQI data will be reported to your unit through improved methods. The goal is to make the data friendly and useful for nurses at the patient's side. So take a look at your unit's reports. Celebrate what you do so well and participate in plans to make improvements when they are needed.

Reference: www.nursingquality.org

Evidence-Based Practice Review Group

Patricia L. Baum, RN, MSN

n January 27, more than 40 nurses at Lahey Clinic attended the first Evidence-Based Practice Review Group session in Alumni Auditorium to discuss the MEDSURG Nursing journal article, "Clinic Visit and Waiting: Patient Education and Satisfaction" (Oermann, et al, 2002).

Roseann Barrett, PhD, RN, our visiting nurse research scholar, led a discussion that included analysis of the study purpose, method and results. A research review checklist was used to help participants understand the process of critiquing a nursing research study.

Barrett prepared a fact sheet for participants to take back to each department as a summary of the article, and also as a form of encouragement for further discussion for nurses who could not attend.

The five essential discussion points taken from Oermann's study are:

- Patient education is an essential component of quality health care.
- Hectic schedules and large patient volume affect patient education strategy.
- Long wait times decrease patient satisfaction.
- Educational interventions during long wait times can increase satisfaction with the overall education process.
- This increased satisfaction can lead to better patient outcomes.

If you are interested in participating in the Evidence-Based Practice Review group, get your copy of the next article to be reviewed. Copies are available in Nursing Administration on 4 West. Join us!

"It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm."

—Florence Nightingale

Notes on NURSING

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