Lahey CLINIC

INSIDE:

Notes on NURSING at Lahey

March/April 2007

Infection Control

Protecting Our Patients

Jane Eyre-Kelly, RN, CNC

Over the past few decades, there have been major advances in leading-edge technology and pioneer research in the health care industry. From the identification of HIV as the agent that causes AIDS, to the development of advanced technologies for organ transplantation, the achievements have been formidable.

Despite all of this technology, simple measures still offer the most effective weapons against the spread of infection in a health care facility. If every health care worker practiced effective hand hygiene, isolation precautions, proper equipment cleaning, and disinfection of the items that go in and out of patient rooms, health care associated infections would be significantly reduced. Other evidence-based measures, such as keeping the head of the bed at 30 degrees or higher to prevent ventilator-associated pneumonia, using maximal barrier precautions during central line insertion, and prohibiting artificial fingernails for direct care providers in critical care areas, must be practiced to reduce the risk of a patient acquiring an infection.

Infection control measures must be practiced 100 percent of the time with zero tolerance for lapses to prevent infection.

Infection control measures must be practiced 100 percent of the time with zero tolerance for lapses to prevent infection. Recognizing and immediately correcting defects in infection control practices rests squarely with each and every health care worker.

If you see someone approach a patient and you do not think he or she has cleaned his or her hands, it is appropriate to say, "It is my responsibility to remind you to clean your hands."

An appropriate response would be, "Thank you for reminding me."

If the practitioner has already cleaned his or her hands, but outside of view, the practitioner should reply, "Thank you for reminding me, and I just cleaned my hands outside the room."

For patients, the ultimate value of an infection control program is measured by lower rates of infection, higher rates of survival, shorter periods of hospitalization, avoidance of pain and suffering, and more rapid return to health. This can only be achieved by adhering to established infection control measures and refusing to accept anything other than perfection in practice.

FROM THE CNO

Nursing Satisfaction Survey

Kathleen S. Jose, RN, MSN, CNO

Kathie Jose, RN, MSN, CNO

I would like to update you on the status of the 2006 National Database of Nursing Quality Indicators (NDNQI) satisfaction survey.

Thank you to all who were able to participate in the nursing focus groups that explored factors that impact your work environment and nursing practice. Nursing leadership is studying and reviewing the information that the focus group leader has compiled. This information will allow us together, as nursing professionals, to develop and implement action plans that will lead to greater job and professional satisfaction.

As you know, we have areas of strength where we matched or exceeded the national average, and we must continue in sustaining our strengths. We also have

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Nursing Research

Evidence-Based Practice

Gayle Gravlin, EdD, RN, CNAA, BC

It is with great excitement that we report the nursing research strategic plan for this year. The strategic plan provides a visionary path for further opportunities to embrace a culture of evidence-based practice at Lahey Clinic. It includes a variety of focused educational offerings and development of a new research council and research committee, among other initiatives.

Looking at evidence-based practice and research activities of the past year, we see tremendous growth among the educators, nursing leadership, and most of all, the nurses at the point of care. We saw the development and implementation of a monthly evidence-based practice review group (EBP) led by clinical educators. This initiative included searching literature for interesting nursing research articles and, with the support of Roseann Barrett, PhD, nursing research scholar, critiquing the article using the research review checklist. Then, the nurses discussed their findings during an open forum with clinical educators and other interested nurses. Every session generated lively and knowledgeable discussion.

This year, several initiatives will be implemented as part of the nursing research strategic plan:

- Reestablish a nursing research committee that is open to all interested staff.
- Institute unit-based EBP work groups that will identify clinical questions relative to the practice area. Interested staff nurses will be guided by the Nursing Research Council to review current and relevant evidence, use the evidence to determine best practice, and make recommendations for policy and practice change.
- Implement an annual nursing research fellows program. Selected advance practice nurses will attend an intense eight-week educational program. The goal of this program is to assist them in developing a research proposal for further implementation in the ambulatory, oncology, med-surg and critical care areas.
- Continue the monthly EBP review groups. A member of our nursing leadership staff and a nurse practitioner or clinical nurse specialist will lead these monthly meetings. The goal for next year will be to have staff nurses lead these meetings.
- Develop core courses to introduce staff nurses to basic concepts of EBP and nursing research, critique a nursing research article, and search for evidence.

Nursing research is an integral part of nursing practice because it provides the scientific foundation for all of our practices. Evidence-based practice provides a framework for nurses to determine the safest practices, and the best care for our patients based on the evidence that is generated by research. Professional nursing development and practice provides improved patient outcomes, the ultimate goal of nurses' work.

FROM THE CNO

Continued from page 1

areas where opportunities exist for improvement. That is the beauty of such rich data—it helps define the road to a promising future.

In the spring, I will communicate with you again to highlight past work and future plans in place to enhance our professional practice and improve our work environment.

Thank you for your support, your collaboration and your input. Most of all, thank you for the outstanding, professional nursing care that you provide to all patients and families who seek health care at Lahey Clinic.

Kathleen S. Joel, RN, MSM

HEART DATA

Heart Failure Disease Management

Nancy A. Todd, NP

Heart failure is a major public health issue affecting nearly 5 million people living in the United States. According to the American Heart Association, heart failure is the most common discharge diagnosis for patients over the age of 65. Heart failure, which can be treated but not cured, is one of the most common conditions cared for at Lahey Clinic.

In 1995, Lahey launched a heart failure program under the skilled direction of Albert B. Levin, MD. As a respected physician, Levin attracted an exceptional multidisciplinary committee that developed an inpatient pathway supported by evidence-based guidelines. The committee recognized that although inpatient care is easier to quantify and manage, the outpatient arena is where most heart failure patients receive their care. In recognition of this issue, the committee established the Lahey Heart Failure Clinic.

The results of data collected through an access

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Notes on NURSING at Lahey

March/April 2007

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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.

HEART DATA

Continued from page 2

database has helped in performing disease management.

- Patient satisfaction with the Heart Failure Clinic has consistently been measured in the 90th percentile.
- The rate of heart failure hospitalization declined from two admissions annually prior to enrollment to 0.5 admissions annually after enrollment.
- Total hospitalizations dropped from 2.7 to 1.2.
- Medication utilization is very high and exceeds national standards.
- The New York Heart Association (NYHA) status improved from 2.9 to 2.3.

Other data collected through the database provides information about the characteristics of Heart Failure Clinic patients.

- The average age is 72.
- Sixty-one percent of the patients are female.
- The five-year mortality rate is 32 percent.
- Approximately one-third of the patients preserved left ventricular function as opposed to systolic dysfunction or weak hearts.
- The most common etiology is ischemic.

With this data, I am able to compare my results to other published data and benchmarks. I monitor the results to determine if I have achieved the set targets. The data gives additional motivation to provide the highest level of evidence-based, compassionate and skilled care. The database has been an indispensable element of the Heart Failure Clinic's disease management program.

While compassionate care does not always lend itself to graphs and tables, using collected data helps us manage the patient's disease and improve the outcomes.

Congratulations To...

- **Mary Ann Naughton, RN, DNC, received her dermatology nurse certification and was invited to serve on a national committee with the Dermatology Nurse Association because she scored in the top five percentile on the certification exam.**
- **Michelle Dearborn, RN, CGRN; June Kasper, RN, CGRN; and Karen Toland, RN, CGRN; received their certification in gastroenterology nursing.**
- **Rachel Corneau, RN, CACP, earned the Certified Anticoagulation Care Provider, a multidisciplinary credential, after taking the exam in Denver.**
- **Steffanie K. Sinclair, RN, BS, CCRN, obtained her certification in critical care.**

Performance Improvement and Data

Nursing Perfomance Improvement Coordinator

Karen M. Sanderson, RN, BSN

You may wonder what a nursing performance improvement coordinator's job duties entail. The current job description defines this role as one who plans, designs, implements and maintains a comprehensive quality improvement program for nursing and patient care services. The quality improvement program evaluates the quality and appropriateness of care provided, and defines the structure, process and outcome indicators along with measurable criteria.

In other words, my job duties include:

- Reviewing and analyzing data
- Involving team members who are close to the process
- Making recommendations to various processes already in place
- Eliminating unnecessary work

After implementing recommended changes, I analyze follow-up data and report to various areas in the organization as to whether or not these changes work. Performance improvement initiative projects driven by data and current issues are also conducted.

On the units, I audit the initial patient assessment form (IPA), dietary consults, restraint use, and sitter use. You may be asked to share information with me, or clarify documented information. The reminders that I leave at the bedside for the initial patient assessment are a result of the audits that I complete on this form. If all sections are completed, the section passes review; but if there are items missing from any section, the whole IPA is considered out of compliance. Then, I report back to the unit managers about compliance specifics, and that information should be available on your unit *Dashboard*. The majority of items missing are related to the documentation of height, weight, 02 saturations and immunizations.

Restraint usage is another project currently under way. The restraint stamps formerly used for the physician order were replaced with physician orders in *Documentum*. The restraint flow sheets are also in *Documentum* and were revised to include additional alternatives to restraints. Information from these orders and flow sheets are currently being analyzed and recommendations will be made to help decrease our already low restraint use.

We are making a concerted effort to make performance improvement information available to colleagues through meetings, meeting minutes, *Dashboard* postings, and unit-based councils.

I am open to suggestions and comments and can be reached at ext. 3268.

EDUCATION CALENDAR

can be made by calling ext. 8725 from the Burlington or Peabody facilities or 781-744-8725 from other locations.

April

2 Telemetry I
Time: 9 am to 5 pm
Place: Gordon Building, Classroom C

3 PALS Part I
Time: 7:45 am to 5 pm
Place: Gordon Building, Training Room

3 Telemetry IV
Pacemaker Workshop
Time: 10 am to 2 pm
Place: Gordon Building, Classroom B

3 Newly Licensed Nurse Update
Time: 4 to 5 pm
Place: 6C-601

9 Med/Surg Pathway I
Time: 9 am to 5:30 pm
Place: Gordon Building, Skills Lab and Room B

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

10 PALS Part II
Time: 7:45 am to 5 pm
Place: Gordon Building, Training Room

10 Advanced Telemetry
Time: 9 am to 1 pm
Place: Gordon Building, Classroom C

10 BLS (CPR) Recertification-Peabody
Time: 1:30 to 4:30 pm
Place: Conference Room A
■ To register, call ext. 4501.

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

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

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

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

13 Nursing Grand Rounds *
Presented by the SICU
Time: Noon to 1 pm
Place: Alumni Auditorium
■ This presentation will be telecast to Lahey Clinic North Shore.

17 ECCO Workshop:
Nutrition & Neuro
Time: 9 am to 2 pm
Place: 5C-301

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

24 Telemetry II
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B

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

25 Evidence-Based Practice Review Group
Time: 1 to 2 pm
Place: Alumni Auditorium
■ Pick up a copy of the article in the Nursing Office.

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

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

26 Newly Licensed Nurse
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Classroom B

26 Critical Care ECCO
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Classroom C

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

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

30 ECCO Workshop
Pharmacology
Time: 9 am to 1 pm
Place: Gordon Building, Classroom C

Nursing Excellence

Time Lost Is Brain Lost

Nancy Butters, APRN, MS, CCRN, BC

Lahey Clinic has received the American Heart Association's Get With the Guidelines-Stroke Annual Performance Achievement award. Lahey Clinic is one of 13 hospitals in the nation to achieve this status, and one of two hospitals in Massachusetts. The official award presentation took place in February at the International Stroke Conference in San Francisco.

To achieve this level of recognition, a hospital is required to be a Get With the Guidelines participating hospital and demonstrate 85 percent adherence on the seven performance measures for 12 consecutive months. The measures include:

- Aggressive use of medications like tissue plasminogen activator (tPA)
- Antithrombotics
- Anticoagulation therapy
- DVT prophylaxis
- Cholesterol reducing drugs
- Smoking cessation

A commitment to stroke care is required to achieve this level of performance. The stroke team at Lahey Clinic meets monthly to review the stroke data that is reported to the American Heart Association and the Department of Public Health. The team is comprised of all the stakeholders in stroke care who work together to improve the process of care.

✱ = MARN contact hours applied for

May

1 Med/Surg Pathway II
Time: 9 am to 5:30 pm
Place: Gordon Building, Room B and Skills Lab

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

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

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

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

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

8 All Day Continuing Education *
Nurses and Patients: Practical Ethics
Time: 8 am to 4:30 pm
Place: Alumni Auditorium

8 BCLS (CPR) Recertification - Peabody
Time: 1:30 to 4:30 pm
Place: Conference Room A
■ To register, call ext. 4501.

10 Telemetry I
Time: 9 am to 5 pm
Place: Gordon Building, Classroom A

10 Newly Licensed Nurse Update
Time: 5 to 6 pm
Place: 6K-39

11 Nursing Grand Rounds *
Presented by Risk Management
Time: Noon to 1 pm
Place: Alumni Auditorium
■ This presentation will be telecast to Lahey Clinic North Shore.

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

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

17 ECCO Workshop
Cardiac
Time: 9 am to 1 pm
Place: Gordon Building, Classroom A and Skills Lab

21, 22 Initial BCLS (CPR) Certification, Part I & II
Time: 5 to 8:30 pm
Place: Gordon Building

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

22 Telemetry II
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B

23 Nursing Orientation
Computers and Documentation
Time: 8 am to 4:30 pm
Place: Gordon Building

23 Evidence-Based Practice Review Group
Time: 1 to 2 pm
Place: Alumni Auditorium
■ Pick up a copy of the article in the Nursing Office.

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

24 Newly Licensed Nurse
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Classroom B

24 Critical Care ECCO
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Classroom C

25 Nursing Orientation
Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Classroom B and Skills Lab

30 ECCO Workshop
Pulmonary
Time: 9 am to 2 pm
Place: Gordon Building, Classroom A and Skills Lab

31 Telemetry III
Time: 9 am to 5 pm
Place: Gordon Building, Classroom B

Lahey Clinic is a member of the Stroke Collaborative Reaching for Excellence (SCORE) group which monitors our performance on tPA measures. Claudia Fitzgerald, data collector, Eileen Allosso, RN, NP, Neurology, and I continuously review patient charts, outcomes, and hospital processes to ensure compliance with the guidelines. We attend meetings with SCORE and the Partnership for a Heart Healthy Stroke Free Massachusetts to network with stroke services statewide.

In the Emergency Department (ED), nurses are educated on stroke recognition and rapid intervention according to the stroke care standards. Time is the most crucial factor in optimally treating patients who present with clinical manifestations of an acute stroke. Because "time is brain," the ED nurse must triage the patient as a priority level one and activate the brain attack protocol if the onset time of stroke symptoms is under three hours. The ED has been charged with delivering the patient to CT scan within 25 minutes because the head CT scan is pivotal in distinguishing an ischemic stroke from a hemorrhagic stroke. The patient is seen by the stroke team at the time of the CT scan to prepare for the next step in care. The Department of Public Health has mandated that tPA must be administered to an eligible patient within 60 minutes of arrival in the ED. The ED has met the stroke challenges despite the high volume of patients.

Stroke is a leading cause of serious long-term disabilities. Currently over 700,000 people each year suffer a stroke in the United States. The number of patients eligible for stroke treatment is expected to increase in the next decade because of our aging population. With the availability of tPA, there is an opportunity for improved patient outcomes in mortality and long-termdisabilities from stroke. Public education about the signs and symptoms of stroke, and the importance of seeking prompt medical attention remains challenging because many patients arrive too late for treatment with a thrombolytic agent.

Distractions During Medication Administration

Maureen F. McLaughlin, RN, BSN, CPAN

The process of evaluating medication errors can be lengthy, and the true reason for the mistake may remain elusive. I am privileged to sit on committees that seek how best to avoid medication errors. However, many of those on the committees are no longer at the bedside on a daily basis administering medications. The viewpoint of the staff nurse is needed to guide us.

In January, a group of Lahey nurses gathered together to evaluate certain medication errors. There were four facilitators that led the discussion and 14 nurses who participated in this focus group.

The focus group met and discussed background information regarding medication errors and the work that is being done at Lahey to prevent these errors. To streamline the discussion, a single type of error was isolated for review—incorrect patient identification. The 14 nurses separated into three groups to discuss an example of a medication error and identify possible causes.

Distraction was the number one cause identified by the focus group attendees, who represented critical care, specialty areas, and inpatient medical surgical units. Types of distractions that were identified included:

- Bed alarms that caused the nurse to divert from his or her intended destination with medications in-hand
- Calls from patient's family members, other departments, or physicians concerning a patient
- Pages requesting they go to another patient's room whom they were already concerned about (i.e., risk of falling)
- Inability to access the Pyxis machine due to a float situation
- Patient care issues that arose when the nurse arrived to administer the medications
- Multiple admissions close together

A recent article evaluated the cognitive work of the nurse and highlighted the numerous distractions that a nurse may face throughout his or her workday. According to the article, professional nurses makes clinical judgments about their patients, whose conditions may change minute by minute. As a result, nurses constantly organize and reorganize the priorities and tasks of care to accommodate patient's fluctuating status (Potter et al, 2005). The researchers observed three nurses during a routine 12-hour shift. They reported that the nurses experienced an average of 30 interruptions per shift. An interruption was described as actions on the part of other staff or occurrences from the environment that disrupted the registered nurse from safely dispensing medications. Of the interruptions observed, 46 percent occurred during the nursing process, which includes medication administration, and 34 percent were queries from health care colleagues and patient's family members.

Our collaborative discussion among the focus group provided a valuable insight into current nursing practice at Lahey Clinic and reveals that our challenges are quite similar to those cited in current nursing literature.

Potter, P, L Wolf, S Boxerman, D Grayson, J Sledge, C Dunaga, and B Evanoff. "An Analysis of Nurses' Cognitive Work: a New Perspective for Understanding Medical Errors." *Advances in Patient Safety: From Research to Implementation.* 1 (2005): 39-51.

Creating a Culture of Safety

Kim K. Wheeler, RN, MSN, CNOR

The patient safety standards established by the Joint Commission require hospitals to initiate specific efforts to prevent medical errors. The Joint Commission's leadership standards state that leaders must "ensure that an ongoing, proactive program for identifying risk to patient safety and reducing medical/health care errors is defined and implemented."

Last November, operating room nurses took an exciting step towards ensuring patient safety by electing the first OR Nursing Practice Council. The council consists of seven staff nurses and a clinical educator who sits on the council as a resource. Members of the council will serve a two-year term and requirements for nominations include certification, or active pursuit of certification, and good administrative standing.

Duties of the council include:

- Reviewing evidence-based practice

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- Assisting with implementation of quality improvement projects
- Implementing process changes in the operating room
- Providing a communication network for colleagues
- Preventing errors by planning for changes and identifying gaps in the systems

Work began immediately on practice issues that have the potential to be a safety risk for patients. Some of these issues included additional communication during the universal protocol for transplant patients, reviewing the current practices of surgical count procedures, and improving hand-off communication.

This network creates a mechanism to analyze and learn from errors. Colleagues are encouraged to bring practice issues and concerns to the council for review. Everyone involved in patient care must work together to achieve a culture of safety. Creating this culture is more than a policy, and it is more than a vision. It must be woven into the institution's patient care model. The philosophy must permeate the workplace to include all caregivers through both education and practice (Farrell, 2006). Nurses acting as direct caregivers must be empowered to model the best practices for patient safety.

"Accreditation Essentials: Strategies for Meeting New JCAHO Requirements." *Joint Commission Resources.* *http://www.jcrinc.com*

Farrell, V, and K Davies. "Shaping and Cultivating a Perioperative Culture of Safety." *AORN Journal* (2006): 857-861.

Welcome

- **Jacqueline Bergeron, RN, MSN, is the associate chief of Finance and Operations. Jackie joins Lahey after many years at UMass Memorial Medical Center where she held many roles including staff nurse in the coronary and medical ICU, clinical instructor, nurse manager, director, associate chief nursing officer and interim chief nursing officer. She attended the Memorial School of Nursing, received her bachelor's degree in nursing from Worcester State College, and earned her master's degree from the University of Massachusetts Graduate School of Nursing.**

- **Claire MacDonald, RN, MSN, is one of two clinical educators for the Department of Ambulatory Nursing. Claire received her bachelor's degree in nursing from the University of Massachusetts Lowell and her master's degree from Salem State College. Recently, she was director of nursing at MassBay Community College and the director of the LPN program at the First Choice Training Institute. While on the faculty of the Lawrence Memorial/ Regis College Collaborative ASN program, she was also a clinical instructor at Lahey Clinic and continues as adjunct nursing faculty at Middlesex Community College.**

- **Ann Piette, RN, MSN, is also a clinical educator for the Department of Ambulatory Nursing. She received her nursing degree at Worcester City Hospital, her bachelor's degree in nursing from Worcester State College, and her master's degree in nursing from Russell Sage College in Troy, New York. Most recently, she was an instructor in the Allied Health Certificate Program at Bunker Hill Community College and the nurse/practice manager in ambulatory medicine at Boston Medical Center. Prior to her position as nurse manager in primary care at Brigham and Women's Hospital, she was director of ambulatory and surgical services at Boston Regional Medical Center and director of nursing in specialty services at Norwood Hospital.**

In addition, the Nursing Department would like to extend a warm welcome to the following new colleagues:

- **Nancy Hurley, RN, Electrophysiology**
- **Ellen Stark, RN, OR**
- **Sally Martin, RN, BSN, OR**
- **Caryn Abbott RN, BSN, CCU**
- **Corrine Cargill, RN, 6 Southeast**
- **Colleen Hammond, RN, ASN, 6 Central**
- **Lindsey Bromaghim, RN, 7 East**
- **Kunjunjamma Stephen, RN, Emergency**
- **Andrea Falzano, RN, BSN, 6 East**
- **Rachel Barlow, RN, BSN, 6 West**
- **Maria Avelar, RN, BSN, 6 East**
- **Lynda Walsh, RN, MSN, 6 West Hospital**
- **Elizabeth Jurkowski, RN, BSN, 6 Central**
- **Katie Voigt, RN, BSN, 6 West**
- **Leena Johnson, RN, BSN, MICU**
- **Beatrice Mwangi, RN, BSN, MICU**
- **Cincerie Kind, RN, Electrophysiology**
- **Corinne L. Vigilante, NP, General Surgery**
- **Martha A. Porfido-Bellisle, NP, Neurology**
- **Caroline F Duquette, NP, GIM**
- **Kyungjoo Jung, CRNA, Anesthesia**
- **Marie E. Sullivan, CRNA, Anesthesia**

Mapping the Journey to Excellence

Patricia A. Conway, RN, MHA

Recently, more than 3,000 nurses and health care professionals gathered for three days in Denver to attend the Tenth National Magnet Conference, a forum to explore and exchange information about nursing excellence. Attendees came from both the United States and internationally. Seventy staff nurses, nurse managers, chief nursing officers and other registered nurses attended from Massachusetts.

Nine Lahey Clinic nurses from ambulatory care, tertiary care and nursing administration had the privilege to attend the conference, where the theme was *Mapping the Journey to Excellence*. For three days, speakers gave presentations on examples of nursing excellence and innovative practices to improve patient outcomes and the work environment in their organization. In addition to the plenary and concurrent sessions, there were more than 70 poster presentations demonstrating nursing research and a commitment to evidence-based nursing practice.

Amid excitement and applause, the meeting opened with public recognition of organizations that have achieved Magnet designation in the past year and those who attained redesignation status. There are currently 216 Magnet designated health care organizations in the United States and one in Australia.

The following is a brief look at two of the 73 conference educational sessions.

Curt Coffman delivered the opening keynote presentation, *I Want to Work in a Culture Like That*. Mr. Coffman is the coauthor of *First Break All the Rules: What the World's Greatest Managers Do Differently*, a bestselling management book. Some points he made during his thought-provoking presentation include:

- In 2006, 90 percent of jobs are about knowledge.
- The right people are your greatest asset, so select for talent.
- Managers cannot give people talent.
- Managers can set expectations, define the right outcome, and help people focus to build on their strengths.
- Managers can provide motivation and help position people for success.
- Coffman began and ended his presentation with this quote, "Change the way you look at things, the things you look at change."

In a session titled, *Evidence-Based Practice for Future Magnets*, a nurse from Arizona State University described the *Clinical Scholars* program at Maine Medical Center. Nurses selected issues for evidence-based projects that they were passionate about and that would make a difference for patients. Staff nurses, as direct caregivers, are the link between research and evidence-based nursing care. All nurses can create a love of learning climate on their work unit.

The journey to Magnet and beyond is about cultural transformation. It promotes professional nursing practice, professional development and improved patient outcomes. Lahey Clinic nurses aim to deliver safe and superior patient care that lead to excellent patient outcomes. Please join us as we continue our cultural transformation and our journey to excellence.

Notes on NURSING
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