

Notes on

Exceptional NURSES... Extraordinary CARE at lahey clinic



From the

Kathleen S. Jose, MSN, RN Chief Nursing Officer

Achievements and Goals

On February 2, 2009, our Magnet written document was delivered to the American Nurses Credentialing Center (ANCC) and the three appraisers around the country who will determine if our document has been accepted. The ANCC will notify us in April as to the next steps.

Our final document consisted of 16 individually bound volumes measuring approximately 13 inches high with a total of 2204 pages; it included 55 cross reference exhibits and 221 pages of organizational overview documents. Over 150 colleagues contributed to the writing of the document, some with a paragraph, others writing entire chapters. The document could not have been completed without their generous assistance. Many of you wrote of heartfelt encounters with patients and colleagues, reminding all of us that the excellence of nursing at Lahey Clinic is indeed quite special.

(Continued on Page 6)

Congratulations to...

• The following ambulatory surgery and preoperative nurses received their certification as ambulatory perianesthesia nurses:

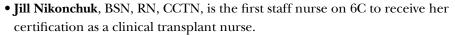
Richelle Wesley, BSN, RN, CAPA

Cindy Goy, RN, CAPA

Kelly Higgins, AD, RN, CAPA

Pat DeLuca, RN, CAPA

Doree Atkisson, BSN, RN, CAPA



- Joan Alosso, BSN, RN, CCRN, critical care family educator, received her BSN in December from UMass Boston.
- Joan O'Connell, BSN, RN, staff nurse in the PACU, recently graduated from UMass Boston with her BSN.

Congratulations!

- Maureen O'Connell, BSN, RN, CEN, tertiary team leader in the Emergency Department, received her certification in emergency nursing.
- Chris Pope, ASN, RN, RCIS, staff nurse in the Cardiac Cath Lab has recently achieved his RCIS certification (registered cardiovascular invasive specialist).
- Vickie Ives, BSN, RN, recently assumed the position of assistant nurse manager in the Progressive Care Unit. She had been a staff nurse in the Critical Care Units since October 2004 and prior to that had worked at Children's Hospital Boston, Critical Care Systems and Addison-Gilbert Hospital. Ives

(Continued on Page 8)

graduated from Salem State College.

Nurses Week 2009

Monday, May 4 Certification Celebration Tea

Tuesday, May 5 Sixth Annual Nursing Research Day

Wednesday, May 6

Nurses' Week Celebration Dinner

All Day Education Program: State-of-the-Art Stroke Care

Nursing Grand Rounds

In This Issue

Medication Safety Welcome Update on Research **Education Calendar**

TO LAHEY CLINIC

Debra A. Lowry, MS, RN-NP, ANP-BC, has assumed the position of clinical educator for 6E and the 6E TTU. Previously, she was the critical care clinical education specialist at North Shore Medical Center in Salem and, prior to that, assistant professor, clinical instructor, and internship director for Endicott College School of Nursing and Health Sciences. Lowry has also worked as a nurse practitioner in an internal medicine practice and as an ICU staff nurse. She received her BSN from Salem State College and MS in adult health nursing (with distinction) from Boston College.

Ramon Taguim, RN, OR Christy Rauterkus, RN, Endoscopy Gisela Aguilo, RN, Hem/Onc Katharine Pimentel, RN, 5WH Lynn Savage, RN, 6CH Edyta Gluszkiewicz, BSN, RN, 6WH Shelby McNiel, BSN, RN, 7W Ann Githii, RN, 7W Dawne Hillsgrove, BS, RN, Nursing Float, RR Ambili Issac, BSN, RN, CCU Kristen Buccieri, BSN, RN, 7SE Erin Taylor, BSN, RN, OR-LCN Kirsten Bates, ASN, RN, SICU Lesandra Skinner, BSN, RN, SICU Joyce Budlong, BA, RN, 7E Julia Aframe, BSN, RN, 5W Sarah Carey, AS, RN, 6W PCU Cristelle Doyle, BSN, RN, 6W PCU

Susan Sadler, AS, RN, OR

Katelyn Bonenfant, BSN, RN, 7E

Patricia B. Dardano, DNSC, RN, Center for Clinical/Professional Development Aimee Jackman, BSN, RN, 7WH Rachel Greer, BSN, RN, 7WH Cindy Kroposki, BSN, RN, 5 ICU/CCU Julianne Pepin, BSN, RN, 6E Nancy Wendt, BS, RN, ED/LCN Teena Chu, BSN, RN, 7E Sandra Tomasi, BSN, RN, 5 ICU/CCU Trisha Poeta, BSN, RN, OCN, LCN Hem/Onc Michael Kuria, RN, 6W Shyla P. Varghese, RN, 6E Susan Peabody, RN, OR Elyse Stark, RN, LCN Amb Surg Kelley A. Bates, RN, 7C Colleen MacKesey, RN, LCN OR Laly Thomas, RN, 6W Anmarie Whitcomb, LPN, GIM Kim E. Ferla, RN, 7C Neena Chawla, RN, IV Therapy Jocelyn T. Villanueva, RN, EP Lab

Florence Kangethe, RN, 7C Barnabus Nkore, RN, 6W Amy Richards, BSN, RN, 7C Deborah Adams, LPN, Endocrine/Peabody Rena Denehy, RN, OR Holly Berube, RN, Electrophysiology Luciana Iudiciana, RN, Dermatology Catherine James, BSN, RN, 5 West Aesook Kwok, BSN, RN, 7 West Kimberley Downie, BSN, RN, 6 West Renee Creeden, BSN, RN, ICU/CCU Jennifer Hauck, ASN, RN, 6W Deborah E. Smith, LPN, GIM/Peabody Dana Maser, RN, PACU Julie E. Crowley, NP, GIM, Peabody Monica S. Dube, NP, GIM, Lexington Usun N. Goldman, CRNA, Anesthesiology Susan M. Hurley, NP, Interventional Radiology Jill T. Kooyoomjian, NP, Gynecology/Surgery

Update on Research

Ann M. Dylis, PhD, RN

The year 2009 has brought changes to and enhancements in our nursing research and evidence-based practice (EBP) initiatives. The schedule for the research-related courses has been expanded. The topics of basic concepts of research and EBP, effective literature searching, critiquing research literature, and understanding the numbers remain the same. In addition to the monthly offerings at Lahey Clinic Medical Center (LCMC), Burlington, these courses are now being offered on a quarterly basis at LCMC, North Shore. Space is limited and preregistration is required. Course information is posted on MassNet, Nursing@Lahey, 2009 Schedules.

Have you done a literature search recently? If so, you may have noticed that the Nursing at Ovid database has replaced CINAHL as our search engine. One of the most positive features about the change is that unlimited users can search simultaneously, which previously was not possible. If you want to learn more effective searching strategies within the new system, register for the effective literature searching course to increase your searching productivity.

If you are preparing to initiate a research study, consider applying for the 2009 Lahey Clinic Nursing Research Grant. The purpose of this grant is to encourage the research career development of Lahey Clinic nurses and to provide funds for nurse researchers to conduct studies. Complete details are

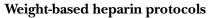
Medication Safety

Optimizing the Safe Administration of Heparin

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

Unfractionated heparin is a rapid-acting anticoagulant that is only administered parenterally. Heparin quickly reduces the body's ability to clot by helping antithrombin inactivate clotting factors, primarily thrombin and factor Xa, ultimately preventing the formation of fibrin. Heparin is used to prevent clot formation; it cannot dissolve clots once they have formed and is not absorbed in the gastrointestinal tract. The drug is rapid acting and has a short half-life: as little as one hour.

There is variability in patient response to heparin. Traditionally, patients are started on a continuous heparin infusion, often at 1000 units per hour, following a typical bolus of 5000 units of heparin. Protocols are frequently used to guide the infusion of this medication. An activated partial thromboplastin time (aPTT) is drawn six hours after the initiation of the infusion and, based on the patient's response to therapy, the infusion rate or dose may be adjusted based on the protocol.



Responses to heparin infusions vary per individual. Reasons for this variability include acute arterial or venous thromboembolism, concurrent use with nitroglycerin, or the patient's weight. Research conducted in the early 1990s addressed the variability of response based on a patient's weight. The researchers demonstrated that weight-based dosing achieved a therapeutic aPTT level (usually 1.5 to 2.5 times the control level) faster than the more traditional fixed-dose protocols. The time difference to achieve therapeutic levels was fairly significant: 8 hours on the weight-based protocols versus 20 hours on the fixed-dose protocols. Based on this new information, weight-based dosing gained popularity in practice. By reaching therapeutic levels faster, patient outcomes could be improved and complications related to thromboembolism could be reduced.

Administering heparin safely

The term high-alert medication is used for medications that have a high risk of causing patient injury or death if they are misused. Heparin falls into the high-alert category: If an error occurs during or as a result of the administration of heparin, death or serious harm to a patient may result. Error reduction strategies must focus on the safe administration of this potentially harmful drug.

By using weight-based protocols, the dosage of heparin is potentially greater than the former method of fixed-dose protocols. For example, in the fixed-dose protocol, a 91-kg (200-pound) patient might be ordered for 1000 units per hour of heparin over the initial six-hour period; pending the aPTT result, a total of 6000 units (at a minimum) might be administered. In a weight-based protocol, the same patient would be started on the heparin infusion at 18 units/kg, or approximately 1600 units. Over the same six-hour period, the patient would receive 9600 units, nearly one and a half times more than the fixed-dose protocol. These figures do not include bolus doses of heparin, which are traditionally administered prior to the heparin infusion.

To ensure the safe administration of this high-alert medication, Lahey Clinic has developed a policy addressing all high-alert medications to guide the nurse in their safe administration and therefore maintain the safety of the patient.

References

1. Cohen, M. Smetzer, J., Tuohy, J., and Kilo, C. (2007). In M. R. Cohen (Ed), Medication Errors. Washington, DC: American Pharmacists Association; pp 317-411.

Nursing Research and Evidence-Based Practice

posted on MassNet, Nursing@Lahey, under the Nursing Research and EBP link. Important grant deadlines to remember are due dates for the letter of intent (March 18) and final proposals (April 8). Please contact me via e-mail or at extension 8518 for more information.

Save the date! Tuesday, May 5, is the Sixth Annual Nursing Research Day, where we showcase the research studies and EBP projects conducted by Lahey nurses. We are looking for both speakers and poster presenters. We need you if you and/or your unit have been involved in these initiatives during the past year, you have presented at professional conferences, you have completed a research study or EBP project as a requirement for an academic degree, or if you want to participate in Research Day in any way. Please contact me to volunteer.

Remember that we are here to assist and consult with Lahey nurses, as individuals or teams, on nursing research and/or EBP issues. In order to increase availability to all units, Patricia Dardano, DNSc, RN, and Nancy Bittner, PhD, RN, known to many Lahey nurses as our visiting research scholars from Regis College, have additionally been hired as per diem nurse research scientists. Look for more information on their expanded roles as 2009 progresses, and please continue to contact me with any research or EBP questions, concerns or suggestions.

COUNCIL reports

Shared Governance Council Updates

■ Nursing Practice Coordinating Council:

- The Daisy Award was reviewed.
- The Preceptor of the Year Award was reviewed.
- The format of the bylaws was reviewed.
- We focused on retention.
- Recommendations were accepted as a follow-up to the Joint Commission.
- The Value Stream Analysis was explained.

■ Patient Care Technology Council:

- There was an update on patient stations: It is down to two vendors, Telehealth and Allen, both of which will be tried on the floors/units for colleague and patient feedback.
- The inpatient EMR is in final negotiations.
- CareFusion is now live on 6 Central and 5 West;
 7 Central is next.

■ Clinical Practice Council:

- The following critical care policies were revised and presented by a member of the Critical Care Unit-based Council and approved with minor edits:
 - Endotracheal Intubation, Assisting with (nm7030)
 - Continuous Renal Replacement Therapy, Initiating (nm7027)
 - Continuous Renal Replacement Therapy,
 Management of Patient Receiving (nm7028)
 - Continuous Renal Replacement Therapy, Termination of (nm7029)
- The Critical Care Transport and Transfer Policy was reviewed with recommendations that will be shared with the Critical Care Unit-based Council.
- Standardized medication times were discussed at length, and a revised Medication Administration Policy was presented by Linda Comfort.

■ Nursing Quality and Safety Council:

- We reviewed the 2009 National Patient Safety Goals and educational processes.
- We reviewed hand hygiene: we are currently at 82 percent and need to reach 100 percent.

■ Nursing Research Council:

- The Nursing Research Council did not meet. In lieu of a council meeting, members were encouraged to attend the Medical Ethics Lecture Series: "Why Transparency is an Ethical Imperative," with guest speaker Paul F. Levy, president and chief executive officer, Beth Israel Deaconess Medical Center.
- Council meeting time has been slightly altered. The new time is 12-1 pm, the second Wednesday of the month, in the 4 West Conference Room, Burlington. Meetings will be teleconferenced to the Executive Conference Room at Lahey Clinic Medical Center, North Shore.

■ Professional and Educational Council:

- Nebulizer Nursing Practice Guidelines were finalized and approved. These guidelines will be placed on the N Drive (Nursing Education).
- Results of the Nursing Education Annual Survey for 2008 were distributed and reviewed with members. Topics and titles for the 2009 Continuing Education Calendar were discussed, and content for the September 22, 2009 program was established. Speakers are in the process of being invited. The council approved the 2009 Continuing Education Calendar.
- The Weekly Orientee Feedback Tool was presented and discussed. Revisions are to be made and discussed with Gayle Gravlin. Importance of documenting an orientee's progress was emphasized, as was the need to have a standardized form with which to facilitate this. This item will be followed up at the next meeting.

■ Ambulatory Nursing Council:

- We discussed the 2008 Competencies.
- We discussed that all RNs and LPNs must be BLS certified to practice at Lahey Clinic.
- We announced that a new ambulatory educator will begin on July 7, 2009.
- We discussed Pedi Code Certification.
- We discussed 2009 Universal Protocol.
- We discussed the Pilot Program for the EMR.

Patient Focused Care

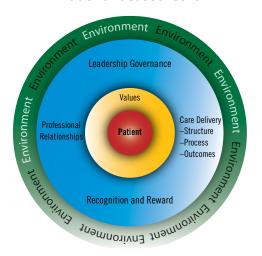
Lahey Clinic's

Nursing Professional Practice Model

Gayle Gravlin, EdD, RN, NEA-BC

A nursing professional practice model (PPM) contributes a conceptual framework for the foundation of nursing practice. It is a system that supports the registered nurse's control over the delivery of nursing care. The Massachusetts Nurse Practice Act Rules and Regulations (244 CMR 3.00 Registered Nurse and Licensed Practical Nurse: Board of Registration in Nursing) and the American Nurses Association (ANA) define nursing and the scope of nursing practice. They serve as a foundation on which the PPM was designed, implemented and evaluated.

Patient-focused care is the Lahey Clinic (LC) nursing PPM. With patient-focused care, people and relationships matter most. Our PPM is designed with the patient at the center. The patient, not the clinician or the institution, is the authority for care received. The core of nursing work is caring, and patients are entitled to caring relationships.



Our PPM has five components. These components are centered around the patient and surrounded by a caring-healing-protective environment, as described below.

Component	Explanation
1. Core Values	 Professional nursing values ANA Code of Ethics Standards of nursing practice LC core values of compassion, openness, unsurpassed expertise, and a drive for continuous learning and improvement LC Guiding Principles
2. Professional Relationships	Swanson's Theory of CaringKnowing, being with, doing for, enabling and maintaining belief
3. Patient Care Delivery Model	 Patient-focused care using an interdisciplinary approach Structure: Roles of the nurse (practice, quality and competence) and resources Process: How patient care will actually be delivered Continuity of the plan of care Consistency of provider Care coordination across the continuum Communication among interdisciplinary colleagues Clinical and support resources needed to deliver care Care based on a particular nursing theory Care standards that will be developed to reflect the most recent scientific evidence Outcomes: Classified in terms of patients, staff and the organization
4. Recognition and Reward	 Dr. Patricia Benner's "Novice to Expert Skills Acquisition Model" Tuition reimbursement and loan forgiveness programs Certification – Wall of Honor The DAISY Award Preceptor of Distinction Award
5. Leadership/Governance Structure	Shared Governance Structure Unit-based councils Central councils Leadership Structure

education CALENDAR

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

APRIL



 $(Continued\ from\ Page\ 1)$

I would also like to point out that "Nursing at Lahey" is now on the home page of Lahey.org. One click will take you to an overview of nursing at Lahey Clinic, including information about our Professional Practice Model and our Shared Governance Structure, as well as educational programs and links to specific initiatives and the education catalog.

We are currently in the process of determining our 2009 strategic goals, both for the organization and the Department of Nursing. Retreats are being held to collaborate and determine the specific direction of the Nursing Department and the initiatives required to meet our goals. As always, we must consider the 2009 National Patient Safety Goals and ensure that all of our practice meets these requirements, including the changes required by the 2009 Universal Protocol.

You will be hearing more about our strategic goals over the next months through our Shared Governance Councils, both central and unit based, and through staff meetings with your managers. Together we will continue to provide exceptional care to our patients and maintain a work environment that supports our mutual objectives.

1 Computer Basics Class – EXCEL

Time: 11 am to 12:30 pm

* = MARN contact hours applied for

Place: 3SE Nursing Administration

Conference Room

6 ACLS Day 1

Time: 9 am to 5 pm Place: Gordon Building

7 ACLS Day 2, Recertification

Time: 9 am to 1 pm Place: Gordon Building

7 Telemetry IV - Pacemaker Workshop

Time: 9 am to 1 pm

Place: Gordon Building, Classroom B

8 Preceptor Workshop

Time: 8 am to 4:30 pm

Place: Gordon Building, Training Room

8 Telemetry I – Beginner

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A

9 PALS Recertification

Time: 7:45 am to 5 pm

Place: Gordon Building, Training Room

10 Nursing Grand Rounds

Time: 1 to 2 pm

Place: Alumni Auditorium; Telecast to LCMC, North Shore

13 Med/Surg Pathway: Day 1, Foundations

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A and

Skills Lab

14 ELNEC Caring for Patients at the End of Life

Time: 8 am to 5 pm

Place: Gordon Building, Training Room

14 Nursing Orientation

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

14 Med/Surg Pathway: Days 2-3, Challenges

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

14 Telemetry II – Advanced Beginner

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A

14 BLS Recertification – LCMC, North

Time: 1:30 to 4:30 pm Place: Peabody Campus Conference Room A

15 Nursing Orientation – Computer and Documentation

Time: 8 am to 4:30 pm

Place: Gordon Building, Computer Lab

and Classroom B

16 Mandatory Education

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

16 BLS Recertification

Time: 1:15 to 3:30 pm Place: Gordon Building

17 Nursing Orientation – RN Skills

Time: 8:30 am to 4:30 pm

Place: Gordon Building, Classroom A

and Skills Lab

21 Computer Basics Class – POWERPOINT

Time: 2:30 to 4 pm

Place: 3SE Nursing Administration

Conference Room

24 Nursing Assistant Skills Class

Time: 8 am to 4:30 pm

Place: Gordon Building, Skills Lab

27 ECCO Workshop – Pharmacology/Neuro

Time: 8 am to 5 pm

Place: Gordon Building, Skills Lab and

Classroom A

27 Telemetry III - Intermediate

Time: 9 am to 5 pm

Place: Gordon Building, Classroom B

28 Nursing Orientation

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

29 Nursing Orientation – Computer and Documentation

Time: 8 am to 4:30 pm

Place: Gordon Building, Computer Lab and

Classroom B

30 Mandatory Education

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

30 Newly Licensed Nurse Orientation and Welcome Luncheon

Time: 1 to 4 pm

Place: Alumni Conference Room

education CALENDAR

MAY

1 Nursing Orientation - RN Skills

Time: 8:30 am to 4:30 pm Place: Gordon Building

4 Med/Surg Pathway: Day 4, Conditions

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A

4 Certification Celebration Tea

Time: TBA

Place: Alumni Auditorium

5 Telemetry IV - Pacemaker Workshop

Time: 9 am to 5 pm

Place: Gordon Building, Classroom B

5 6th Annual Nursing Research Day

Time: 9 am to noon Place: Alumni Auditorium

6 Nurses Week Celebration Dinner

Time: 5:30 pm Place: Bedford Glen

7 All Day Continuing Education*

State-of-the-Art Stroke Care Time: 8 am to 4 pm Place: Alumni Auditorium

8 Cardiac Rhythm Review

Time: 9 am to 1 pm

Place: Gordon Building, Classroom A

8 Nursing Grand Rounds

Time: 1 to 2 pm

Place: Alumni Auditorium; Telecast to

LCMC, North Shore

11 Computer Basics Class - OUTLOOK

Time: 8 to 9:30 am

Place: 3SE Nursing Administration Con-

ference Room

MARCH/APRIL 2009 at lahey clinic

11 ACLS Day 1

Time: 9 am to 5 pm Place: Gordon Building

12 Nursing Orientation

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

12 ACLS Day 2, Recertification

Time: 9 am to 1 pm Place: Gordon Building

12 BLS Recertification - LCMC, North Shore

Time: 1:30 to 4:00 pm

Place: Peabody Campus, Conference

Room A

13 Med/Surg Pathway: Wound and Skin

Time: 7:30 to 8:15 am

Place: 3SE Surgical Conference Room

13 Nursing Orientation - Computer and Documentation

Time: 8 am to 4:30 pm

Place: Gordon Building, Computer Lab

and Classroom B

14 Mandatory Education

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

14 BLS Recertification

Time: 1:15 to 3:30 pm Place: Gordon Building

15 Nursing Orientation - RN Skills

Time: 8:30 am to 4:30 pm

Place: Gordon Building, Classroom A and

Skills Lab

18 ECCO Workshop - Cardiac-Pulmonary

Time: 8 am to 5 pm

Place: Gordon Building, Skills Lab and

Classroom A

19 ONS Chemotherapy and Biotherapy Course. Day 1

Time: 8 am to 5 pm

Place: Gordon Building, Classroom B

19 Nursing Orientation

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

20 Nursing Orientation - Computer and **Documentation**

Time: 8 am to 4:30 pm

Place: Gordon Building, Computer Lab

and Classroom B

21 Mandatory Education

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

21 Telemetry II - Advanced Beginner

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A

21 Newly Licensed Nurse Orientation and Welcome Luncheon

Time: 1 to 4 pm

Place: Alumni Conference Room

22 Nursing Orientation - RN Skills

Time: 8:30 am to 4:30 pm

Place: Gordon Building, Classroom A and

Skills Lab

26 ONS Chemotherapy and Biotherapy Course, Day 2

Time: 8 am to 5 pm

Place: Gordon Building, Classroom B

27 Computer Basics Class - WORD

Time: 12 to 1:30 pm

Place: 3SE Nursing Administration Con-

ference Room

28 Telemetry III - Intermediate

Time: 9 am to 5 pm

Place: Gordon Building, Classroom B

28 BLS Recertification

Time: 5 to 7:30 pm

Place: Gordon Building, Training Room

29 Nursing Assistant Skills Class

Time: 8 am to 4:30 pm

Place: Gordon Building, Skills Lab

COPY EDITOR

Betsy Dempsey

ART DIRECTOR/DESIGNER

Kathleen Nardini

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.

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What Is an A3

Margie Sipe, MSN, RN

Lahey Clinic has a new problemsolving approach, "LA₃HEYThinking." A3 thinking is a standardized problemsolving process that looks at value

solving process that looks at value streams (value stream analysis [VSA]) and the process flow of the work we do.

The goal is to drive out the waste from our work by identifying and refining the value added and non-value added steps. Organizations like Toyota have used this "lean" thinking for a long time, and now health care organizations are recognizing the value this thinking can bring to refining and improving work processes.

People sometimes refer to the activities used in this approach as an "A3," but this term really stands for the metric size of a piece of paper, typically 11x 17, originally used by Toyota. The problem-solving activities used in this methodology can be executed on a single piece of A3-sized paper. The paper presentation serves as a visual and highly communicative tool to describe the work in a logical and easy to follow manner. It illustrates the issues by capturing their essence in one of nine boxes on the paper, each representing one step of the process.

The components of this problem-solving approach displayed in the nine boxes above are: Reason for Action, Initial State, Target State, Gap Analysis, Solution Approach, Rapid Experiments, Completion Plan, Confirmed State and Insights.

Currently, Nursing has been involved in a number of projects using this process. Education about LA₃HEY Thinking will be extended to many more Lahey colleagues throughout 2009.

Congratulations...(Continued from Page 1)

- Mary McCann, BSN, RN, CCM, case manager, received her certification in case management.
- Nancy Bittner, PhD, RN, CCRN, nurse research scientist, Center for Clinical and Professional Development, has been named to the International Nursing Education Services and Accreditation (INESA), a joint global task force of the National League for Nursing and the National League for Nursing Accrediting Commission, to provide leadership in bringing together the community of nurse educators from around the world.
- 6 West Hospital and the Lahey Clinic Stroke Team have been recognized by the American Heart Association and the American Stroke Association as achieving at least an 85 percent or better adherence to the *Get With The Guidelines-Stroke* Recognition Program, providing quality of patient care and outcomes performance indicators for 24 or more consecutive months.
- Diane Geehan, BSN, RN, CAPA, CPAN, staff nurse in Ambulatory Surgery, was the first Lahey Clinic recipient of the DAISY Award presented by Kathleen S. Jose, MSN, RN, CNO, and Deborah Zarrella, MSN, RN, ACN. The DAISY



Award is a nationwide program that rewards and celebrates the extraordinary clinical skill and compassionate care provided by nurses every day. In nominating Geehan for this award, Marguerite Ricciardone, MD, senior staff anesthesiologist, noted, "Diane is amazingly intelligent, self-effacing and compassionate beyond compare. Patients request her for their pre- and postoperative care; despite the haze of postanesthesia

medications, they recognize a great nurse and ask for her by name." Geehan joined Lahey Clinic in 1982 and has previously worked in the ICU/CCU and PACU. Geehan is a long-standing member of the American Society of Peri-Anesthesia Nurses (ASPAN) and embodies all the guiding principles of the ASPAN vision as an advocate for excellence in perianesthesia nursing.

"Bundle" Up for Infection Prevention

Jane Eyre-Kelly, RN, CIC

In modern health care, devices such as urinary catheters, intravascular catheters and respiratory therapy devices are used extensively. Millions of patients undergo surgical intervention for various diseases and conditions on an annual basis. All of these procedures and devices carry risk for infection transmission. Lahey Clinic uses the concept of "bundling" to reduce these risks.

A "bundle" is a group of best practices that, when implemented together, show proven success in improving patient outcomes. Bundles are collections of processes needed to effectively care for patients undergoing particular treatments with inherent risk. It is important for nurses, as advocates and leaders in patient care, to be aware of the bundles that prevent infection and to implement and monitor them, as appropriate. Following is a brief summary of the infection prevention "bundles" in place at Lahey. Nursing personnel should become aware of the specific protocols associated with bundle elements on their individual units.

Bundle to Prevent Ventilator-Associated Pneumonia

- Elevate the head of the patient's bed 30-45 degrees, unless contraindicated
- Daily "sedation vacations," or gradually lighten the use of sedatives each day
- Daily assessment of the patient's readiness to wean from the ventilator
- Regular antiseptic oral care per hospital policy

Bundle to Prevent Catheter-Related Bloodstream Infections

- Meticulous hand hygiene
- Maximal barrier precautions upon insertion of central line, including large drape, mask, gown and gloves
- Optimal catheter-site selection, with avoidance of the femoral vein for central venous access whenever possible
- Chlorhexidine-based antiseptic for skin preparation on insertion
- Daily review of line necessity with prompt removal of unnecessary lines

The following "Bundle to Prevent Catheter-Related Urinary Tract Infections" is under development at Lahey Clinic. You will be hearing a lot more about prevention of these all-too-common infections in the weeks and months to come!

Bundle to Prevent Catheter-Related Urinary Tract Infections

- Avoid unnecessary catheters. Recommendations from the Centers for Disease Control and Prevention, the Society for Healthcare Epidemiology of America and the Infectious Diseases Society of America note the following general indications for placement of urinary catheters:
 - -Perioperative use for selected surgical procedures
 - -Urine output monitoring in critically ill patients
 - -Management of acute urinary retention and urinary obstruction
 - -Assistance in pressure ulcer healing for incontinent patients
 - -As an exception, at patient request to improve comfort or for comfort during end-of-life care
- Insert using aseptic technique
- Maintain catheters based on recommended guidelines and hospital policy
- Daily review of catheter necessity with prompt removal of unnecessary catheters

As workplace "air traffic controllers," nurses play a key role in the prevention and control of infection. Using a "bundling" approach for infection prevention provides a structured method for nurses and others to improve the processes of care as well as patient outcomes.

AUTHORIZED BERSONNE

Restricted Area—Authorized Personnel Only

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The sign on the double doors reads "Restricted Area, Authorized Personnel Only." If that isn't intimidating enough, you need special ID access to open those doors. In addition, all visitors need to follow a newly developed protocol involving paperwork and 24-hour advance notification. The operating room (OR) is a restricted environment, and traffic control is important to patient safety. Our first priority in the OR is our patients, thus making all these restrictions necessary to ensure their safety.

"I always wanted to be an OR Nurse, so how do I get there from here?"

This is a question that we hear frequently. Generally the only exposure that nurses have in the OR comes from observing while they were students. That brief experience doesn't really give them the full scope of what perioperative nursing is all about. Most perceptions (or misconceptions) come from what is seen in the media or popular television programs. If only our job were that glamorous!

Perioperative nursing (or the specialty formerly known as OR nursing) is an exciting practice where the nurse provides care for both the patient and family before, during and after surgical or other invasive procedures. Perioperative refers to the patient care provided surrounding the operative or invasive experience. There are three components that are included: preoperative, intraoperative and postoperative. Depending upon the area or facility, some of these components are combined (i.e., preoperative and intraoperative responsibilities are performed by the same staff). Regardless of the area of practice, it is important to have an understanding of all of the care activities that occur in each phase.

Intraoperative (in the OR) patient care delivered by nurses may be mistakenly viewed by those outside the confines of the OR as being only technical and clinical. However, OR nurses pride themselves on being the "patient advocate," the patient's voice when he or she cannot speak and is most vulnerable. Patient safety and positive patient outcomes are directly related to high quality nursing interventions delivered in the OR.

OR staff nurses function in two different roles: circulator or scrub. As a circulator, the registered nurse is the "patient care manager." He or she is responsible for identifying the patient, positioning the patient, and retrieving any additional necessary supplies and equipment. The perioperative circulator ensures that no items used during the procedure are left behind, operates and troubleshoots equipment, monitors aseptic technique, and documents the procedure and any events that occurred.



Perioperative nurse Bet Key Wong.



Perioperative nurses (left to right) Laura dos Santos, Janice Creesy and Danielle Hartung have almost completed the Periop 101 program.

As a scrub, the nurse gathers the supplies needed for the procedure and prepares sutures, sponges, and drapes; in addition, the scrub passes the instruments to the surgeon during the procedure. The scrub nurse is responsible for maintaining the integrity, safety and efficiency of the sterile field during the surgical procedure.

What qualities are important in a successful candidate for perioperative nursing? First, and most importantly, the preoperative nurse must be a team player. The ideal candidate must also be able to simultaneously multitask and pay attention to detail. Many strong personalities are attracted to the OR, which warrants a newcomer to have broad shoulders, solid communication skills and a sense of humor. Critical thinking, flexibility and a commitment to continuous learning are essential qualities a candidate must possess as dictated by the addition of new technology and procedures.

In April 2008, Lahey Clinic Medical Center, Burlington, began a Periop 101 program with four nurses. They were a diverse group in terms of age, nursing experience and clinical area of expertise. The course consists of didactic presentations and clinical experience. One of the changes this year was a conversion to an e-learning format, which provided a new set of challenges for both the clinical educators and the students. The didactic part of the course lasts approximately 12 weeks and ends with a 100-question test. The clinical experience encompasses an entire year of orienting in the 11 different specialty services. During the first year, the new perioperative nurses experienced many new professional challenges. There were ups and downs and more than a few bumps in the road for them as they took the journey from expert nurses to novice perioperative nurses. All four are in the final specialty rotation of their yearlong journey.

As stated by one of the new perioperative nurses, "There is a big learning curve and you just have to rise to the challenge."

Nursing SHARED GOVERNANCE

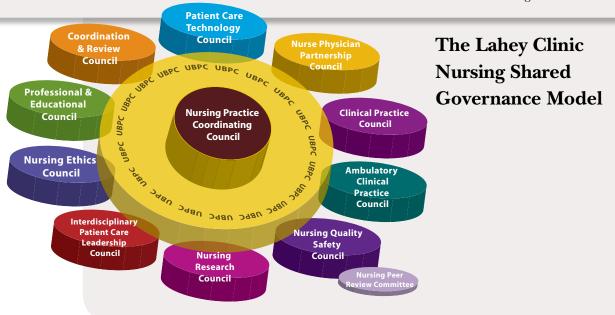
The Nursing Shared Governance Model is the central vehicle that guides and drives the operational, professional, educational and research process for nursing practice at Lahey Clinic. The structure has continued to evolve since the year 2000 to include councils for decision making based upon internal and external forces that impact nursing practice. Under the direction of the chief nursing officer, nurses from all areas of Lahey are encouraged to participate in the governance process to have a voice and a venue to actively participate in nursing practice.

Unit-Based Practice Councils

The shared governance structure includes the Unit-Based Practice Councils (UBPCs), which include the Nurse Practitioner (NP) Committee and Certified Registered Nurse Anesthetists. The UBPCs were integrated into the Shared Governance Structure in 2006. They meet regularly and identify opportunities for improvement in nursing practice in their respective units that enhance excellence in patient care. The UBPC structure is the essential process for staff nurse decision making in operational and professional practice issues at the unit level.

Central Councils

There are 11 Shared Governance Central Councils that include staff from all areas of Nursing. The central councils focus on processes for relationship building and mutual collaboration and the development and promotion of policies, guidelines and standards of practice that enhance professional nursing practice and promote quality in patient care. As shown in the model diagram, the Nursing Practice Coordinating Council receives information from all the UBPCs and the other central councils and coordinates, facilitates and maintains the integrity of the shared governance structure.



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Notes on Nursing

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