

Exceptional NURSES... Extraordinary CARE



*From the*  
**CNO**

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

## Teamwork and Collaboration with Colleagues

The influence of professional nursing is felt far and wide throughout Lahey Clinic. From counseling allergy patients in the ambulatory setting to monitoring acutely ill inpatients or assisting in surgery, nurses make important contributions each day as part of our care teams.

Collaboration and expertise are what Lahey is all about. Just as nurses are part of many other departments, other health care professionals contribute in various ways to advancing the quality of care we all provide.

In this issue of *Notes on Nursing at Lahey*, we take a closer look at the many interdisciplinary partnerships throughout our organization. I think you'll enjoy reading about efforts such as the Nurse-Pharmacy Committee, which is fostering interdisciplinary communication and collaboration while working on performance improvement initiatives.

Many of you have been thinking about questions relevant to your practice that you would like to pursue with research projects, and some are currently under way. Research is an important focus of our overall

*(Continued on page 3)*

## Collaboration: The Nurse-Pharmacy Committee

*By Judy Vechmamontien, BSN, RN, 5 West Hospital*

I have been a member of the Nurse-Pharmacy Committee since 2007. This committee is composed of representatives from both nursing and pharmacy and is co-chaired by Jackie Bergeron, MSN, RN, associate chief nurse of Med/Surg and Finance, and Pat Duca, RPh, the inpatient pharmacy supervisor. The Nurse-Pharmacy Committee meets monthly to address medication safety issues and to make recommendations related to medication practices that further Lahey Clinic's commitment to patient safety. Agenda items are derived from organizational and departmental initiatives and include nursing and pharmacy communication challenges; medication quality improvement (QI) initiatives; issues related to the prescribing, dispensing and administration of medications; and examination of medication policies, procedures and processes.

Since I have been a member of this dynamic committee, there has been a host of improvement changes that have been implemented. These include:

1. wireless monitoring of refrigerator temperatures, a new system that sends data from each refrigerator to a computer that alerts the department as well as the pharmacy if the refrigerator temperature falls out of range: this change significantly reduced nursing workload by eliminating the need for nursing to manually check and record refrigerator temperatures;
2. revisions to the High Alert Medication Policy;
3. addition of height and weight to the Medication Reconciliation Form;
4. purchase of prefilled normal saline syringes;
5. creation of "print back" process to scanners when orders are on hold, thus reducing phone calls to and from pharmacy and ensuring that nursing is aware that pharmacy is questioning the provider regarding a specific medication order;
6. sleeve protectors for glass ampules to eliminate injuries while opening these ampules.

The participation of nurses on multidisciplinary committees improves quality of care, fosters autonomy and interdisciplinary collegiality, and supports professional development, all characteristics of Magnet nurses. Effective communication and teamwork can be the key to success in improving patient safety. I really enjoy being a nurse, a member on numerous committees and being part of a great team. Let your voice be heard. Join a committee today!

*Nurses Week 2010*

*Lahey Clinic will celebrate Nurses Week May 10 - 14, 2010.  
Please look for a schedule of events to be announced shortly.*

### In This Issue

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## Nursing and Case Management

By Carolyn Gifford, RN, Director, Continuum of Care and Customer Partnership

Lahey Clinic's Nursing Department is involved in several quality initiatives that involve interdisciplinary and interinstitutional collaboration. Among the Centers for Medicare & Medicaid Services' (CMS') health reform activities is a project to monitor and reduce 30-day readmission rates to hospitals, focusing on particular diagnoses. Lahey has convened a working committee to review and analyze 30-day readmission rates as well as opportunities to reduce them.

Some of the current activities related to this effort at Lahey include the Transitions of Care and State Action on Avoidable Readmissions (STAAR) projects. Both of these projects involve a multidisciplinary, multi-institution collaborative including the New England Rehabilitation Hospital, Kindred Northeast Hospital and Skilled Care Facilities, and the Visiting Nurses of Middlesex-East. The Transitions of Care project is aimed at improving the patient's transition from acute hospital to recuperative and community care settings. When a patient/family agrees to participate in the Transitions of Care program, the patient and family engage in an enhanced education regarding after-care settings, meet with a Lahey transition liaison prior to discharge and are assigned to a transition liaison at the next setting, and are provided with a personal medical journal to bring to physician visits so the patient's

medical plan and any medication changes can be updated. The goal of this project is to increase patient knowledge and awareness of medical treatment and rehabilitation plans, improve communication and accuracy of information between settings, improve patient satisfaction with transitions, and decrease avoidable readmissions.

Lahey is also participating in the STAAR collaborative through the Institute for Healthcare Improvement (IHI). This project targets focused process changes, including some of the measures taken in the Transitions of Care project, to decrease avoidable readmissions by increasing patient knowledge of the after-care plan, medication management and post-hospital follow-up. The nursing units working in the initial phases of these projects are 7 Central and the Southeast floors.

Another exciting Lahey committee that began in November 2009 is the Patient Advisory Committee. This committee consists of Lahey patients, family members of patients and Lahey colleagues. The purpose of the committee is to seek the opinions and input of patients and family members regarding hospital processes and future improvement efforts. Currently, the committee will be providing input regarding patient information materials, accessibility to the Clinic and "customer friendliness" of specific operational processes affecting patients. This active committee meets six times per year.

## Collaboration in the SICU

By Jean M. Hurynowicz, BSN, RN

A collaborative work environment is alive and well in the Surgical Intensive Care Unit (SICU). One example is the interdisciplinary morning rounds that are conducted on each patient in the unit. The team of professionals rounding on patients is led by the physician intensivist and includes the nurse caring for the patient, respiratory therapy, pharmacy, physical therapy, palliative care, case management, social service, the attending surgical service and other members of the critical care physician team, including residents and medical students. During these rounds, the patient's history, reason for critical care hospitalization and events from the past 24 hours are discussed, and decisions are made regarding the patient's plan of care for the day. Nursing input is crucial. The critical care nurse is able to answer many of the questions that arise during these meetings and can advocate for both the patient and the family. Our collaboration on patient care must include effective communication, mutual trust and respect. All aspects of patient care are discussed, including the need for interdisciplinary family meetings. It is essential that the expertise of each member of the multidisciplinary team be incorporated into the patient's plan of care to ensure that we provide comprehensive quality care. Research has shown that collaboration amongst health care professionals improves patient outcomes.

Another great example of collaboration involving critical care nurses was the formation of the Critical Care Unit-Based Nursing Council in 2006. Tracy Malone, MSN, RN, Associate Chief Nurse Critical Care Nursing, brought together several representatives from each critical care area. The goal of this council was to standardize the way critical care nurses deliver care without losing the identity of each unit. At first I was skeptical that there could be common ground, but as discussions ensued, the team came

*(Continued on page 8)*

# Congratulations to ...

**Joan Cavanaugh, RN, MHA, CNRN, Clinical Educator 6 West Hospital**, on successfully passing the CNRN exam to become designated as a Certified Neuroscience Registered Nurse and **Charlotte Bovill, RN, OCN, 7 West Hospital**, on passing the oncology certification exam to become designated as a Certified Oncology Nurse. There is intense preparation and commitment required to earn these certifications. Also, many thanks to Ms. Cavanaugh and Ms. Bovill for being role models for their peers. Their names will be placed on the Wall of Honor.

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

- Sarah K. Campbell, NP**, Neurosurgery/Surgery
- Janice B. Carey, CRNA**, Anesthesiology/Hospital-Based Medicine
- Carole P. Davis, NP**, Transfer from Department of Transplantation to Gastroenterology/Internal Medicine
- Lisa M. Krikorian, NP**, Gynecology/Surgery
- Diane M. McNamara, NP**, Gynecology/Surgery
- Katherine Morse, CRNA**, Anesthesiology/Hospital-Based Medicine
- Karen P. Orino, CRNA**, Anesthesiology/Hospital-Based Medicine
- Carol J. Stearns, NP**, Anesthesiology/Hospital-Based Medicine
- Janet W. Zani, NP**, Neurology/Medical Specialties

Congratulations to the following **DAISY Award winners**: please see more information about these and previous **DAISY Award winners** on page 10.



October 2009:  
**Amy Poirier,**  
BSN, RN, 6E



November 2009:  
**Marlene Barrett, BSN, RN, CCRN,**  
6W PCU Rapid Response Nurse



December 2009:  
**Donna (Dee) Benanti, RN, CNOR, RNFA,**  
Lahey Clinic OR

# Welcome TO LAHEY CLINIC

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

- Shanley Bellvé, RN, 7E
- Patrick Comaneschi, RN, 6/7SE
- Ashley Currier, RN, 6C
- Judith Day, RN, 7C
- Susan DeVelis, LPN, GIM
- Susan Gordon, APRN-BC,  
Nursing Education
- Laura Kenda, BSN, RN, Rad Oncol
- Judy Orvis, BSN, RN, 6E
- Kristine Pagano, BSN, RN, CCRN, Echo
- Wendy Pecci, LPN, Litho
- Tony Sallese, RN, 6/7SE
- Jesleen Titus, BSN, RN, 6W
- Lesley Van Buskirk, BSN, RN,  
Anticoag Clinic

## From the CNO

(Continued from page 1)

professional development program for nurses, and we've got many colleagues who help support these projects. They include Lahey's Medical Librarian, Carol Spencer, and Rick Chevalier of the Biomedical Photography and Audiovisual Services Department, who are profiled in this issue.

Of course, our most important partnerships are with our patients. On

page 2, you can read about Lahey's Patient Advisory Committee. This group combines the experiences of interested patients and colleagues to help us recognize what we are doing well and where we see opportunities to improve.

In addition, the Nursing Department has many friends outside of the Clinic who support education through philanthropic initiatives. I am so very grate-

ful for the support of our educational partnerships that are bringing new colleagues into the nursing profession.

I am proud of all the nurses at Lahey who support the collaborative nature upon which the Clinic was founded. I hope you enjoy reading about some of these efforts.

*Kathleen S. Jose, RN, MSN*

# NICHE at Lahey Clinic:

## ANOTHER PATHWAY TO EXCELLENCE

By Susan Gordon, ACNP-BC, Fellow, GNLA, NICHE Program Leader

Nationwide, almost 50 percent of hospital admissions are adults over 65 years old. The inpatient population at Lahey Clinic, like most acute care hospitals, consists of a high percentage of older adults. This is due, in part, to the aging of the baby boomer generation. In addition, advances in medicine, nutrition and biotechnology support a longer overall life expectancy.

The physiologic changes of aging, coupled with multiple medical problems and medications, place older adults at high risk for complications and iatrogenic illness when hospitalized. Older adults tend to experience longer lengths of stay, higher readmission rates, and higher rates of functional decline and medical errors (NICHE, 2009). Nurses are in a prime position to prevent these complications and improve outcomes for older adults by providing evidence-based and age-sensitive care. However, up until the past few years, most health care professionals, including nurses and physicians, did not receive training in the care of older adults.

Nurses Improving Care for Healthsystem Elders (NICHE) is a national, evidence-based program supported by the John A. Hartford Foundation and the New York University College of Nursing. The NICHE Program is designed to achieve system improvements in the care of older adults by improving geriatric nursing competence and promoting exemplary and age-sensitive care for all patients over 65 years old through education, training and resources.

| TEAM MEMBER       | POSITION  |
|-------------------|---|
| Susan Gordon      | NICHE Program Leader and Med/Surg Clinical Educator |
| Ann Dylis         | Nurse Research Scientist                            |
| Alison O'Brien    | Senior Education Coordinator                        |
| Gayle Gravlin     | Associate Chief Nurse                               |
| Susan Bellofatto  | Staff RN – 7C                                       |
| Janet Habeshian   | NM – 7C   |
| Diane Currier     | Assistant NM – 7C                                   |
| Colette April     | Psychiatric Clinical Nurse Specialist               |
| Catherine Reardon | Case Manager – 7C                                   |

Table 1. The Lahey Clinic NICHE Team

Much like Magnet designation, hospitals must apply for NICHE designation. On Thursday, January 7, 2010, we learned that Lahey Clinic is now an official NICHE Hospital! This honor is the result of months of hard work and training completed by the Lahey Clinic NICHE Steering Committee (see Table 1).

In early March, a formal survey of all Lahey Clinic nurses, nurse practitioners and nursing assistants will be distributed electronically. The survey is called the Geriatric Institutional Assessment Profile (GIAP) and will give us a snapshot of certain parameters related to the care of older adults at Lahey Clinic. Soon after, the NICHE Education Program will be piloted on 7 Central. Each month, you will learn about our NICHE journey in *Notes on Nursing*. For more information about NICHE, please see <http://nicheprogram.org> or contact Susan Gordon, ACNP-BC, NICHE Program Leader, at extension 7331 or pager 0866.

Reference:  
NICHE: <http://nicheprogram.org/> (2009)



### The Lahey Clinic NICHE Program Team Members:

(Front row from l-r) Gayle Gravlin, EdD, RN, NEA-BC;  
Susan Bellofatto, RN, 7C; Colette April, RN;  
Janet Habeshian, MSN, RN; Diane Currier, BSN, RN;  
(Back row from l-r) Ann Dylis, PhD, RN; Susan Gordon, ACNP-BC;  
Catherine Reardon, BSN, RN, 7C; Alison O'Brien, MSN, RN

# Collaborating to Improve Pressure Ulcer Incidence

By Margie Sipe, MS, RN, Nursing Performance Improvement Innovator, and Jennieann Dango, BSN, RN, Clinical Educator

Severe pressure ulcers (Stages III and IV) acquired in the hospital rank among one of 10 “never events” designated by the Centers for Medicare & Medicaid Services (CMS). If one of these ulcers is acquired in the hospital (“hospital-acquired condition” or HAC), then there will not be reimbursement for associated care. To help create the best opportunity to protect our patients, Lahey embarked on an initiative in July 2009 to create an interdisciplinary steering committee to address all aspects of pressure ulcer identification, education and prevention.

The Steering Committee is composed of five subgroups that focus on the following topics:

1. Resources
2. Structure of Skin Champion Program
3. Development
4. Education
5. Measurement

Each subgroup is made up of representatives from all areas of the hospital, including outpatient areas such as the Emergency Department and Ambulatory Surgery. The subgroups consist of nurses, enterostomal/skin specialists, physical therapists, nutritionists, quality improvement staff and physician liaisons.

As a committee, we recognized a need to fast-track some of our activities when faced with challenges in documenting and monitoring pressure ulcers on a daily basis. We also realized that we needed to make resources more available to all staff 24/7 that can be accessed easily in one location. These are a few of the challenges identified in this important initiative.

Lahey participates in the National Database of Nursing Quality Indicators (NDNQI) quarterly pressure ulcer prevalence study. This quarterly study, however, did not tell us what our incidence of pressure ulcers was at any point in time. We decided to start tracking the daily incidence of pressure ulcers and found we gained many unanticipated benefits through this process. We began to better identify where patients with increased skin risk or pressure ulcers came from and recognized that almost 80 percent of our patients with pressure ulcers have these ulcers on admission. Leadership staff validate daily assessment and documentation of pressure ulcers, which has helped increase inter-rater reliability in description and staging and, overall, has heightened awareness of all Lahey colleagues regarding pressure ulcers.

Another accomplishment spearheaded by the Steering Committee and skin champions was the development of a “Skin Care” home page on MassNet. This site has become the location of all current information on pressure ulcers as well as a place to communicate ongoing activities involving pressure ulcer prevention (e.g., the didactic classes provided by Enterostomal Therapists Kerry Casey and Donna Loehner).

As we continue to work on refining and improving our work with pressure ulcers, we will continue our collaboration with community agencies to which Lahey sends and/or receives patients. In 2010, we will work with these agencies in a statewide pressure ulcer collaborative to focus on best practices that can be applied across the continuum of care.



## Geriatric Institutional Assessment Profile to be Conducted at Lahey Clinic

By Susan J. Gordon, ACNP-BC, Fellow, GNLA, NICHE Program Leader

More than half of Lahey Clinic’s patient population are adults age 65 or older. We strive to provide the best possible care to older adults and to achieve the highest possible patient satisfaction. How prepared are we for this challenge? What are our strengths, and what are our weaknesses? How can we build on these strengths to improve our care? How can we empower our nursing staff in caring for older adults and their families?

Between March 1 and March 15, 2010, an electronic survey will be conducted on geriatric care for the nursing staff – part of Nurses Improving Care for Healthsystem Elders (NICHE), a national initiative to assist health care organizations around the country to meet the needs of hospitalized older adults. The

survey, the Geriatric Institutional Assessment Profile (GIAP), includes an assessment of the following content areas:

- Attitudes toward caring for older adults
- Knowledge of guidelines for care of older adults
- Knowledge of common geriatric syndromes
- Perceptions of barriers to best nursing practice for older adults

The results of the GIAP will be critical to our efforts to provide quality care to hospitalized older adults and their families. In addition, by linking to a national database, we will be able to assess how we compare to other health care providers. The GIAP will take approximately 20 minutes to complete. It will be accessed

by your home or work e-mail via a link. Your responses will be anonymous and will be analyzed as group data. It will not be possible to identify individual respondents, nor do we want to do so. The data will be analyzed by an external group who will present the results to us. We are planning several ways of sharing the results with you.

Please take the time to respond to the survey between March 1 and March 15, 2010. We want to hear your voice! We will listen attentively!

For more information, please contact:

Susan J. Gordon, ACNP-BC  
NICHE Program Leader/Clinical Educator  
X 7331 or pager #0866  
Susan.J.Gordon@lahey.org

# education CALENDAR

## MAY-JUNE 2010

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

\* = MARN contact hours applied for

### MAY 2010

#### 3 ACLS Initial Day 1

Time: 9 am to 5 pm  
Place: Gordon Training Room

#### 4 Nursing Orientation

Time: 8 am to 4:30 pm  
Place: 5C-301 Conference Room, 8 to 9 am; Auditorium, 9 am to 4:30 pm

#### 4 ACLS Initial Day 2 and Recertification

Time: 9 am to 1 pm  
Place: Gordon Training Room

#### 4 BLS Recertification – LCMC, North Shore

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

#### 5 Nursing Orientation – Computer and Documentation (RN)/Skills Lab(UAP)

Time: 8 am to 4:30 pm  
Place: Gordon Classrooms A, B and Computer Lab

#### 5 Nursing Roundtable (Journal Club)

Time: 1 to 2 pm  
Place: Alumni Auditorium

#### 6 Mandatory Education

Time: 8 am to 12:30 pm  
Place: 31 Mall Road Training Room

#### 6 BLS Recertification

Time: 1:15 to 3:30 pm  
Place: Gordon Training Room

#### 6 CareFusion Training (Newly Hired Hospital RNs)

Time: 1:30 to 4:30 pm  
Place: Gordon CareFusion Training Room

#### 7 Nursing Orientation – RN Skills

Time: 8 am to 4:30 pm  
Place: Gordon Classroom A and Skills Lab

#### 10-14 Lahey Clinic Celebrates National Nurses Week

Watch for Schedule of Events!

#### 10 Telemetry I – Beginner

Time: 9 am to 5 pm  
Place: Gordon Classroom A

#### 11 Nursing Research Day: Podium Presentation and Posters

Time: TBA  
Place: Auditorium and 4SE Lobby

#### 12 Nursing Research Council

Time: 12 to 1 pm  
Place: 4 West Conference Room

#### 13 Nursing Continuing Education Program: *Current Trends in Cardiovascular and Stroke Nursing*

Time: 8 am to 4 pm  
Place: Alumni Auditorium

#### 14 Nursing Assistant Skills Class

Time: 8 am to 4:30 pm  
Place: Gordon Skills Lab

#### 14 Nursing Grand Rounds

Time: 12 to 1 pm  
Place: Gordon Training Room

#### 17 Re-Entry Program – Through June 3

#### 18 ELNEC – Caring for Patients and Families at the End of Life

Time: 7:30 am to 4:30 pm  
Place: Gordon Training Room

#### 18 Med/Surg Pathway: Days 2-3, Challenges

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

#### 19 Med/Surg Pathway: Day 4, Conditions

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

#### 20 Ambulatory Skills Fair – LCMC, North Shore

Time and place: TBA

#### 24 Cardiac Rhythm Review

Time: 9 am to 1 pm  
Place: Gordon Classroom A

#### 25 Charge Nurse Workshop

Time: 8 am to 4 pm  
Place: Gordon Training Room

#### 25 Nursing Orientation

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

#### 25 Telemetry II – Advanced Beginner

Time: 9 am to 5 pm  
Place: Gordon Classroom A

#### 26 Nursing Orientation – Computer and Documentation (RN)/Skills Lab(UAP)

Time: 8 am to 4:30 pm  
Place: Gordon Classrooms A, B and Computer Lab

#### 27 Mandatory Education

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

#### 27 Newly Licensed Nurse Orientation and Welcome Luncheon

Time: 1 to 4 pm  
Place: Alumni Conference Room

#### 27 CareFusion Training (Newly Hired Hospital RNs)

Time: 1:30 to 4:30 pm  
Place: Gordon CareFusion Training Room

#### 27 BLS Recertification

Time: 5 to 7:30 pm  
Place: Gordon Building

#### 28 Nursing Orientation – RN Skills

Time: 8 am to 4:30 pm  
Place: Gordon Classroom A and Skills Lab

### JUNE 2010

#### 2 Nursing Roundtable Journal Club

Time: 1 to 2 pm  
Place: Alumni Auditorium

#### 3 Nursing Continuing Education Program: *Aging Fearlessly: Women Older, Wiser, Stronger!*

Time: 8 am to 4 pm  
Place: Alumni Auditorium

#### 7 Nursing Leadership Seminar

Time: 8:45 am to 4 pm  
Place: Gordon Training Room

# education CALENDAR

## JUNE 2010

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

\* = MARN contact hours applied for

### 7 Telemetry III – Intermediate

Time: 9 am to 5 pm  
Place: Gordon Classroom A

### 7 Introduction to Nursing Research

Time: 8 to 10:30 am  
Place: Gordon Classroom B

### 7 Introduction to Evidence-Based Practice

Time: 10:45 am to 1:15 pm  
Place: Gordon Classroom B

### 7 Effective Literature Searching

Time: 1:30 to 4 pm  
Place: Gordon Computer Lab

### 8 Nursing Orientation

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

### 8 BLS Recertification – LCMC, North Shore

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

### 9 Nursing Orientation – Computer and Documentation (RN)/Skills Lab(UAP)

Time: 8 am to 4:30 pm  
Place: Gordon Classrooms A, B and Computer Lab

### 9 Nursing Research Council

Time: 12 to 1 pm  
Place: 4 West Conference Room

### 10 Mandatory Education

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

### 10 BLS Recertification

Time: 1:15 to 3:30 pm  
Place: Gordon Training Room

### 10 CareFusion Training (Newly Hired Hospital RNs)

Time: 1:30 to 4:30 pm  
Place: Gordon CareFusion Training Room

### 11 Nursing Orientation – RN Skills

Time: 8 am to 4:30 pm  
Place: Gordon Classroom A and Skills Lab

### 11 Nursing Grand Rounds: Topic TBA

Time: 12 to 1 pm  
Place: Alumni Auditorium

### 14 Preceptor Workshop

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

### 14 BLS Initial Certification

Time: 5 to 9:30 pm  
Place: Gordon Training Room

### 16 Advanced Telemetry Workshop

Time: 9 am to 1 pm  
Place: Gordon Classroom A

### 16 Med/Surg Skills Fair – Burlington

Time and place: TBA

### 18 Nursing Assistant Skills Class

Time: 8 am to 4:30 pm  
Place: Gordon Skills Lab

### 18 Telemetry IV – Pacemaker Workshop

Time: 9 am to 1 pm  
Place: 41 Mall Road, SICU Conference Room, 2SE

### 21 ACLS Initial Day 1

Time: 9 am to 5 pm  
Place: Gordon Training Room

### 22 Nursing Orientation

Time: 7:45 am to 4:30 pm  
Place: Alumni Auditorium

### 22 ONS Chemotherapy/Biotherapy Course, Day 1

Time: 8 am to 5 pm  
Place: Gordon Classroom B

### 22 ACLS Initial Day 2 and Recertification

Time: 9 am to 1 pm  
Place: Gordon Training Room

### 23 Nursing Orientation – Computer and Documentation (RN)/Skills Lab(UAP)

Time: 8 am to 4:30 pm  
Place: Gordon Classrooms A, B and Computer Lab

### 24 Mandatory Education

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

### 24 Newly Licensed Nurse Welcome Luncheon

Time: 1 to 4 pm  
Place: Alumni Conference Room

### 24 CareFusion Training (Newly Hired Hospital RNs)

Time: 1:30 to 4:30 pm  
Place: Gordon CareFusion Training Room

### 25 Nursing Orientation – RN Skills

Time: 8 am to 4:30 pm  
Place: Gordon Classroom A and Skills Lab

### 28 Med/Surg Pathway: Days 2-3, Challenges

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

### 28 CareFusion Training (Newly Licensed Nurses)

Time: 8 am to 12 pm  
Place: Gordon CareFusion Training Room

### 29 ONS Chemotherapy/Biotherapy Course, Day 2

Time: 8 am to 5 pm  
Place: Gordon Classroom B

### 30 Wound & Skin

Time: 7:30 to 8:15 am  
Place: 3SE Nursing Administration Conference Room

### 30 Ambulatory Skills Fair – Burlington

Time and place: TBA

### 30 Critiquing the Research – LCMC, North Shore

Time: 7 to 9:30 am  
Place: Conference Room 3A-B, North Wing

### 30 Understanding the Numbers – LCMC, North Shore

Time: 9:45 am to 12:15 pm  
Place: Conference Room 3A-B, North Wing

### 30 Effective Literature Search – LCMC, North Shore

Time: 12:30 to 3 pm  
Place: Conference Room 3A-B, North Wing

## Lahey Colleagues *Rick Chevalier and Carol Spencer*

By Alison O'Brien, MSN, RN, Senior Education Coordinator, and Margaret Lynch, BA, CGW

There are many colleagues at Lahey Clinic who contribute to the high caliber of the Nursing Department and who enrich our professional and educational environment on a daily basis. Two individuals who have served as valuable resources to our nurses are Richard Chevalier and Carol Spencer.

### **Rick Chevalier**

Have you ever wondered how a “voiced-over” PowerPoint presentation is created, a poster is designed, or how programs are hooked up for teleconferencing to Lahey Clinic Medical Center, North Shore? Have you ever been at a presentation where there was difficulty with the audiovisual (AV) equipment and help was needed? If so, you’ve undoubtedly met Richard (Rick) Chevalier, who has collaborated with the Nursing Department at Lahey for over 30 years. As manager of the BioMedical Photography/Digital Media Lab, Rick has been an invaluable resource in AV technology matters big and small. Rick and his staff, Vinald (Vinnie) Francis and James Merchant, have assisted nurses with multimedia productions including our outstanding Magnet video and Moodle e-learning projects. He also introduced nursing to “i>clickers,” an interactive audience participation system used to enhance educational presentations, and has been instrumental in evaluating many new learning technologies, such as the Accordant System, in support of both medical and nursing education.

Rick has a special bond with nursing as his wife is a former Lahey Clinic nurse. Perhaps it is this bond that enables Rick to keep his sense of humor when responding to AV or technologically challenged nursing colleagues.

This interdepartmental collaboration is important to Rick and his staff. “We enjoy working with nursing,” Rick explained, “because they take care of patients. Meeting their photographic and AV project needs is one way that we can contribute to patient care.”

### **Carol Spencer**

Lahey Clinic’s Cattell Memorial Library may not be the largest medical library in the state, but it boasts a very special asset that no other library can claim: Medical Librarian Carol Spencer, MSLS. Carol and her assistant, Joyce Royston, interact with a significant number of nurses on a daily basis.

Among her responsibilities, Carol, a long-term Lahey colleague, locates articles and books for those who have returned to school for advanced degrees, assists with evidence-based practice research, and teaches staff how to do literature searches. Carol also consults with Nursing Education, recommending online books and journals and coordinating the medical and nursing side of contract negotiations with publishers and vendors. This results in a streamlined, single-platform OVID package, provid-

ing a system that is user friendly. Carol also devotes time to tutoring nurses in the use of Lahey’s online resources, such as OVID and PubMed, both on an individual basis and in groups including the Clinical Educators and Nursing Research Fellows.

A true friend to nursing, Carol may often be seen late into the evening, working to assist a colleague by finding just the right article or information needed to help complete a project or find the answer to a clinical question. In fact, Carol is considered such an important resource to the Nursing Department that, during the Magnet visit, all three surveyors spent time with her.

Assisting the Nursing Department is in keeping with Carol’s service as co-chair of Patient and Family Education and as a member of both the Hospital Education and the Evidence-Based Medicine Steering Committees. While discussing her work with the Nursing Department, Carol stated, “The number of nurses using the library has been steadily increasing as nurses return to school for more formal education and as they assume more active roles in evidence-based practice and nursing research. I enjoy helping staff members reach their goals and feel that, in a small way, I too can contribute to the excellence of nursing here at Lahey.”

### Collaboration in the SICU (Continued from page 2)

to realize that by taking the best practices of each unit, we could unify, improve and standardize our care. We began to identify many differences and inconsistencies in our practice. As a group, we collaborated in the development of standards of nursing care that would be the same throughout all the critical care units. We looked at current research and evidence and developed the current Critical Care Standards of Care. All critical care nurses received education on the changes and expectations. The Critical Care Standards of Care are also

discussed during orientation to all critical care units. If nurses float to other critical areas, the standards and expectations for patient care will be the same throughout. Initially, we had decided to meet twice a month, once all together and once as each individual unit. It didn’t take long for us to realize that we worked much better in a large group collaborating together. The Critical Care Unit-Based Nursing Council now works very well as a cohesive group, creating and developing many new projects to benefit all of critical care.

### References:

- Dougherty, Mary B., and Larson, Elaine L. (2010). The Nurse-Nurse Collaboration Scale, *Journal of Nursing Administration*, 40(1), 17-25.
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## Preceptor of Distinction Award

### OVERVIEW

A preceptor of distinction creates a safe environment in which trust and wisdom can be discovered by both the preceptor and preceptee. Through example, the preceptor encourages a journey of growth and discovery and is a role model for excellence in patient and family care. Clinical nurses committed to this role help to create a positive learning environment for new nurses who choose to practice at Lahey Clinic.

The Lahey Clinic Preceptor of Distinction Award is designed to recognize a clinical staff nurse who consistently demonstrates excellence in educating, precepting, mentoring and coaching nurses.

### ELIGIBILITY

Any Lahey Clinic clinical staff nurse who has had at least three experiences precepting or mentoring another nurse, and who meets the following criteria, is eligible:

- Registered nurse
- Consistently demonstrates excellence in educating, precepting/mentoring and coaching
- Role model for excellence in patient and family care
- Committed to the preceptor role: frequently functions as colleague, teacher, mentor and coach; creates a positive learning environment; and contributes to the growth and development of other nurses
- Seeks opportunities as a lifelong learner to enhance his/her own knowledge and skills
- Works with the health care team to create a responsive and respectful environment

### AWARD CRITERIA

The criteria for this award will illustrate those behaviors that demonstrate distinction in a preceptor's practice as exhibited by the following values and sample behaviors: caring and nonjudgmental; a spirit of inquiry; and guided by knowledge, leadership and teamwork.

To nominate someone for this award, please complete the Preceptor of Distinction Award Form found on Nursing@Lahey by March 15, 2010.

### 2009 Preceptor of Distinction Award Winners

#### Linda Comfort, BSN, RN

Linda Comfort started her career at Lahey on 5 West and recently transitioned into the role of Nursing Quality Project Coordinator in December 2008. She played a vital role in precepting our new colleagues on 5 West, and all of her orientees as of today will always remember her as "the best preceptor" during their orientation.

#### Kathy Erickson, BSN, RN

Kathy Erickson joined Lahey Clinic and started working on 6 West seven years ago. In 2005, she transferred to 6/7 Southeast, where she has been practicing as a staff nurse. With her knowledge, compassion and leadership, she has been a tremendous role model for our nurses and nursing assistants.

#### Andrea Falzano, BSN, RN

Andrea Falzano came to work on 6 East Telemetry in November 2006 after receiving her BSN from the University of Massachusetts Lowell. As preceptor, she is a conscientious teacher and shares her skillful art of nursing excellence and dedication to her patients as a caregiver and advocate with each orientee.

#### Jeanne Femia, RN

Jeanne Femia has actively educated new emergency room nurses since 2000. She fosters critical thinking by consistently challenging her students to assess patients and implement a detailed plan of care. All of her students have developed into skilled emergency nurses, confident in their abilities and fully prepared to grow within the department.

#### Linda Ferranti, BSN, RN, CNOR

In the past 17 plus years at Lahey, Linda Ferranti has served in a variety of roles. She has been a member of the General Surgery, the Liver Transplant and, currently, the Neurosurgery team. She has functioned as a team leader for General Surgery and was instrumental in developing and implementing standards of care for laparoscopic surgery. Many new staff, both experienced and novice, have benefited from her expertise and calm, patient and kind demeanor.

#### Jackie Gauthier, BSN, RN

Jackie Gauthier was hired to work on 7 East after graduating from Northeastern University and receiving her BSN in 1991. In the past 18 years, she has assisted with many changes on 7 East. She has worked all three shifts and also as an assistant clinical educator.

#### Therese Louis, BA, ASN, RN

Therese Louis has worked at Lahey Clinic for over 20 years. She has worked on many nursing units including 5 West, 6 East and 6 East Step Down. As a preceptor, she is knowledgeable and committed to sharing that knowledge; in addition, she enjoys learning and teaching.

#### Joan O'Connell, BSN, RN

Joan O'Connell's journey in the nursing profession began almost 26 years ago when she was an LPN. She is a valued member of the PACU team, precepts new staff,

does charge on a regular basis and, over the past year, has partnered with a PACU colleague to teach hand-off communication to the newly licensed nurses in the Med/Surg Pathway.

#### Suzanne Quigley, AD, RN

Suzanne Quigley came to Lahey Clinic as a graduate from Salem State College in 1986. She is a staff nurse on 7 West and has also worked in the role of assistant clinical educator. She always advocates for her patients and is a great role model for nurses who are new to Lahey Clinic.

#### Janine Raby, AD, RN

In 2003, Janine Raby returned to Lahey as a rapid response nurse. In that same year, she floated between Lahey Clinic Medical Center, North Shore and Burlington in the Endoscopy Department. In October of 2006, she became a permanent employee of the Peabody campus.

#### Erin Sanborn, RN, CCTN

In 2004, Erin Sanborn graduated from MassBay Community College and is currently working on her BSN at UMass Lowell. Erin is a member of the 6 Central Unit-Based Council. She is a conscientious and caring nurse who is well respected by her peers and a favorite preceptor/mentor on 6 Central.

#### Andrea Silen, BSN, RN

Andrea Silen is a very active member of the Unit-Based Council and was instrumental in the implementation of the Partners in Practice Model on the unit. She has a great sense of humor and has a strong commitment to her patients and coworkers on 7 Central.

#### Colleen Sousa, RN

Colleen Sousa began work at Lahey Clinic in January 2006 as a nursing associate while in her last semester of her Associate degree program. In August 2006, after graduating from nursing school and passing her boards, Colleen began work as a staff nurse on 6 West, where she is an active skin care champion and part of the Skin Care Team. She also functions in the charge nurse role and frequently orients new staff nurses and newly licensed nurses to 6 West.

#### Mindy Strassberg, BSN, RN, CCRN

Mindy Strassberg started on 6 West in December 2001, and, 18 months later, she transferred to what was then called 6 West Step Down. There she honed her skills as a charge nurse and a preceptor and, in April 2005, she transferred to the MICU. She is an instructor for the End of Life Course and a member of the Nursing Ethics Committee.

#### Karen Waisnor, BSN, RN

Karen Waisnor has been a member of the Critical Care Unit-Based Council for many years and is currently serving as a cochair. She frequently precepts and mentors new staff and sets very high standards for herself and for her coworkers.

# 2009 Daisy Award Winners



## What is the Daisy Award

DAISY is an acronym for Diseases Attacking the Immune System. The DAISY Foundation was created in memory of J. Patrick Barnes, who died at age 33 from complications of a rare disease called idiopathic thrombocytopenia purpura. The Foundation supports research along with services for families and patients. During Pat's eight-week hospitalization, his family was awestruck by the care and compassion his nurses provided not only to Pat, but to everyone in his family.

The Foundation recognizes the compassion and clinical skills of nurses with programs like the DAISY Award. The award rewards and celebrates the extraordinary clinical skill and compassionate care given by nurses everyday. Lahey Clinic is proud to be a DAISY Award Hospital Partner, recognizing one of our nurses or a team of nurses with this special honor every month or quarter.

### How to Nominate an Extraordinary Nurse or Team of Nurses

Click on the [Nursing@Lahey](mailto:Nursing@Lahey) link on the MassNet home page; then select Daisy Award Nomination Form under "Flyers, Announcements and Other Documents."

### JANUARY

**Diane Geehan, BSN, RN, CAPA, CPAN**, staff nurse in Ambulatory Surgery, was the first Lahey Clinic recipient of the DAISY Award. Sadly, Ms. Geehan passed away in September 2009 after a courageous battle with cancer. Her compassion and friendship touched the Lahey family. Ms. Geehan's inspiring message for all of us to incorporate in our daily life is to "care for each other and your families, feel the breeze and sunshine, hug each other and pray for a happy life."

### FEBRUARY

**Kim Johanson, BS, RN**, staff nurse on 7C, started at Lahey Clinic as a nurse associate in 2003, and took a nursing position on 7 Central Hospital in 2005. Her peers and a physical therapist nominated her for this award. A patient recently wrote, "I want you to know that Kim was always kind and thoughtful each time she took care of me."

### MARCH

**Helen Rogers, LPN**, who works in dermatology at Wall Street, was the March recipient of the DAISY award. She first came to Lahey Clinic in 1980 on 7E Hospital and transferred to GIM in 1985. She joined dermatology in 2001 and is well respected by her patients, peers and providers for exemplifying the Guiding Principles in her daily practice.

### APRIL

The Cath Lab volunteer nominated the **Cath Lab Holding Area Nurses** for this award. The volunteer wrote, "They possess a very special skill, compassion and willingness to provide quality patient care. They exhibit true professionalism, for they have an eagerness to learn new procedures and processes in providing care. I have witnessed quality patient care provided to the patients, and they do it with such care and professionalism."

### MAY

**Greg Babcock, BSN, RN, CCRN**, staff nurse on the 6W PCU, began his career at Lahey Clinic in March 2003 and has worked in the ICUs and in the 6W-PCU. Respected by his peers, he serves as a mentor and role model for them, able to work with and educate his peers in an evidence-based environment.

### JUNE

**Colleen Hammond, BS/BA, BSN, RN**, joined the 6C staff in November 2006. Ms. Hammond has many personal and professional accomplishments, including founding the Cystinosis Research Network, serving our country as a Captain in the US Army National Guard and providing extraordinary care to patients on 6C.

### AUGUST

**Bonnie Brien, BSN, RN, Case Management**, has been a case manager at Lahey Clinic for six years. She worked as a case manager on 6 Central and then transitioned to the Intensive Care Units. Ms. Brien works closely with the patients, families and the medical team to formulate some very creative discharge plans for some of our most medically complex cases. She also is a member of the Palliative Care Team.

### SEPTEMBER

**Joanne Sliney, RN, PACU**, has been a registered nurse since 2002 and is a valued member of the PACU team. Ms. Sliney is a skin care champion in the PACU and is passionate about this role. Along with another colleague, she has worked creatively to educate the PACU staff on the importance of skin assessment as well as early prevention and identification of skin breakdown.

### OCTOBER

**Amy Poirier, BSN, RN, Case Management**, is a staff nurse on 6 East Hospital Telemetry/6EPCU. She began her nursing career on 6 East after graduating from the University of Massachusetts Lowell in 2007. Ms. Poirier was nominated for the Daisy Award by a 6 East patient for the outstanding care, compassion and friendship given to her during a lengthy hospital stay.

### NOVEMBER

**Marlene Barrett, BSN, RN, CCRN, 6W PCU Rapid Response Nurse**, joined Lahey Clinic in 1985. She has utilized her nursing skills in a number of areas, most recently as a member of the Rapid Response Nursing Team. Ms. Barrett was one of the first rapid response nurses. In this role, she has been instrumental in advancing nursing practice and fostering teamwork among Lahey colleagues. She serves as a mentor for others and supports her colleagues' practice. Demonstrating confidence and professionalism in her nursing practice, Ms. Barrett exemplifies Lahey's Guiding Principles with each interaction.

### DECEMBER

**Donna (Dee) Benanti, RN, CNOR, RNFA, Lahey Clinic OR**, has worked at Lahey Clinic for over 25 years. She has held positions as staff nurse, assistant nurse manager and clinical educator. She is currently the service leader of the Colon Rectal Service. Ms. Benanti is an outstanding patient advocate and perioperative nurse. She is a team player, consistent and reliable. She is committed to personal best for herself and those she mentors. She is held in the highest esteem by all members of the surgical team.

## SAVE THE DATE

—CALL FOR PARTICIPATION—

### Seventh Annual Nursing Research Day at Lahey Clinic

TUESDAY, MAY 11, 2010 (Morning)  
Celebrated during Nurses Week

We want to showcase the research studies, unit-based and evidence-based practice (EBP) projects conducted by Lahey nurses during our Seventh Annual Research Day.

We are looking for both speakers and poster presenters.

#### We need you if:

- You/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
- You want to participate in Research Day in any way

#### Want to Volunteer? Have Questions? Need Assistance?

Please contact:

Nurse Research Scientist, Ann Dylis, PhD, RN  
E-mail: [ann.m.dylis@lahey.org](mailto:ann.m.dylis@lahey.org)

Your participation will make this day very special for all Lahey Clinic Colleagues!

## NDNQI RN Survey

Once again, the Lahey Nursing Department is participating in the National Database of Nursing Quality Indicators (NDNQI) survey. This June will be our seventh year participating in the survey. This web-based survey is completely confidential and anonymous, and all responses are uploaded to NDNQI, which is located at the University of Kansas School of Nursing. The survey, which will be completed between June 7 and June 27, provides an opportunity for you to have a positive impact on both your professional practice and the environment in which you work so hard each day. Join your colleagues in completing the survey! Your voice is valuable!

## Spotlight on Critical Care Nursing Certification

By Kathryn McNamara, BSN, RN, CCRN

Professional specialty certification benefits patients, nurses and employers, and signifies a mark of excellence in practice. Specialty certification is a voluntary process, and it points to a nurse's commitment to both his or her professional development and dedication to patient care and outcomes. According to the American Association of Critical-Care Nurses (AACN), "nursing certification contributes to improved patient safety and quality of care as well as to the professional satisfaction that nurses seek. Certification is an important indicator that nurses are qualified and competent in their specialties and that they have also met rigorous requirements to achieve and maintain their expert credentials."

Nurses become certified for many reasons, including personal and professional development, self-improvement and advancement opportunities. Auriel Chin, ASN, RN, CCRN, has been certified for six years. She felt that obtaining her certification "would be a good review of skills needed to function in a critical care environment, and my colleagues and patients would know that I went an extra step to prepare myself to care for my patients by gaining a better knowledge base and understanding." Mindy Bloom, BSN, RN, CCRN, certified for two years, felt that getting her certification in critical care "would benefit the new critical care nurses that I was precepting. My specialty certification has influenced my daily practice by giving me a solid background for thinking critically about my patients and being able to communicate that to my orientee, my colleagues, my patients and their families." Doris Barreiro, MSN, RN, CCRN, certified for 25 years, obtained her certification for "personal satisfaction and professional development." As the nurse manager of the MICU, she encourages all her staff to become certified. In her leadership position, maintaining her own CCRN certification allows Ms. Barreiro to "keep current with practice changes, have credibility with my staff and peers, and model professional accountability."

CCRN review programs have been offered at Lahey Clinic in two formats. In the past, national renowned experts in critical care nursing, Thomas Ahrens, RN, DNSc, CCRN, and Barbara McLean, MSN, RN, CCRN, CCNS, CNRP, FCCM, were invited as guest lecturers. Both provided clinical practice pearls and a comprehensive overview of critical care.

More recently, by staff nurse request, we have changed the format in which we offer our Critical Care Certification Review Course. Nursing leaders in critical care along with CCRN certified staff nurses currently provide more in-depth test-taking tips and review a significant amount of test questions. One benefit of conducting our own review course is that we are able to offer it more frequently. The course is now offered twice yearly and meets weekly for three weeks in a row for three hours. The participants also bring questions from home study for group discussion. The CCRN review program's use of i>clicker technology to review questions/answers has been highly successful. The i>clicker is an audience response system where participants can answer multiple choice questions via a handheld device. Voting results are then collected wirelessly, in real time, and displayed immediately as a graph on the screen for all to see. This teaching method enables all nurses to participate simultaneously while allowing for immediate assessment of knowledge and feedback based upon audience response. Ms. Barreiro feels that "it's imperative that an organization promotes certification." Lahey Clinic has fully supported our journey to promote CCRN certification since our initial request in offering a certification review program many years ago. Currently, there are 28 CCRN certified nurses in Lahey's Critical Care Units.

Lahey Clinic encourages all nurses to become certified in their specialty areas of practice. Lahey Clinic rewards nurses who have gone above and beyond in bettering themselves for their patients by achieving certification by providing reimbursement of examination fees and subsequent recertification fees thereafter. All nurses certified in their specialty areas of practice are recognized on Lahey Clinic's Nursing Wall of Honor. This highly visible list of certified nurses, located across from the Alumni Auditorium, is updated each year during Nurses Week, and all certified nurses are recognized during a Certification Tea. Nurses who have achieved certification provide ongoing support and inspiration to certification candidates.

#### References:

American Association of Critical-Care Nurses:  
[www.aacn.org](http://www.aacn.org)  
[www.iclicker.com](http://www.iclicker.com)

# Notes on Nursing

Lahey Clinic  
41 Mall Road  
Burlington, MA 01805

Exceptional NURSES... Extraordinary CARE

## Stop the Clot

*By Joan Politi, RN, Lahey Inpatient Anticoagulation Service*

March is National Deep Vein Thrombosis (DVT) Awareness Month, and Lahey's Anticoagulation Service is making a concerted effort to spread the word about this serious medical condition. In the United States, more than 100,000 Americans die each year from complications of DVT, which occur when part of a blood clot breaks off and travels to the lung (pulmonary embolus). As part of DVT Awareness Month, Lahey's anticoagulation nurses will be distributing important information in an effort to educate about how to assess for clot risk, prevention, signs and symptoms, and treatment of DVT. Unfortunately, many laypeople do not even know what DVT stands for until they find themselves hospitalized. Medical professionals must never forget that hospitalized patients are often at increased risk for developing DVT. With public and professional awareness and proper medical care, the risk of DVT may be reduced and DVTs may be successfully treated. Nurses and doctors are encouraged to spread the word about DVT and to learn more about this condition. Lahey Clinic Medical Center is fortunate to have a dedicated Anticoagulation Service working each and everyday not only to prevent DVTs but also to safely treat individuals with anticoagulants when necessary.

**Mark your calendars for DVT Grand Rounds:**

**Nursing, March 12, 2010; Doctors, March 5 and March 19, 2010**

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*Notes on Nursing at Lahey Clinic* is a newsletter for and by nurses. Our goal is to communicate important information. We invite all nursing colleagues to share stories about their professional practice, unit successes and performance improvement projects. Send e-mail to [Notes.On.Nursing@Lahey.org](mailto:Notes.On.Nursing@Lahey.org), or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

Notes on

**NURSING**

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MARCH/APRIL 2010