

INSIDE:

Council Reports

Medication Safety

Education Calendar

Magnet Journey

The Bug Stop

# Notes on NURSING

at Lahey

May/June 2005

## FROM THE CNO

### *Nurses: Many Roles, One Profession*

◆ Kathleen S. Jose, RN, MSN, CNO

With May finally here, I would like to acknowledge all of you as we celebrate National Nurses Week. The theme this year is "Nurses: Many Roles, One Profession." At Lahey Clinic, we are honored to have so many wonderful nurses practicing in so many different areas. You can find committed, compassionate nurses in the operating room, the recovery area, the ambulatory setting, in patient care areas, in education, in research and in administration. One of the strengths that connect all of

them is their allegiance to our patients. Whether teaching the patient and the family, caring for them at the bedside, using the latest technological advances, or providing emotional support, the nurses at Lahey represent the best of our profession.

To acknowledge this commitment we have submitted our application to be recognized as a Magnet facility by the ANCC (American Nurses Credentialing Center). Patricia Conway, MHA, RN, our Magnet program manager, met with the Allied Health Professional Committee, nursing leadership and staff to begin to spread the word and enlist the cooperation and efforts of everyone as the work proceeds. We have



Kathie Jose, RN, MSN, CNO

extended the scope of the NDNQI (National Database of Nursing Quality Indicators) survey to include ambulatory nursing and all tertiary units. We participate in this survey quarterly, and it allows us to compare ourselves with other nursing areas across the country. The results of the survey are the basis for the "Dashboards" that are found on nursing units. The nurse managers have begun recruiting members for task forces that will gather our evidence for the Fourteen Forces of Magnetism. They have attended workshops on how to present this documentation to the ANCC.

In alignment with the strategic goals of the institution, the nursing department has been involved in the branding initiative. Our patients make decisions based on their experiences and interactions with our organization. Each point of contact is a "touchpoint," and it is the qualities of these touchpoints that tell the patients and their families whether

*Continued on page 2*

## COUNCIL REPORTS

The **Nurse/Physician Partnership Council** has been developing a method for medication reconciliation and working on standardizing the process for calling in consults. The members have also been actively discussing ways to improve nurse/physician relationships. If you have any suggestions please contact the chairs, Fran White, RN, nurse manager of 6 Central, and Kathie Jose, CNO. Nursing continues to collaborate with medicine to assess and activate the Alcohol Withdrawal Pathway for those patients who require these evidence-based interventions.

The **Professional and Education Council** is chaired by Gayle Gravlin, RN, EdD, associate chief of education, and Alison O'Brien, RN, senior education coordinator. The council recently hosted the National Youth Leadership Forum, facilitated by Debralee Quinn, RN. Many clinical educators took part in the two-day forum by giving demonstrations throughout the institution to groups of high school students

*Continued on page 2*



# From the CNO

Continued from page 1

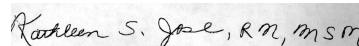
or not we are fulfilling our promise of "Treating You Right." Certainly this includes keeping our patients and their families safe from harm as shown by our dedication to becoming a high reliability organization. This includes creating a culture of "mindfulness" or preoccupation with identifying failure, where everyone in the Nursing Department plays a role in safety and the quality of care provided.

One of the JCAHO National Patient Safety Goals is the Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery, now becoming known as the Universal Protocol. This applies to all operative and other invasive procedures that expose patients to more than minimal risk, including procedures done in settings other than the operating room, such as a special procedures unit, endoscopy unit or interventional radiology suite. It includes most procedures that involve puncture or incision of the skin, or insertion of an instrument or foreign material into the body. It does not include certain routine "minor" procedures, such as venipuncture, peripheral IV line placement, insertion of NG tube, or Foley catheter insertion (see JCAHO.org). You will become quite familiar with this during the next months as we prepare for our JCAHO accreditation visit this year.

I am delighted to announce that we have been recognized by the Advisory Board as demonstrating best practice in education and utilization of evidence-based practice in nursing. This news was published in the Advisory Board's recent *Nursing Executive Center 2004-2005 National Membership Meetings: The Intelligent*

*Nursing Organization*. I would also like to quote to you from a recent letter I received from a patient's family: "I am sure you are aware of the expert, compassionate care your staff provide on a daily basis to patients and families. From admission through discharge every person we encountered practiced professionally and compassionately."

This testimony states better than I can the essence of the nurses at Lahey Clinic. I am so proud of each and every one of you and wish you all a joyous celebration of Nurses Week.



Kathleen S. Jose, RN, MSN  
Chief Nursing Officer

## COUNCIL REPORTS

Continued from page 1

from all over the country. The council has been planning Lahey's celebration of Nurses Week (May 9 to 12). The members are very excited about the new staff education channel, which was configured with the assistance of the Audiovisual Department. This channel will allow nurses to access training videos to enhance their practice. The council continues to review all educational offerings and is currently refining the Telemetry Path to Expertise in anticipation of the opening of new telemetry medical/surgical units. ECCO (the Essentials of Critical Care Orientation) has been implemented. This is a combination of e-learning and workshops to develop the knowledge base needed in critical care areas. SimMan (the simulation manikin) is used during the workshops to practice newly acquired skills and is also used during our additional days of nursing orientation to familiarize RNs with equipment and processes.

The **Clinical Practice Council**, chaired by Jean Brown, RN, manager of the ED, and Janet Habeshian, RN, manager of 7 Central, has approved the Weekend Attendance Policy for Nursing. This policy is now in effect. After many meetings and in collaboration with all nursing units and the Pharmacy, the Medication Administration Policy will be implemented May 2. The target date for completion of the process for reviewing all policies is October 2005. This is part of Lahey's preparation for the JCAHO visit.

The **Quality/Safety Council**, chaired by Cynthia Fiekers, RN, manager of 5 West, and Carol Martel, RN, manager of 7 West, has been revisiting the high-alert medication process, especially in the critical care areas. The council has also been reviewing the travel ticket. They are exploring the need for a signature at the transition of care and whether the leveling aspect needs to be improved. The council is looking at measures that would help with the immunization process for our patients and refining the falls protocol and management of the post-fall patient. They continue to work on the medication reconciliation project and the procedure for reporting critical values. The vast array of different insulin products is an area of special concern, and the council members hope to develop tools for the prevention of errors in insulin administration.

The **Policy Coordination and Development Council** is chaired by Sheila Cunniff, RN, associate chief of ambulatory nursing, and Doris Barreiro, RN, manager of the MICU, CCU and 6 West Step-Down. The council has been reviewing job descriptions for the Nursing Department and collaborating with appropriate management teams to update them as needed. Job descriptions for the ambulatory RN, LPN and clinic assistant have been finalized. We continue to work on documentation tools, including the flow sheets for medical/surgical, PACU and critical care units, procedural sedation documentation, and the Initial Patient Assessment.

### Notes on NURSING at Lahey

May/June 2005

Published under the auspices of the Professional and Education Council, Gayle Gravlin, RN, EdD, chair.

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*Notes on Nursing at Lahey Clinic* is a newsletter for and by nurses at Lahey. We hope to improve communication among nurses and bring you information you need. Let us know what changes can be made to make this serve you. Call us, send e-mail to [Notes.on.Nursing@Lahey.org](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.

## MEDICATION SAFETY

# Professional Partnerships

◆ Maureen McLaughlin, RN, BSN, CPAN

Decades ago the onus of medication safety fell primarily to the physician. The doctor wrote an order, the pharmacy dispensed it, and the nurse administered the medication as written. Much has changed in the new millennium. Today, the practice of medication safety is the responsibility of physicians, nurses and pharmacists all working as a team. Together, they ensure that patients receive medications for which there is no contraindication, and that they receive the correct medication, at the correct time, in the correct dose, and by the correct route.

According to the Massachusetts Nurse Practice Act, the registered nurse is responsible for planning and implementing nursing interventions that include prescribed medical regimens and knowledge of these regimens. The Nurse Practice Act also states that the registered nurse shall be knowledgeable of scientific principles and recent advancements. In sum, when administering a medication, the registered nurse should be cognizant of adverse effects of the medication, drug-to-drug interactions, and potential contraindications related to administering this medication.

Pharmacists have watched with interest as judges have wrangled with the legal standards that defined the role of pharmacists in drug distribution and pharmaceutical care. The role of the pharmacist has evolved into something more than correctly processing prescriptions. They are now expected to detect and rectify potential problems with drug therapy in addition to correctly dispensing medication.

As a team of dedicated professionals all working together with the patients' well being always in mind, doctors, nurses, and pharmacists can do a lot to reduce the incidence of errors related to medication administration. Lahey Clinic has implemented many safety mechanisms that link the three specialties.

One such example is the scanning of physician orders to the Pharmacy for review prior to dispensing. Nurses diligently review the IV Grid, developed in a collaborative effort between Nursing and Pharmacy, before administering any IV medication. Physicians, nurses and pharmacists sit together on committees to address methods in which Lahey Clinic can reduce the incidence of medication errors. This team approach will ensure patients at Lahey Clinic receive the safest care possible.

## NEW APPOINTMENTS

Congratulations to the following colleagues who have recently taken leadership positions:

- Ann Killilea, RN, BSN, Admitting Nurse Administrator
- Carol Gabriel, RN, BSN, Clinical Educator, 7 Central
- Carrie Dinneen, RN, BSN, Assistant Nurse Manager, 6 Central
- Debra Flynn, RN, BSN, Quality Nurse Liaison
- Diane Cronin, RN, BSN, Clinical Educator, Cath/EP Labs
- Eileen Power, RN, BSN, Nurse Manager, 6 East
- Eleanor Lawler, RN, BSN, Clinical Educator, SICU, CT-PACU, 6 East Step-Down
- Grayce Ventura, RN, Nurse Manager, Ambulatory Surgery/Special Procedures, PAT, INR, IV Infusion
- Jennifer Callahan, RN, BSN, Clinical Educator, 6 East
- Kristen Murphy, MBA, Nursing Office Manager
- Mary Wright, RN, BSN, Administrative Supervisor
- Pat Vogel, RN, BSN, CCRN, Assistant Nurse Manager, MICU/CCU
- Patricia Conway, RN, MHA, Magnet Program Manager

## EDUCATION CALENDAR

### M A Y

#### 5 Charge Nurse Workshop

Time: 8 am to 4 pm

Place: HR Training Room, 31 Mall Road

◆ Preregistration required, call ext. 8838.

#### 5 BCLS (CPR)

Time: 1:15 to 3:30 pm

Place: Alumni Auditorium

◆ Recertification only. Space is limited and preregistration is required. Call ext. 8725 or 5322.

#### 9 Nursing Grand Rounds +

Nurses Facing Terror Head-On:

One Nurse's Experience in Iraq

Speaker: Donna Lehman, RN, BSN

Time: Noon to 1 pm

Place: Alumni Auditorium

#### 10 Second Annual Nursing Research Day +

Presentations of original nursing research

Time: 8:30 am to Noon

Place: Alumni Auditorium

#### 10 BCLS (CPR) LCN

Time: 1:30 – 4 pm

◆ Recertification only. Preregister by calling ext. 4501.

#### 11 UAP Education Series

Stress Management

Speaker: Patricia Student, RN, MS, CS

Time: 1 to 2 pm

Place: 5 Central Clinic, Room 5-301

◆ All nursing and clinic assistants and unit coordinators are invited.

#### 12

#### All-Day Continuing Education +

A Celebration of Nursing:

Professional Issues in 2005

Time: 7:30 am to 4 pm

Place: Alumni Auditorium

◆ Preregistration is requested, call ext. 8725.

# EDUCATION CALENDAR continued

† = MARN contact hours applied for  
See below for details

May	M	T	W	TH	F
	2	3	4	5	6
	Nursing Grand Rounds <sup>†</sup>	Nursing Research Day <sup>†</sup> BCLS (CPR) LCN	UAP Education Series	All-Day Continuing Education <sup>†</sup>	
	16	17	Trauma for Crit. Care Nurses <sup>†</sup>	Chemo. & Biotherapy Course <sup>†</sup>	
	23	24	Preceptor Workshop <sup>†</sup>	Chemo. & Biotherapy Course <sup>†</sup> ELNEC Program <sup>†</sup>	
	30	31			

June	M	T	W	TH	F
			1	2	3
	Critical Care Workshop		Nursing Grand Rounds <sup>†</sup>	UAP Education Series BCLS (CPR)	
	13	Skill Fair-Burlington BCLS (CPR) LCN	15	All-Day Continuing Education <sup>†</sup>	Pacemaker Workshop <sup>†</sup>
	Critical Care Workshop	21	Preceptor Workshop <sup>†</sup>	23	24
	27	ACLS Recert. <sup>†</sup>	29	30	

## M A Y

### 16th through June 9th

#### Nurse Re-Entry Course

A series of classes for nurses returning to the bedside.

### 18 Trauma for Critical Care <sup>†</sup>

Time: 8 am to 5 pm  
Place: HR Training Room, 31 Mall Road

◆ Preregistration is required, call ext. 2125.

### 19, 26 Chemotherapy & Biotherapy Course <sup>†</sup>

Time: 8:30 am to 5 pm  
Place: Room 5-301, 5 Central

◆ Preregistration is required, call ext. 8725

### 23 ACLS Recertification

Time: 9 am to 5 pm  
Place: Alumni Auditorium

◆ Preregistration is required in person in Nursing Administration. For additional information call ext. 8725.

### 25 Preceptor Workshop <sup>†</sup>

Time: 8 am to 4 pm  
Place: HR Training Room, 31 Mall Road

◆ Preregistration is required at ext. 8725. Open to any department.

### 26 ELNEC PROGRAM <sup>†</sup>

End of Life Nursing Education Consortium

Time: 7:30 to 5 pm  
Place: HR Training Room, 31 Mall Road

◆ Preregistration is required, call ext. 8725.

## J U N E

### 6 Critical Care Workshop (ECCO)

Cardiac and Hemodynamics  
Time: 9 am to 1 pm

Place: Simulation Lab, 1 West  
◆ Preregistration is required, call ext. 8725.

### 8 Nursing Grand Rounds <sup>†</sup>

Time: 11:30 to 12:30 pm  
Place: 4 West Conference Room  
Managing Challenging Patients Presented by 6W

◆ All are welcome.

### 9 BCLS (CPR)

Time: 1:15 – 3:30 pm  
Place: Alumni Auditorium

◆ Recertification only. Space is limited and preregistration is required. Call ext 8725 or 5332

## J U N E

### 9 UAP Education Series

EKG

Speaker: Jeanne McDonald

Time: 1 to 2 pm

Place: 6K-39

◆ All nursing and clinic assistants and unit coordinators are invited.

### 14 Skills Fair-Burlington

The First Skills Fair of 2005  
All nurses must attend one skills fair during 2005

Time: 7 am until 1 am on June 15

Place: Cafeteria Conference Room

### 14 BCLS (CPR) LCN

Time: 1:30 to 4 pm

◆ Recertification only. Preregister by calling ext. 4501

### 16

#### All-Day Continuing Education <sup>†</sup>

All about Eve: Update on Women's Issues

Time: 7:30 to 4 pm

Place: Alumni Auditorium

◆ Preregistration is requested. Call ext. 8725.

### 17 Pacemaker Workshop

Time: 11 am to 3 pm

Place: Alumni Conference Room

◆ A "hands-on" introductory

workshop on temporary pacemakers. Preregistration is required. Call ext. 8725.

### 20

#### Critical Care Workshop (ECCO)

Pulmonary and Ventilators

Time: 9 am to 1 pm

Place: Simulation Lab, 1 West

◆ Preregistration is required. Call ext. 8725.

### 22

#### Preceptor Workshop <sup>†</sup>

Time: 8 am to 4 pm

Place: HR Training Room, 31 Mall Road

◆ Preregistration is required. Call ext. 8725. Designed to help new preceptors develop the skills needed to be an effective preceptor for new staff members. Open to any department.

### 27, 28

#### ACLS Two-Day Certification

### 28 ACLS Recertification

Time: 9 am to 5 pm

Place: Alumni Auditorium

◆ Preregistration is required in person in Nursing Administration. For additional information, call ext. 8725.

# The Magnet Journey

◆ Heather R. Kolnsberg, RN, BSN, MBA

Lahey Clinic is seeking to achieve Magnet Recognition, a designation of nursing excellence awarded by the American Nurse Credentialing Center (ANCC), a division of the ANA. The Magnet journey can take several years from inception to completion. Seeking such a designation is in accordance with our nursing philosophy, because nursing excellence is all about delivering the best in patient care. Chief Nursing Officer Kathleen Jose, RN, MSN, has supported our mission, vision, philosophy and professional practice model within Nursing, which reflects this philosophy.

Here at Lahey, our *nursing mission* is to provide the highest quality of care to patients and their families, with a goal of facilitating the well-being of our patients across the health care system through the use of evidence-based practice. It is what we do. Our *nursing vision* is that Lahey nurses are renowned for their level of expertise in the delivery of patient-focused care through their commitment to professional growth, work excitement, and evidence-based practice. It is what we seek.

Our *nursing philosophy* states the “Lahey Clinic Model for Nursing” supports the concept of patient-focused care, recognizing that each individual is a unique person with varying health care requirements throughout life. When an individual or family utilizes health care services, the Department of Nursing is committed to facilitating the progression of the patient through our health care system practicing a multidisciplinary approach.

At Lahey, our nursing mission, vision and philosophy are aligned with those of the organization, and our *core values* are one and the same. As we work to provide the highest quality of care to our patients and their families in an interdisciplinary setting, the common goal of all colleagues at Lahey is to care for our patients with

- Compassion and openness
- Unsurpassed expertise
- A drive for continuous learning and improvement
- Our five guiding principles: Respect, Caring, Teamwork, Excellence, and a Commitment to Personal Best

Our *nursing professional practice model* places core values at the center of patient-focused care and the practice environment. Based upon the Hoffart and Woods model, its components are weaved around and are dependent upon core values. The five components of this professional practice model include our core values, our patient care delivery

model (patient- and family- centered care), our nursing governance structure (nurse involvement in practice councils), our compensation and recognition programs, and our professional relationships. Core values govern our professional actions and decision-making in everyday practice and in long-term planning.

In addition, we utilize the nursing theorist Patricia Benner’s model of novice-to-expert within many components of our professional practice model. For example, our Pathways to Expertise, which is based on Benner, provides nurses with the knowledge to advance clinically, and recognizes the level of expertise achieved by nurses who earn professional certification.

We value the development of expertise within all areas of professional nursing because our goals include caring for our patients with unsurpassed expertise, a drive for continuous learning, excellence, commitment to personal best. As part of nursing excellence, we strive to achieve our nursing mission to provide the highest quality of care to patients and their families.

## NURSES WEEK 2005

### *Nurses: Many Roles, One Profession*

#### Monday, May 9

Nursing Grand Rounds with Donna Lehman, RN, BSN  
Noon to 1 pm in the Alumni Auditorium  
Nurses Facing Terror Head-On: One Nurse’s Experience in Iraq

#### Tuesday, May 10

Second Annual Nursing Research Day  
8:30 to Noon in Alumni Auditorium

#### Thursday, May 12

Celebrate Nursing 2005: Professional Nursing Issues  
7:30 am to 4 pm in Alumni Auditorium  
An all day continuing education program

Additional activities for the week will be posted throughout Lahey Clinic.

## THE BUG STOP

# Avian Influenza (Bird Flu)

◆ Jane Eyre-Kelly, RN, CIC

**W**orld health officials are closely monitoring an outbreak of avian influenza A (H5N1), or bird flu, that is spreading through Vietnam, Thailand and Cambodia at a concerning rate. Evidence is starting to show that bird flu—previously contracted only from poultry—is now beginning to spread among humans. Because these viruses do not commonly infect humans, there is little or no immune protection against them in the human population. If the H5N1 virus were able to infect people and spread easily from person to person, influenza pandemic (worldwide outbreak of disease) could begin. Centers for Disease Control and Prevention Director Julie Gerberding, MD, is warning that a current outbreak of avian influenza could lead to catastrophic outcomes.

Based on historical patterns, influenza pandemics can be expected to occur, on average, three to four times each century when new virus strains emerge and are readily transmitted from person to person. The occurrence of flu pandemics, however, is unpredictable. In the 20<sup>th</sup> century the great flu pandemic of 1918 to 1919 caused an estimated 20 million deaths worldwide.

Bird flu is caused by wild birds that carry avian influenza viruses in their intestines, usually without getting sick from them. Infected birds shed flu virus in their saliva, nasal secretions and feces. Susceptible birds become infected when they have contact with excretions or surfaces that are contaminated with excretions. The virus is very contagious among birds and can cause illness and death in some domesticated birds, including

chickens, ducks and turkeys. The virus can also be spread to humans through contact with infected birds or their excreta.

Symptoms of avian influenza in humans have ranged from typical flu-like symptoms (for example, fever, cough and muscle aches) to conjunctivitis, pneumonia and acute respiratory distress.

The recently encountered avian influenza A (H5N1) virus strain appears to be more virulent and resistant to older antiviral medications such as amantadine or rimantadine. There is currently no vaccine to protect humans against the H5N1 strain that is being seen in Asia. Vaccine development efforts are under way.

*The virus can also be spread to humans through contact with infected birds or their excreta.*

The secret to preparedness is maintaining a high index of suspicion. All patients who present to the health care setting with fever and respiratory symptoms should be managed according to recommendations for “Respiratory and Cough Etiquette.” Patients should be questioned regarding recent travel history, including travel to Vietnam, Thailand or Cambodia, within the past 10 days. Adherence to principles and practices of infection control, including hand hygiene, appropriate isolation precautions, and influenza vaccination, is critical to reduce the potential for transmission of infection.

## Notes on NURSING

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