Building a Successful Career

Sally Cadman, RN, MS, CCRN

Critical care nursing at Lahey Clinic is a vibrant career path that involves critical thinking, quick decisions and an expansion of skills. The combination of state-of-the-art critical care units and a comprehensive orientation program make critical care an exciting career choice. Under the inspiring watch of Tracy Malone, RN, MSN, associate chief, Critical Care, several exciting changes are occurring this year.

E-learning in Critical Care

At the center of critical care orientation is the computer assisted instruction program, Essentials of Critical Care Orientation (ECCO). This comprehensive program, developed by the American Association of Critical Care Nurses (AACN), is organized by body systems and always accessible. This allows orientees flexibility in completing the program at their own pace. Under Tracy Malone’s guidance, our program is recognized as the gold standard in critical care orientation.

Continued on page 2
technology strategies. Dissemination of data, such as nursing sensitive quality indicators and patient/staff satisfaction, is a key component of this position.

Gayle Gravelin, RN, EdD, CNA, BC, associate chief, Nursing Education, Research and Professional Development, is responsible for developing innovative programs and initiatives that support the strategic mission of the Nursing Department and the organization by advancing clinical excellence through the creation of a learning environment. The development of the Nursing Research and Evidence-Based Practice strategic plan and program supports our culture of lifelong learning. In addition, she provides oversight and coordination for professional development, orientation, training and continuing education, clinical affiliations and placements, recognition programs, nursing evaluation, leadership development and career advancement throughout Lahey Clinic.

Ann Killiilea, RN, BA, associate chief, Patient Flow and Nursing Resources, is responsible for facilitating patient services and access. She oversees daily operations related to patient flow and nursing resources for all medical/surgical units, critical care units, progressive care units, PACU, and the Emergency Department. Working with nurse managers and administrative supervisors, she provides administrative oversight and direction to all aspects of patient services, access, and nursing resources. She works collaboratively with physicians and referring physicians in the transfer of patients into the facility.

Tracy Malone, RN, MSN, associate chief, Critical Care, is responsible for organizing, planning, directing, developing, maintaining and evaluating critical care nursing services. Working with nurse managers and administrative supervisors, she provides administrative oversight and direction to inpatient nursing in critical care areas.

Deborah Zarrella, RN, MSN, associate chief, Perioperative Services, is responsible for organizing, planning, directing, developing, maintaining and evaluating perioperative nursing services. Working with nurse managers, she provides administrative oversight and direction to nursing in the operating room, post-anesthesia care, ambulatory surgery, pre-admission testing, IV infusion, interventional radiology and endoscopy.

Working together, we can continue to advance the profession of nursing at Lahey Clinic, which in turn will improve patient outcomes and our work environment.

ECCO Workshops

In addition to one-on-one preceptorships, four workshops provide hands-on knowledge of Lahey Clinic’s policies and procedures. During the workshops, participants meet and learn from other disciplines that impact critical care patients, such as infection control, respiratory therapy and nutrition. Sue Schaefer, RD; Dave Muise, RRT; Sandy Willey, MT, CIC; and Jane Eyre-Kelly, RN, CIC; contribute their time and expertise by presenting at the ECCO workshops. Also incorporated into the workshops is the use of SimMan to practice skills and teamwork.

Program Changes for 2007

Last November, 66 nurses who participated in ECCO within the past two years were asked to evaluate the program and suggest changes. After reviewing the suggestions, the critical care leadership instituted the following modifications:

- Begin a Welcome to Critical Care luncheon to help with socialization and knowledge of how to navigate the ECCO program.
- Increase the time allowed to complete the computerized portion of ECCO from 12 weeks to 16 weeks.

From ECCO to Unit-Based Competencies

Each orientee collaborates with the unit-based critical care educators on an individual learning plan. In the SICU, Ellie Lawler, RN, BSN, maps out the pathway to expertise for nurses taking care of complex surgical patients. Hermine Getzoyan, RN, BSN, and Joan Alosso, RN, nurse educators, MICU/CCU, collaborate on an orientation plan that is aimed at meeting the needs of complex cardiac and pulmonary patients. In the PACU, Maureen Mclaughlin, RN, BSN, designs a unique orientation using ECCO and post-anesthesia nursing standards. Kathrene Pierce, RN, BSN, 6 West PACU, educator, helps orientees meet the nursing care needs of a diverse patient population.
Pertussis, better known as whooping cough, is a highly contagious bacterial respiratory tract infection. Pertussis is on the rise in the United States among all age groups. More than 20,000 cases were identified in the United States in 2005; however, the vast majority go unreported. Some experts estimate there may actually be close to one million cases every year.

Symptoms of pertussis in adults range from a mild cough illness to classic pertussis, e.g., prolonged severe coughing spells, post-cough vomiting, and a whoop sound while gasping for breath during a coughing spell. Complications from pertussis include rib fractures resulting from severe cough and pneumonia.

Children routinely get a series of five vaccinations against pertussis. The vaccine’s effectiveness decreases within five to 10 years. As a result, pertussis now more commonly affects young adults and the elderly. Adults with pertussis can transmit the infection to other people, including infants. Infants are at highest risk of pertussis-related complications and death compared with older age groups. Health care workers are also at risk, both for acquiring infection and transmitting it to others.

Recently, there have been news reports about pertussis outbreaks in local hospitals. A single outbreak can result in substantial disruption to the hospital and its staff. Pertussis is most contagious before the coughing begins, so the best way to prevent infection is through vaccination. In 2005, the Food and Drug Administration (FDA) approved the first pertussis booster shot for adults and adolescents. The booster vaccine is called Tdap, which stands for tetanus-diphtheria-acellular pertussis. The vaccine protects against tetanus, diphtheria and pertussis—three diseases that need boosting over the years. The Centers for Disease Control and Prevention is recommending that health care workers receive a single dose of Tdap to protect against pertussis instead of the previously recommendedTd (tetanus-diphtheria) booster. Adverse reactions to the vaccine are rare.

The Infection Control and Employee Health departments are rolling out a Tdap vaccination program at Lahey Clinic. The vaccine is entirely optional, and it will initially be targeting departments identified at high-risk for exposure to pertussis. These departments include General Internal Medicine, Allergy, Emergency, Pulmonary, Phlebotomy and individuals who perform chest X-rays. In addition, it is recommended that colleagues discuss pertussis vaccination with their primary physicians.

For more information on the program, contact Sally Cadman, RN, MS, CCRN, program coordinator, by calling 781-744-7331.
June

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

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

5, 12 ONS Chemotherapy and Biotherapy Course
   Time: 8 am to 5 pm
   Place: Gordon Building, Room A

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

6 Telemetry I
   Time: 9 am to 5 pm
   Place: Gordon Building, Training Room

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

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

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

11 Newly Licensed Nurse Update
   Time: 5 to 6 pm
   Place: Room 6N-50 (6SE)

11 Care of the Patient and Family at End of Life *
   Time: 8 am to 4 pm
   Place: Gordon Building

12 BCLS (CPR) Recertification - Peabody
   Time: 1:30 to 4:30 pm
   Place: Conference Room A
   Register, call ext. 4501.

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

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

14 Introduction to 12 Lead EKG
   Time: 9 am to 3 pm
   Place: Gordon Building, Room A

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

19 Leadership Workshop *
   Time: 8:45 am to 4 pm
   Place: Alumni Auditorium

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

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

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

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

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

21 Critical Care ECCO Welcome and Orientation
   Time: 1 to 4 pm
   Place: Gordon Building, Room A

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

25 ACLS Part I
   Time: 9 am to 5 pm
   Place: Gordon Building, Training Room

26 ACLS Part II and Recert.
   Time: 9 am to 1 pm
   Place: Gordon Building, Training Room

26 BLS (CPR) Recertification
   Time: 5 to 7:30 pm
   Place: Gordon Building, Training Room

27 ECCO Workshop Pharmacology
   Time: 9 am to 1 pm
   Place: Gordon Building, Room C

27 Evidence-Based Practice Review Group
   Time: 1 to 2 pm
   Place: Alumni Auditorium
   Pick up a copy of the article in the Nursing Office. This presenta-
   tion will be telecast to Lahey Clinic North Shore.

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

National Nurses Week at Lahey Clinic • A Profession and a Passion

Monday, May 7
Fourth Annual Nursing Research Day
   Presentations will be held in Alumni Auditorium, and
   poster displays will be in the East Lobby.

Tuesday, May 8
All Day Continuing Education Program
   Nurses and Patients: Practical Ethics
   8 am to 4:30 pm, Alumni Auditorium

Wednesday, May 9
Our Salute to Nursing at Lahey Clinic
   Formal Dinner at the Bedford Glen Hotel
   5:15 to 6:15 pm, Reception in the Ballroom Foyer
   6:15 to 10 pm, Dinner in the Grand Ballroom

Thursday, May 10
Wall of Honor Dedication and Afternoon Tea
   Join us for a celebration of our nursing colleagues who have attainted
   national certification.
   2 pm, Alumni Auditorium

Friday, May 11
Nursing Grand Rounds
   Nursing’s Leadership Role In Patient Safety
   Presented by Connie Crowley-Ganser, RN, MS, director, Risk
   Management and Patient Safety
   Noon to 1 pm, Alumni Auditorium
Initial Patient Assessment

Karen M. Sanderson, RN, BSN

As I review patients’ charts for the Initial Patient Assessment, it reminds me of the purpose of the Joint Commission.

The Joint Commission’s mission statement is as follows:
To continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations.

What does this mean to nurses? Simply put, the Joint Commission review helps health care organizations help patients. They review organizations to ensure consistent and safe treatment because their main concern, as is ours, is the safety and health of patients.

The Initial Patient Assessment and other audited documentation are a small piece of this regulatory pie. Completion of the Initial Patient Assessment ensures that we have all of the information needed to safely and effectively care for our patients.

The process of initial patient assessment includes information about the patient from nurses, physicians, the admitting office and others to give us a comprehensive view of the care we need to deliver. Audits are completed so that the information is available for the Joint Commission to have on-hand for their review. They may periodically request this information to ensure we are maintaining our standards.

Each day, we come to work expecting to take exceptional care of our patients. We strive to give quality, consistent and safe care. The Joint Commission regulations help us implement safe and exceptional patient care delivery.

For more information on the Joint Commission, visit their website at www.jointcommission.org.

Unless otherwise indicated preregistration is required and can be made by calling ext. 8725 from the Burlington or Peabody facilities or 781-744-8725 from other locations.
Gayle Gravlin, RN, EdD, CNA, BC

The Nursing Research Council is dedicated to the support of nursing research and evidence-based practice (EBP) at Lahey Clinic. The council provides guidance for the structure and process of evaluation, conduct and dissemination of clinical research at Lahey Clinic. Our mission is to encourage participation in EBP, nursing research, and research utilization, believing that these are the scientific foundations for nursing practice. Further, the council members support the belief that EBP and nursing research are essential to the improvement of patient care and the development of professional nursing practice.

The goals of the research council are to
- Demystify the research process for nursing staff.
- Provide a nursing forum for creative and innovative thinking.
- Mentor nurses to understand, conduct and evaluate nursing research and EBP.

The objectives of the research council are to
- Communicate research activities to the nursing community at Lahey Clinic and encourage participation in research and EBP.
- Offer the Nursing Research Series, an open forum given at least four times a year presenting nursing research or research education.
- Publish a nursing research reference guide.
- Sponsor monthly EBP review group meetings.
- Publish EBP Year in Review.
- Plan an annual Nursing Research Day in May.
- Develop and offer core courses to introduce nurses at all levels to basic concepts of EBP and nursing research, nursing research article critiques, and evidence searches.

Components of the Nursing Research Program

Research Council Steering Committee
- The Research Council Steering Committee is responsible for the direct oversight of research and EBP at Lahey Clinic.
- Membership is composed of the associate chief nurse/chair, Research Committee; research nurse consultant; and the research fellows.
- The steering committee reviews all proposals to determine whether the study is feasible to be carried out at Lahey Clinic.
- The steering committee also assesses proposed research in terms of its impact on nurses and nursing care at Lahey Clinic.
- Each year, the steering committee recommends to the chief nursing officer the recipients of the Annual Nursing Research Grant.
- The steering committee assists with the identification of resources at Lahey Clinic for nurse researchers.

Research Council Consultation Group
- The consultant group will be composed of research fellows who will assist nurses working at Lahey Clinic to identify burning clinical questions for research studies or EBP projects related to their clinical practice area or an area of special interest.
- Members of the consultant group will guide nurse researchers through all phases of the research and EBP process.

Congratulations to...
- Michelle Bettinelli, RN, BS, CCRN, staff nurse, Emergency Department, and Maureen McLaughlin, RN, BSN, CPAN, clinical educator, PACU, had a poster presentation entitled, “Implementation of a Successful ECCO Program,” accepted for the National Teaching Institute (NTI). This is sponsored by the American Association of Critical Care Nurses and occurs in Atlanta.
- Gregory C. Babcock, RN, BSN, CCRN, staff nurse, 6 West PCU, and Sally Cadman, RN, MS, CCRN, clinical nurse specialist, achieved certification in critical care.
- Kathy Ablazey, RN, AND, staff nurse, 6 West, won the heart failure quiz sponsored by the Heart Failure Clinic.
- Mary Christine Sopel, RN, BSN, CNOR, DNC; Joan Guild, RN, DNC; and Stephanie Burns, RN, DNC; attained certification in Dermatology Nursing.
- Jennifer Callahan, RN, MS, BC, CCN, received certification in Cardiac and Vascular Nursing. Capt. Callahan, 6 East clinical educator, is currently serving in a medical unit in Iraq.
- Maureen McLaughlin, RN, BSN, CPAN, received a full scholarship to Nurse in Washington Internship (NIWI) from the Nursing Organizations Alliance. The NIWI program provides nurses the opportunity to learn how to influence health care through the legislative and regulatory processes. Participants learn from health policy experts and government officials, network with other nurses, and visit members of Congress.
The consultant group will facilitate the process of IRB submission (full or expedited review) for nurses desiring to do research at Lahey Clinic.

EBP Review Group
- The EBP Review Group is open to all nursing staff and nursing students at Lahey Clinic.
- Meetings are held monthly on Wednesdays from 1 to 2 pm.
- Each month, two members from the EBP Review Group select one research report from the current nursing literature for presentation to the group.
- It is recommended that the group facilitators, who have selected an article for presentation, meet with the research nurse consultant on the Wednesday prior to the group meeting in order to review the article and prepare the discussion. The specific details, like statistics, research design and methods are worked out during the prep session.

The Research Fellows Program
Annually, selected advanced practice nurses will attend an intense eight-week educational program offered by the research consultant. The goals of their program are as follows:
- To prepare a cadre of advanced practice nurses who can serve as mentors and consultants to staff nurses, and who will assist staff nurses in identifying burning clinical questions for EBP projects related to their clinical practice.
- To assist the research fellows in developing a research proposal for future implementation in ambulatory, med-surg, oncology and critical care areas.

A poster, presentation and a formal presentation at the annual Nursing Research Day are expected outcomes of the year-long nursing research fellows program.

The fellows are key members of the Nursing Research Council, the Research Council Steering Committee, the Nursing Research Consultation Group, and the EBP Review Group. Additionally, they each serve as a leader of one of the Research Council’s work groups, i.e., research series, annual research day, research grant, year-in-review manual, nursing research Intranet page, publicity/communication and education.

Welcome
The Nursing Department would like to extend a warm welcome to the following new colleagues:

Melinda Lemay, RN, ASN, SICU
Jo Underhill, RN, BSN, Hem/Onc
Cynthia Quercia, RN, BSN, IV Therapy
Lisa Belanger, RN, BSN, CEN, ED
Jessica Delancy, RN, ASN, 7 Southeast Tele
Catherine Geras, RN, BSN, 6 West Tele
Lauren Savage, RN, BSN, MICU
Caitlin Schiffer, RN, BSN, GPH, Endo
Jodie Wheeler, RN, ASN, CCU
Mary Leussis, RN, BSN, MICU
Kirby Olsen, RN, BSN, 6 East Hospital
Ann Marie Robichaud, RN, BSN, Angiography
Shannon LaLacheur, RN, BSN, Rapid Response
Erin Davidson, RN, BSN, 6/7 Southeast Hospital
Marie Levesque, RN, MSN, OCN, 7 West Hospital
Richard Reveal, RN, BSN, 7 Central Hospital
Donna Green, LPN, GIM
Kim Newell, RN, ASN, 7 West Hospital
Judith Robinsons, RN, ASN, 6 East Hospital
Gary Scott, RN, ASN, ED
Amanda Bruno, RN, ASN, CCU
Poonam Singh, RN, ASN, 7 West
Allison Gomes, RN, ASN, 6 West Stepdown
Jessica Scurio, RN, ASN, 6 West
Erin Wallace, RN, ASN, SICU
Sara Mahoney, RN, ASN, 7 East
Caroline Kelly, RN, ASN, Float pool
Lucia F. Candreva, RN, 6 West
Amy M. McDowell, RN, BSN, SICU
Susan F. Medved, RN, ASN, 5 West
Christine D. Panagopoulous, RN, ASN, SICU
Penny Shea, LPN, GIM
Brandon Van Corbach, RN, BSN, 6 Central Hospital
James Shay, RN, 6 West Hospital
Julie Anatas, RN, Otolaryngology
Amanda Koch, BSN, 6 East Hospital
Louie Rocha, RN, 6 West Hospital
Jane Freeman, APRIN-BC, MSN, Hematology
Kate Sabia, RN, Ortho/Neuro
Kathy Georges, RN, Research
Victoria R. Beebe, NP, Dermatology
Jonathan Ring, CRNA, Anesthesiology
Caroline E. Snooks, CRNA, Anesthesiology
Richard A. Wold, CRNA, Anesthesiology
Carmen Cuevas, RN, GIM
Patricia M. Hadidian, RN, GIM
As of early March, unit-based nursing practice councils have formed and are currently moving forward. The following is a look at some of the activities taking place in unit nursing practice councils.

OR council structure was implemented in 2005, and members of the Nursing Practice Council were selected by election this year. OR Nursing Shared Governance has eight committees/councils; the Education Council, Documentation Committee, OR Efficiency Committee, Cutting Edge Newsletter Committee, Scheduling Committee, Morale Committee, Equipment and Supplies Committee, and the Communication Committee.

The council structure of 6 and 7 Southeast was implemented in 2005. The council members have identified and resolved challenges, developed a Strategic Foundation of Culture and Mission, selected staff nurse leadership in December 2005, and developed strategic goals for this year.

Allergy and Immunology Clinic implemented a unit practice council in 2006. One result included an after-hours retreat where council members discussed and resolved nursing practice issues about allergy immunotherapy administration.

In January, 7 West implemented a unit practice council and have since developed ground rules and a mission statement. They are currently outlining nursing practice issues that they would like to resolve.

Educational meetings have been held at 7 East, and they are now recruiting staff as council members.

In February, 6 Central had their first council meeting at which time they developed ground rules, defined staff roles, and discussed clinical and practice issues that need improvement.

Last year, 5 West implemented a unit practice council, and council members have developed ground rules for the meetings and are currently prioritizing projects.

Critical Care (including MICU, CCU and SICU) had their initial joint council meeting in February. They will continue to meet together to develop a mission statement and identify practice issues that are common to each critical care area.

Ambulatory Surgery had educational meetings about unit practice councils in January and has elected staff nurse co-chairs. The council has selected the topic of home care discharge instructions as their first project.

Two pre-admission testing practice councils were implemented last fall, and mission statements and goals have been developed. One council is working on a project to increase communication with ambulatory clinics, while the other is looking at process and flow issues.

A tenet of the nursing profession is having input into decisions that guide practice. Join your peers and colleagues in your work area in decision-making as we continue our journey of cultural transformation, professional development and nursing excellence.