

# Notes on NURSING at Lahey

May/June 2008

From the CNO

## Evidence-Based Excellence

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

On March 19, 2008, the Lahey Clinic Magnet Logo and Slogan Kickoff (“*Exceptional Nurses...Extraordinary Care*”) took place at the Burlington and Peabody locations. This was an event defining our pursuit to internally and publicly announce our work towards a culture of excellence. Not only did we celebrate the unveiling of our Journey to Excellence logo—created and developed by our front-line nurses—but we also confirmed that we have the elements of a culture of excellence. Our exceptional nurses play crucial roles in our dedication to providing extraordinary care at Lahey Clinic.

- At the March 19 kickoff, the Magnet champions communicated a preponderance of evidence to support the nursing influence in the delivery of extraordinary care to our patients, thus supporting our Magnet pursuit.
- The nurses are prepared and developed to engage and excel in an essential element of the scope of nursing practice—nurse’s autonomy. Nurses are challenged to utilize a broad range of critical thinking, expertise, professional development and resources to positively influence the delivery of extraordinary care.

The theme of excellence awareness continued flowing throughout Lahey as Magnet champions, clinical educators, nurse managers, nursing supervisors, unit-based council leaders and other nurse leaders participated in the 2008 Nursing Strategic Planning and Development Retreat series. Here, they came together to understand the alignment of nursing with the organization’s strategic plan, to learn about our performance improvement model and help to define and create the road map for accomplishing those goals outlined in the nursing strategic plan.

This is an exciting time with activities that crystallize the realization and belief in our nursing organization’s Journey to Excellence. One of many pinnacle moments for us as professional nurses came on April 3, 2008, when Kristen M.

Swanson, RN, PhD, FAAN, presented to over 300 nurses her Theory of Caring, confirming the tenets of our culture and values as an organization. Both Patricia Benner’s Novice to Expert skills acquisition model and Swanson’s theory serve as the theoretical framework of our nursing professional practice model for the care we provide. This professional practice model supports our commitment to providing the highest quality of care to our patients and their families by cultivating a caring, healing, protective environment achieved and maintained through our Nursing Governance Structure.

I hope all of you enjoy the many activities and celebrations of Nurses Week and that you remember that you do make a difference every day.




Kathie Jose, RN, MSN, CNO

### NDNQI RN SURVEY

Once again, nursing services is participating in the National Database of Nursing Quality Indicators (NDNQI) RN Survey on **June 2 through June 22**.

The survey is completely confidential and anonymous. It is a Web-based survey, and all responses are uploaded to NDNQI, located at the University of Kansas School of Nursing. The survey is an opportunity for nurses to have a positive impact on both our professional practices and the environments in which we work so hard each day.

Join your colleagues! Complete the survey! Your voice is valuable!

## COUNCIL REPORTS

### Professional and Education Council

- Telemetry competencies for nurses and nursing assistants were approved and are available for completion.
- The transplant medication packet was approved and is available on the Education Drive.
- The all-day continuing education programs “Bones and Bugs” (in February) and “Advancing Patient Safety in Clinical Practice” (in March) were well attended and received excellent evaluations.
- The next all-day program is May 8, 2008, on “Ethical Concepts in Nursing.”
- A new initial hire medication packet and test is being developed for LPNs.
- The council is developing a yearly schedule for competency roll-outs.
- The annual educational survey will be available soon.

### Clinical Practice Council

- The council is evaluating the evidence for the correct placement of NG tubes.
- We discussed a policy on Thinprep Pap smears for outpatient clinics.
- We continued ongoing discussion of central supply as related to the outpatient.

### Nursing Quality and Safety Council

- There have been inconsistencies with the outpatient list being returned to the patient. Patients need to be aware that they should ask the doctor for this list.
- Inpatient and Procedural/Ambulatory Medication Reconciliation Policies: The Joint Commission likes the new process and the fact that the physicians sign off.

- Hand hygiene is the single most important way to prevent the spread of infection to our patients. This very simple intervention is not being practiced reliably. You may notice new signage and a new mandatory education video, as well as compliance observers throughout the institution.

### Nursing Practice Coordinating Council

- Kathleen Jose, MSN, RN, chief nursing officer, presented the Quality and Safety update, reflecting that we are below the national average for falls. She discussed the 2008 Nursing Strategic Planning and Development Retreat, held March 27 and 28, and she also discussed the Assistant Nurse Manager/Educator/Council Chair Retreat, held April 22 with Magnet champion participation in the afternoon.

### Nursing Research Council

- Lahey Nursing Research Grant: Submission deadline, March 15. Five letters of intent were submitted; three complete proposals will be evaluated by the committee. Winners will be announced on Research Day, May 5.
- Five Research Series courses are being offered monthly. See the Schedule on *Nursing at Lahey* on MassNet.
- Research Day, May 5: Committees are forming.
- The Quantitative Research Review Checklist has been revised and will be piloted on units and in Research Series courses.

### Patient Care Technology Council—EMR

- CareFusion will be piloted on 6 Central. It will be rolled out in increments.
- Future systems will be Allscripts and EMR.
- GE Centricity: An RIS has replaced IDXRad.

## EXCEPTIONAL NURSES...EXTRAORDINARY CARE

National Nurses Week at Lahey Clinic  
May 5–9, 2008

*Nurses: Making a Difference Every Day*

### 5 Nursing Research Day

Conceptual models, Theories, and Evidence-Based Practice:

What are the Connections?

Presented by Keynote Speaker Jacqueline Fawcett, PhD, RN, FAAN

Time: 7:30 am to 12:30 pm

Place: Alumni Auditorium

### 6 Certification Celebration

Nursing Shared Governance Council Fair

Place: Alumni Auditorium

### 7 Celebration Dinner

Time: 5:15 to 10 pm

Place: Bedford Glen Hotel, Bedford, Massachusetts

### 8 All-Day Continuing Education

Ethical Concepts in Nursing

Special Guest Speaker Christine Mitchell, RN, MS, MTS

Time: 7:30 am to 4 pm

Place: Alumni Auditorium

### 9 Nursing Grand Rounds

Substance Abuse Screening

Presented by Darlene Bourgeois, MSN, RN, CCRN

Time: 1 to 2 pm

Place: Alumni Auditorium

## Notes on NURSING at Lahey

MAY/JUNE 2008

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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.

# Infection Control: Focus on Hand Hygiene

**O** *Jane Eyre-Kelly, RN, CNC*

ver the past year, Infection Control has focused on reinvigorating our hand hygiene campaign with the goal of making compliance the social norm throughout Lahey Clinic. Hand hygiene is widely accepted as the cornerstone of infection control in health care facilities. To date, several initiatives have been implemented at Lahey Clinic, including:

- A multidisciplinary Hand Hygiene Committee formed to develop an institution-wide plan to improve hand hygiene compliance
- Adoption of the campaign slogan “Clean Hands Save Lives”
- Hand Hygiene Program Policy revised to include wider restrictions for artificial fingernails
- Production of a home-grown video, similar to the one for HRO, which will be rolled out as part of mandatory education
- Signs placed on the doors of every inpatient room, asking visitors who enter to perform hand hygiene and encouraging patients to remind their health care providers to clean their hands
- Senior leadership support garnered in the form of a global e-mail, reinforcing the expectation for hand hygiene performance
- Hand hygiene compliance monitoring with direct observation by a trained observer using a standardized form

In addition, an Infection Control liaison group was formed, consisting of front-line workers and some managers from departments including Rehabilitation Services, IV Therapy and staff nursing. Liaison programs have been found to be a highly effective method of enhancing infection prevention and patient safety in health care facilities across the country. In March, Infection Control held a focus group of the liaisons

to obtain feedback on how to improve hand hygiene throughout Lahey Clinic and to seek suggestions on ways to improve compliance. We asked the participants the following questions and received the following answers:

- In your work environment, have you ever been encouraged to clean your hands? All 16 of 16 participants said no.
- Have you ever witnessed a health care provider care for a patient without cleaning his or her hands? All 16 of 16 participants said yes.
- Do you feel comfortable reminding another health care worker to clean his or her hands when you witness noncompliance? Most participants said no.
- What do you perceive to be the greatest barriers to hand hygiene? The most frequent comments were lack of education, reluctance to change and tolerance of the status quo, as well as lack of middle management and physician buy-in and support.

We need to do better. Each and every one of us needs to take responsibility for practicing appropriate hand hygiene and for reminding our colleagues to do the same. Colleagues need to feel empowered to speak up when they observe something that may compromise patient safety without fear of confrontation or reproach. It is acceptable and responsible to say, “It is my responsibility to remind you to clean your hands,” when you observe a colleague not complying with proper hand hygiene practice. In addition, managers need to make hand hygiene a top priority in their areas. Infection Control will continue to educate colleagues on the importance of hand hygiene and to provide compliance feedback to managers and staff.

With support from all levels of the organization, clear expectations for performance and a cohesive approach to noncompliance, each one of us can influence hand hygiene practice at Lahey Clinic.

## Welcome

- Samantha MacLeod, BSN, RN, SICU
- Debra A. Kelley, LPN, GIM
- Tamara Sciasen, RN, EP LAB
- Ann Marie Zampitella, BSN, RN, Anticoag Clinic
- Adriene Mansell, BSN, RN, Anticoag Clinic
- Nicole Miner, BSN, RN, Endoscopy
- Mandy Jean Parent, RN, APN-BC, MICU
- Jennifer Disse, RN, MICU
- Kristen Ramsden, LPN, GIM
- Lisa Gwiazda, RN, 7CH
- Michele Rocha, RN, 6EH
- Lorraine Dwyer, RN, PACU
- Carol J. Stearns, NP, Anesthesiology
- Patricia A. Connors, CRNA, Anesthesiology



Lahey's Journey to Excellence Champions of Change on March 19, 2008, at the Nursing Slogan Rollout “Exceptional Nurses... Extraordinary Care at Lahey Clinic.” Nurses from many departments and from all levels prepared documentation and presentations to educate employees and patients on what makes Lahey attract and retain highly qualified nurses.

# Swanson's Theory of Caring

## Theoretical Framework of Professional Practice Model (PPM)

**T** Ann M. Dylis, PhD, RN

he Lahey Clinic mission, vision and philosophy of nursing “supports Lahey commitment to providing the highest quality of care to patients and families by cultivating a caring, healing, protective environment, achieved and maintained through our Nursing Governance Structure.” Dr. Swanson’s Theory of Caring and Dr. Patricia Benner’s Novice to Expert Model serve as the Theoretical Framework for Lahey Clinic’s Nursing Professional Practice Model. Dr. Swanson developed her middle-range theory from phenomenological inquiry by studying groups in three separate perinatal clinical contexts: women who had miscarried, both parents and professionals in a Newborn Intensive Care Unit (NICU) setting, and with socially at-risk mothers who had received long-term, intensive public health nursing intervention.

In her theory, caring is defined as “a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility” (Swanson, 1991, p. 165). There are five essential dimensions of caring. First is *knowing*, which Swanson defines as “striving to understand an event as it has meaning in the life of the other” (p. 163). Key components to knowing are: avoiding assumptions, centering on the other, assessing thoroughly, seeking cues, and engaging the self of both provider and recipient. Next is *being with*: “being emotionally present to the other” (p. 163). It includes behav-

ior such as being there, conveying availability, sharing feelings, non-burdening clients with your experience of their experience, and enduring with.

The third caring dimension is *doing for*, which is “Doing for the other what he/she would do for the self if it were at all possible” (p. 164). Comforting, anticipating others’ needs, performing competently/skillfully, protecting, and preserving dignity are essential actions of doing for. Next is *enabling*: “Facilitating the other’s passage through life transitions and unfamiliar events” (p.164). The nurse’s role in enabling includes: “informing/explaining what is going on, supporting/allowing one to be just where they are, focusing on issue at hand, generating alternatives/thinking it through, and validating/giving feedback on how they are progressing” (p. 164). The last dimension is *maintaining belief*: “Sustaining faith in the other’s capacity to get through the event or transition and face the future with meaning” (p. 165). Nursing actions included in maintaining belief are “believing in people, holding them in esteem, maintaining a hope-filled attitude, offering realistic optimism; going the distance, no matter how difficult the situation” (p. 165), and “helping find meaning,” a new addition that affirms patient experiences and whatever meaning they derive (Swanson, April 3, 2008).

### References:

Swanson, K.M. (1991). Empirical development of a middle range theory of caring. *Nursing Research*, 40(3), 161-166.

## Patricia Benner: Novice to Expert

**T** Kelly Lorrey, BSN, RN, CNOR

he second part of Lahey’s Professional Practice Model is Patricia Benner’s Novice to Expert skills acquisition model, which defines levels of nurses delivering care (Benner, 1984) in contrast to Swanson’s Theory of Caring (1991), which serves as a framework for how we care.

Theoretical models help guide our nursing practice. They are the road maps or blueprints that are needed to provide direction for professional practice and development. The theory provides the framework to build upon. Benner’s Novice to Expert model forms a basis for the professional development of nurses. Benner describes the five stages of competency:

**Novice:** The beginner level clinicians. They require clear direction and ongoing supervision.

**Advanced Beginner:** These are clinicians that have some experience coping with real situations; they have learned from this experience and can integrate learning into practice.

**Competent:** These clinicians have more real-world experience, which can be overwhelming. Skills to critically analyze and prioritize must be learned through instruction, coaching and mentoring.

**Proficient:** These clinicians tap into intuitive knowing and identify priorities in the moment. Action becomes easier and less stressful as the individual sees what needs to be accomplished and then acts accordingly.

**Expert:** These clinicians know what needs to be achieved to meet goals based on experience and practiced situational discrimination.

These levels are not based on the passage of time or the number of years that the staff have been nurses. They are based on skill acquisition and performance. This is a subjective model that can change for a nurse on a daily basis. There are days when a nurse’s role changes based on his or her patient care assignment. At any stage, the nurse is still responsible and accountable for continuous learning and self-assessment as well as his or her own professional growth. Lahey Clinic is also responsible for promoting and supporting continuous learning and providing the opportunities for colleagues to achieve their goals.

### References:

Koloroutis ed., 2004, *Relationship Based Care: A Model for Transforming Practice*, p. 139.

# Ambulatory Surgery Nurses Write Computer Resource Book

**C** *Andree Pennachio, ASN, RN*

Can you get an EKG out of Muse for me? someone asked me about a year ago. “What is Muse?” I thought about it and then realized that if I didn’t know, how many other nurses in my unit didn’t know about Muse? How many other computer applications do I not know about? I was always confused about where in the computer to find specific things. I could enter labs and X-rays as these haven’t changed much in the 20+ years since I was a new grad, but all these new applications are making my head spin. Are patient labels in Meditech? Or ECMS? Are physician orders in ECMS or Clinical Pathways? I relied too much on our wonderful unit coordinators to do my computer work for me. I wished there was a reference book to help me. That’s when I realized, I’ll write it myself! It would take some effort, but it could save time in the end.

I proposed my plan to my manager, Grayce Ventura, RN. She thought it was a great idea and was extremely supportive. Doing the whole project alone felt a little overwhelming, so I recruited help from my colleague, Cheryl Porzio, RN. Our first step was to survey our unit to determine the needs. We made everyone aware of what we planned to do, and we were open to suggestions for what our staff wanted to include in the reference book. We also left a suggestion list at the nurses’ station for about two weeks.

With the suggestion list in hand, Cheryl and I went to work. We split up the computer applications: she did Meditech, I did ECMS, etc. We wrote step-by-step instructions, in a language we could all understand, for each of the applications we commonly use in our daily practice. When we completed each segment, we would use a staff member who was not familiar with that particular application to “test drive” it and check the comprehension of the text. We also made an alphabetical list of what tasks needed to be performed and in which application to find them. Our goal was to finish the

project before our summer vacations. We finished the written portions on schedule.

We placed our work into three-ring binders and put them out at the nurses’ station and near the computers. In October of 2007, we officially presented the completed project in our unit-based council. Some of the staff had already used it and feedback was very positive. The computer book is getting increasingly more use. The staff seems to think I’m the computer expert on the unit and occasionally will ask me to perform a computer task for them. I tell them, “Let’s get the computer reference book and I’ll guide you through it.” The whole purpose of writing the book was to empower the staff nurses to independently use the computer applications.



Cheryl Porzio, ASN, RN, (on the left) and Andree Pennachio, ASN, RN, the nurses who developed a computer resource book for ambulatory surgery.

I’ve since joined the Patient Care Technology Council, where I bring appropriate issues for their consideration. I continue to analyze the technology needs of our area and update the manual as new programs and computer applications are introduced. I am not computer savvy by any means; it’s been a learning experience for me as well. It was quite satisfying to find there was a need in my unit, take action and contribute something.

## CAREFUSION UPDATE

CareFusion, the electronic point of care barcode medication administration system, is in the testing and training phase on 6 Central, the pilot unit. Training includes the education of more than 60 nurses, some of whom are “superusers.”

The CareFusion Medication Administration software system uses barcode scanning technology for the electronic documentation of the medication administration process. By helping identify patients and their medication, the system can help reduce the opportunity for errors. This point-of-care application provides appropriate clinical personnel with access to detailed patient information at the bedside. It includes critical medication safety features.

The CareFusion Medication Administration system enables nurses and other caregivers to use barcode scanning to verify medication orders and check “the five rights”—right patient, drug, dose, time and route of administration—at the point of care.

The leadership team on 6 Central (Fran White, RN, manager; Carrie Dinneen, RN, assistant nurse manager; and Nina Cote, RN, clinical educator), and the staff have embraced this new technology with enthusiasm and have worked closely with the CareFusion implementation team to ensure the success of this pilot program.

## EDUCATION CALENDAR

- 2 Critiquing the Research Literature**  
Time: 8 to 10:30 am  
Place: 4 West Conference Room
- 2 Initial BLS (CPR) Certification**  
Time: 5 to 9:30 pm  
Place: Gordon Building
- 5 SKILLS FAIR**  
For all med/surg nurses and nursing assistants  
Time: 7:30 am on May 5 to 1 am on May 6  
Place: New SE Lobby
- 6 Introduction to 12-Lead EKG**  
Time: 9 am to 3 pm  
Place: Gordon Building, Room A
- 9 Preceptor Workshop \***  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Training Room
- 9 Telemetry I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 9 ECCO Workshop – Neuro & Pharmacology**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room B
- 10 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 10 BLS (CPR) Recertification – Peabody**  
Time: 1:30 to 4:30 pm  
Place: Conference Room A  
To register, call ext. 4501.
- 10 Effective Literature Searching – Using Lahey Resources**  
Time: 4 to 6:30 pm  
Place: Gordon Building, Computer Room
- 11 Nursing Orientation – Computer and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building
- 12 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 12 BLS (CPR) Recertification**  
Time: 1:15 to 3:30 pm  
Place: Gordon Building, Training Room
- 13 Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 13 Nursing Grand Rounds \***  
Time: 1 to 2 pm  
Place: Alumni Auditorium, Telecast to Peabody campus
- 16 Med/Surg Pathway I – Foundations**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A and Skills Lab
- 17 Med/Surg Pathway 3 – Complexities**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room B
- 17 Telemetry II**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 20 Nursing Assistant Skills Class**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Skills Lab
- 23 ONS Chemotherapy and Biotherapy Course Part I**  
Time: 8 am to 5 pm  
Place: Gordon Building, Computer Lab
- 23 ACLS Part I**  
Time: 9 am to 5 pm  
Place: Gordon Building
- 24 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 24 ACLS Part II and Recertification**  
Time: 9 am to 1 pm  
Place: Gordon Building
- 25 Nursing Orientation – Computers and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building
- 25 Introduction to Nursing Research**  
Time: 9 to 11:30 am  
Place: Alumni Conference Room
- 26 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 26 Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 26 Newly Licensed Nurses Welcome and Orientation**  
Time: 1 to 4 pm  
Place: Alumni Conference Room
- 27 Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 30 ONS Chemotherapy and Biotherapy Course Part II**  
Time: 8 am to 5 pm  
Place: Gordon Building, Computer Lab
- 30 ECCO Workshop – Neuro & Pharmacology**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room B

## FROM RN TO NP

*May Bellisle, MSN, FNP– C, MSCN*

Over the past two years, as I have grown into the role of nurse practitioner, not a day has passed without reflection, self-examination and redirection of purpose. It was not an easy decision to go back to school, but the day I set foot into school and started to learn the role of NP, I felt I would now be able to do what I had come here for. As nursing roles expand to meet the challenges of the broadening health care system and needs of patients exceed the provisions available, nurses are evolving to meet the critical shortage of providers. Advance practice nurses provide the link needed to bond the collaborative effects of the medical providers and nurses, and they facilitate delivery of more comprehensive care. We are nurses first and providers by choice.

As an outpatient NP seeing patients in Neurology, I see

myself as an extension of the neurologists with whom I collaborate. NPs take the knowledge physicians share and fuse that with our nursing knowledge and desire to heal. We have a collaborative relationship, and we are all essential components of a team to deliver the best care.

As an NP in the inpatient units, my role shifts to incorporate the input from the nursing staff caring for the patient, to reevaluating the course of treatment and the goal, as well as directing the journey to get there. I could not function without input from the nursing staff. I rely on them to give me insight into issues that I might not be aware of. I also rely on their expertise to direct and aid me in making decisions that are best for the patients. Coming from a nursing model, I hope that I am able to help nurses understand the rationale behind decision making and treatment choices.

Being able to practice as an NP is a privilege, and the role of the NP is a gift used for the betterment of all involved: the physician, the nurse, the midlevel and the patient.

## EDUCATION CALENDAR

\* = MARN contact hours applied for

- 7 Charge Nurse Workshop\***  
Time: 8 am to 4 pm  
Place: Gordon Building, Training Room
- 7 Telemetry I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 7 Critiquing the Research Literature**  
Time: 4 to 6:30 pm  
Place: 4 West Conference Room
- 8 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 9 Wound & Skin Care: When to Consult**  
Time: 7:15 to 8 am  
Place: 3SE Surgical Conference Room
- 9 Nursing Orientation – Computers and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom A
- 10 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 10 BLS (CPR) Recertification**  
Time: 1:15 to 3:30 pm  
Place: Gordon Building, Training Room
- 11 Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room A and Skills Lab
- 14 Med/Surg Pathway 4 – Conditions**  
Time: 9 am to 5:30 pm  
Place: Gordon Building, Room A and Skills Lab
- 15 Effective Literature Searching – Using Lahey Resources**  
Time: 8 to 10:30 am  
Place: Gordon Building, Computer Room
- 15 Telemetry II**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 17 Telemetry IV – Pacemaker Workshop**  
Time: 9 am to 1 pm  
Place: Gordon Building, Room A
- 18 Nursing Assistant Skills Class**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Skills Lab
- 22 Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 23 Nursing Orientation – Computers and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom A
- 23 Introduction to Evidence-Based Practice**  
Time: 9 to 11:30 am  
Place: Alumni Conference Room
- 24 Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 24 Newly Licensed Nurses Welcome and Orientation**  
Time: 1 to 4 pm  
Place: Alumni Conference Room
- 25 Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room A and Skills Lab
- 28 ECCO Workshop – Cardiac and Pulmonary**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 29 Advanced Telemetry Workshop**  
Time: 1 to 5 pm  
Place: Gordon Building, Room A
- 31 Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A

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

July

## NURSING STANDARDIZED TERMINOLOGIES

### Virginia Saba, EdD, RN, FAAN, FACMI, LL Visits Lahey Clinic

**V** *Debra Fortin, MEd, RNC*

Virginia Saba, EdD, RN, FAAN, FACMI, LL, distinguished lecturer and scholar, presented in December of 2007 on the subject, “Clinical Care Classification System.” Saba is an early pioneer in the field of nursing informatics, and her achievements include authoring more than 90 publications on nursing informatics and/or computer technology in nursing.

Saba is the principal developer of the Clinical Care Classification (CCC) System, a standardized, coded nursing terminology that identifies the discrete elements of nursing practice. The CCC provides a unique framework and coding structure for capturing the “essence of patient care” in all health care settings.

Nurses currently do not have a method for coding the care delivered to their patients. Nursing interventions adminis-

tered to the patient are not standardized and therefore cannot be quantified.

Documenting the essence of patient care is the message being heard by nurses as our journey to an electronic medical record (EMR) is underway. Dr. Saba’s CCC has been accepted by the US department of Health and Human Services and the ANA as a comprehensively coded nursing terminology designed for computer processing and the electronic documentation on diagnoses, interventions and outcomes.

According to Dr. Saba, “The CCC provides nurses a standardized framework and a unique coding structure for assessing, documenting and classifying patient care by nurses and other clinical professionals in any health care setting.” As Lahey Clinic gets closer to choosing an inpatient EMR, the lessons learned from Dr. Saba’s presentation will help guide us in coding the essence of patient care in an electronic world.

# Spotlight on Research and Theory

Jacqueline Fawcett, PhD, FAAN

**R**esearch Day, Monday, May 5, will start Nursing Week activities. Our keynote speaker will be Jacqueline Fawcett, PhD, RN, FAAN, renowned nurse theorist and researcher, who will speak on “Conceptual Models, Theories, and Evidence-Based Practice: What are the Connections?” Fawcett, Professor Emerita, University of Pennsylvania School of Nursing, is currently a professor in the College of Nursing and Health Sciences at the University of Massachusetts-Boston. She is best known for her metatheoretical analysis and has published many articles and several books on conceptual models of nursing, nursing theories, family theory development and the relationship of theory and research. After Fawcett’s keynote address, there will be nursing research and evidence-based practice presentations by Lahey nurses. Research poster presentations will be displayed in the 4 Southeast lobby during Nursing Week.

What are the Connections?” Fawcett, Professor Emerita, University of Pennsylvania School of Nursing, is currently a professor in the College of Nursing and Health Sciences at the University of Massachusetts-Boston. She is best known for her metatheoretical analysis and has published many articles and several books on conceptual models of nursing, nursing theories, family theory development and the relationship of theory and research. After Fawcett’s keynote address, there will be nursing research and evidence-based practice presentations by Lahey nurses. Research poster presentations will be displayed in the 4 Southeast lobby during Nursing Week.

Kristen Swanson, RN, PhD, FAAN, Visits Lahey on April 3

**K**risten Swanson, RN, PhD, FAAN, the University of Washington Medical Center Term Professor in Nursing Leadership; chair, Department of Family/Child Nursing, University of Washington; and a Robert Wood Johnson Executive Nurse Fellow, spoke on applications of her Middle Range Theory of Caring. In her nursing leadership presentation, “Caring and Leading: Transforming Practice,” she noted “Optimal healing environments call for worksites where everyone is committed to: stopping harm before it occurs; putting patient and provider safety over fears of embarrassment, judgment, or litigation; and remaining accountable for our actions...Organizations must mandate: a clearly articulated, universally embraced com-

mitment to caring for patients, families, and employees; a learning community with nonpunitive responses to errors; transparency and accountability to patients, families, colleagues, and the community; servant leadership, from the CEO all the way up to the point of care, and an infrastructure that fully supports the caring mission” (Swanson, 2008).

After receiving a standing ovation, Swanson presented “Caring and a Culture of Safety” to three groups of staff nurses, including a final session at the Lahey Clinic Medical Center, North Shore. When the five dimensions of her theory (see above) are utilized in a caring environment, “healing occurs, and one experiences a personal sense of commitment and responsibility and feels understood, valued, safe and comforted, capable, and hopeful” (Swanson, 2008). Swanson’s presentations were videotaped and are available for viewing: See MassNet: *Nursing at Lahey*.



(from left to right) Ann M. Dylis, PhD, RN, Kathie Jose, MSN, RN, Kristen Swanson, PhD, RN, FAAN, and Gayle Gravlin, EdD, RN, CNAA-BC after the recent presentation for nurses.

## Notes on Nursing

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