

Exceptional NURSES... Extraordinary CARE



From the  
**CNO**

Kathleen S. Jose, MSN, RN  
Chief Nursing Officer

## Celebrating Nursing

May and June are exciting months for the Nursing Department at Lahey Clinic. Nurses Week was celebrated during the first week of May. Activities included the Sixth Annual Nursing Research Day, a festive dinner gala at the Bedford Glen, an all-day educational program, a Wall of Honor program that recognized nurses who have achieved certification, and a special Nursing Grand Rounds.

During the first week of June (June 1-4), we will welcome four appraisers from the American Nurses Credentialing Center, who we hope will verify that the documentation we submitted reflects our enculturation of the forces of Magnet. In the document, we spoke of the many institutional and nursing initiatives that have improved patient care. The appraisers will be visiting each area where nursing is practiced and will speak not only to the nurses but to all colleagues.

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# Welcome

TO LAHEY CLINIC

**Mary Sylvanowicz, BSN, RN**, has taken the position of nursing informatics specialist at Lahey Clinic. She has an extensive background in health care informatics and most recently worked for a large electronic medical record (EMR) vendor as an implementation consultant, where she traveled across the country helping hospitals design, build and implement their inpatient EMRs. Prior to that, she worked as a staff nurse in the MSICU at Children's Hospital Boston. She was actively involved in the EMR roll-out at Children's, with a focus on medication management. Sylvanowicz received her BSN from Northeastern University and is pursuing her master's degree in health care informatics at the University of Phoenix.

**Sandi Mackey, RN**, has taken the position of trauma program coordinator at Lahey Clinic. Her background is in critical care and emergency nursing, and her most recent role was as trauma program coordinator with another local facility. She has been through a successful American College of Surgeons reverification site visit for the trauma program at her last position. She is currently enrolled at University of Massachusetts Boston pursuing her BSN and plans on continuing on for her master's degree.

Ellen Babcock, BSN, RN, 7E  
Theresa Brancieri, BS, RN, OR  
Elise Busnach, ASN, RN, 6W  
Stephanie D'Amico, ASN, RN, 6E  
Michele Fennelly, ASN, RN, 7C  
Maria Greensmith, ASN, RN, 7C  
Kristen Johnson, MS, RN, 7W  
Sammy Kimani, RN, PCU  
Shakira Lubega, BSN, RN, Hem/Onc  
David MacDonald, BSN, RN, ICU/CCU

Stacy Maquire, BSN, RN, 5C  
Peg McNally, BSN, RN, Pre-op Admit  
Francene Perreault, RN, CCU  
Stacey Picard, ASN, RN, 7W  
Laura Rheault, ASN, RN, 7W  
Erika Rivanis, ASN, RN, 7E  
Mary Rohnstock, ASN, RN, 7E  
Simple Simple, BSN, RN, 7W  
Renner Venico, BSN, RN, CNOR, OR  
Amelia Wiffin, BSN, RN, Neurosurgery

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# Safe administration of Heparin

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

**T**o reduce the risk of error in either the administration of a bolus dose of heparin or a heparin infusion, nurses must perform an independent double check of the physician's order (protocol), the medication, the dose or rate, and the tubing connection. In addition, the infusion rate, based on the weight-based protocol, must be verified with the most recent partial thromboplastin time (PTT) result, upon which the heparin rate is based. A voice report of the PTT result is not sufficient to ensure patient safety. An independent double-check process must occur at initiation of the heparin bolus or infusion, whenever there is a rate change, whenever a new bag is hung, and during the handoff at change of shift. In addition, the scheduled time for the next PTT draw should be reported during the change of shift report.

An independent double-check means that the second verifier works separately from the primary nurse and verifies each component of the other's work without verbal prompts from the primary nurse. Unfortunately, a common double-check process involves the following dialogue: "Sue, can you check my heparin infusion? It is 1000 units/hour. Thanks!"

The independent version would be, "Sue, can you do a double-check with me? I have a high-alert medication that needs to be verified. Thanks!" Sue would review the elements of the verification process independently, reducing the risk for Sue to "see" what she was verbally prompted to see, as in the first example. This process of redundancy, or repeat step, has been shown to be effective in reducing medication errors (Cohen et al, 2007).<sup>1</sup>

## Safeguard Your Practice and Your Patients

While beneficial to patients when administered correctly, heparin is also associated with a high rate of errors. According to the Institute of Safe Medication Practices, errors in heparin administration are one of the two most common errors nationwide. Careful adherence to protocols and policies and ensuring mindful nursing practice when administering this high-alert medication will keep both you and your patients safe.

## Case Study

While rounding on her patients one night, Mary discovered that a pump battery had died on a heparin infusion for one of her patients. Unbeknownst to Mary, the pump had been unplugged for several hours. Mary turned the pump back on and began to reprogram it. She believed that the heparin infusion had been running at 1200 units/hour and reset the pump for 12 cc accordingly. The night was very busy and she did not have time to return to the nurses' station to review her flow sheet and the heparin protocol to verify that she had resumed the heparin drip correctly. The next morning during the nurse-nurse handoff, Mary told the incoming nurse, Sue, that the heparin was at 1200 units. When asked by Sue what the most recent PTT result was, Mary realized that she had neglected to check the lab results during the night: the PTT had been drawn at 2200; it was now 0730.

Sue reviewed the heparin protocol with Mary and discovered that the heparin infusion should have been infusing at 800 units per hour, based on the protocol. Mary realized that when she resumed the heparin drip after the battery died, she had reprogrammed the pump erroneously and had relied solely on her memory. She had not obtained any second verification of this high-alert medication. In addition, she had neglected to obtain the most recent PTT result to properly follow the heparin dosing protocol.

An incident report was completed and Mary met with her nurse manager. She was encouraged to adhere closely to the medication administration policy and focus on safe administration of high-alert medications.

**Conclusion:** Reprogramming a pump after battery failure or pump failure constitutes an initiation of an infusion, even if the patient has been on that medication previously. An independent double-check must be performed at that time.

## References

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



# Congratulations to...

**Debralee Quinn, MSN, RN, CNN**, central educator, published a review, “End-Of-Life Care in Nephrology: From Advanced Disease to Bereavement” in the *Nephrology Nursing Journal*, the journal of the American Nephrology Nurses Association, January/February 2009.

**Joan R. Alosso, BSN, RN, CCRN**, critical care family educator, was recently invited to join Sigma Theta Tau International, the Honor Society of Nursing.



**Mary Ann DiStefano, RN**, IV team, received the Infusion Nurses Society, New England Chapter, Member of the Year Award. A member of both the chapter and the national organization since 1984, DiStefano is past-president and current chapter by-laws chairperson and historian. As such, she recently digitalized all the by-laws.

**Pam Greenwood, RN, CNOR, CPSN**, staff nurse, OR, completed the requirements and passed the examination to become a certified plastic surgical nurse. She is the first Lahey Clinic nurse to receive this certification.

**George Phelps, RN, ASN, RCIS**, staff nurse in the Cardiac Cath Lab, recently obtained his RCIS certification as a registered cardiovascular invasive specialist.

**Janet Zani, MS, RN, FNP-BC, CNRN**, nurse practitioner in the Neurology Department, received her certification as a certified neuroscience registered nurse.

**Nancy Bittner, PhD, RN, CCRN**, and **Gayle Gravlin, EdD, RN, NEA-BC**, co-authored an article published in the *Journal of Nursing Administration (JONA)* on “Critical Thinking, Delegation, and Missed Care in Nursing Practice.”

**Arlene Delaney, RN, CNOR**, clinical educator, Lahey Clinic North Shore, OR, received certification in OR nursing.

**Erin Sanborn, ASN, RN, CCTN**, staff nurse, 6 Central Hospital, has received certification as a certified clinical transplant nurse.



**Kim Johanson, BS, RN**, staff nurse, 7 Central, was the February recipient of the DAISY award, a national recognition program that honors the extraordinary care given by a nurse. Johanson started at Lahey Clinic as a nurse associate in 2003, graduated from Salem State College with her BSN in 2005, and took a position on 7 Central Hospital. She was nominated for this award by both her peers and a physical therapist. A patient recently wrote, “I want you to know that Kim was always kind and thoughtful each time she took care of me.”



**Helen Rogers, LPN**, who works in the Dermatology Department at Wall Street, was the March recipient of the DAISY award. She first came to Lahey Clinic on 7 East Hospital in 1980 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. According to Colleen M. Silva, RN, administrative director, Nephrology and Dermatology, “Helen is an extraordinary nurse and deserves recognition for the great job she does every day.”

## From the CNO

(Continued from Page 1)

In preparation for this visit, we have compiled a list of the top 10 highlights of our documentation. The first of these is the *Professional Practice Model* of Lahey Clinic and the Nursing Department, which is *patient-focused care*. The mission, vision and philosophy of care at Lahey Clinic are focused on the patient, placing the patient at the center of all concerns. The latest informational campaign and the Lahey “brand” speak to the concept of “Treating You Right.” The Nursing Professional Practice Model is based on the Theory of Caring, the theoretical framework of Kristen M. Swanson, RN, PhD, FAAN, and the Novice to Expert model by Patricia Benner, PhD, RN, FAAN, FRCN. The core of nursing practice is the caring relationship with the patient, and this relationship informs and guides nursing practice.

Another focus of the documentation was the highly successful *hand hygiene campaign*, “Clean Hands Save Lives,” throughout Lahey Clinic. Starting with an interdisciplinary team consisting of Nursing, Risk Management, Communications and Marketing, and patient advocates, and led by the Infection Control Department, the task force developed posters, audited compliance and developed a Web-based educational program mandatory for all colleagues. Pictures were taken by a professional photographer of hospital leaders and others cleaning their hands for the “I do, do you?” poster/banner campaign now hanging in the main lobby. This campaign has contributed to driving down rates of hospital-acquired MRSA; a decrease in other hospital-acquired infections, including catheter-related blood-stream infections; and reductions in blood culture contamination rates. Recent monitoring of hand hygiene compliance has demonstrated that our compliance is now over 90 percent.

Our effort to decrease *patient falls* has also been successful when compared with a national benchmark of patient falls for comparative teaching hospitals. Our Falls Policy was updated in 2008 for both the ambulatory and hospital settings and includes the initiation of safety rounds every two hours, a new falls risk assessment and new documentation tools. This has also led to an increased awareness for all colleagues that preventing patient falls is everyone’s responsibility.



NDNQI RN Survey

**June 1 through 21**

Once again, Nursing at Lahey is participating in the National Database of Nursing Quality Indicators (NDNQI) RN Survey. The survey, which will take place between June 1 and June 21, is completely confidential and anonymous. It is a Web-based survey, and all responses are uploaded to NDNQI, which is located at the University of Kansas School of Nursing. The survey is an opportunity for nurses to have a positive impact on our professional practice and the environment in which we work so hard each day.

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

The *Medical Emergency Team* (MET) has become part of the culture at Lahey Clinic and is available to “improve the quality of patient care by acting as an additional and optional resource for Lahey colleagues in the face of unexpected changes in a patient condition or needed level of care. The MET provides supplementary clinical expertise at the bedside that will evaluate a patient’s critical situation and, if necessary, order/supervise additional treatments/interventions.” Anyone can initiate a MET call for patients in either ambulatory care or in the hospital, including nurses, assistants or family members, and the team of skilled professionals will evaluate the patient. To activate the MET at Lahey Clinic Medical Center, North Shore, call Security at ext. 2911. To activate MET in Burlington call ext. 2300.

All of us are aware that we provide *culturally competent care* for patients, in fact, cultural competence has been included in nursing orientation and annual evaluations for many years. Our Interpreter Services and Pastoral Care Departments have been constant partners in supporting all colleagues in the delivery of care to patients from all over the world.

Lahey Clinic has been a leader in providing safe, quality care for patients as we strive to be a *high reliability organization* (HRO), ever mindful of patient safety and the opportunities to improve health care delivery. Performance improvement occurs at every level throughout the organization, many times using the principles of Lean management and an A3 process. One example of this is the

*hand-off communication* techniques developed to ensure that appropriate and essential information is given to the next care provider if a patient is transferred or the care provider changes. Communication breakdowns during such changes are the single largest source of medical error. Using the Situation-Background-Assessment-Recommendation (SBAR) tool standardizes the communication, and such errors are prevented.

Another focus of the Magnet documentation concerned the use of *evidence-based practice* (EBP) in providing up-to-date procedures, policies and practices throughout Lahey Clinic. Integrating evidence and research, EBP improves the quality of care for all patients and ensures the delivery of safe, effective and current health care by all providers.

The Nursing Department’s *shared decision making* model has evolved over time. Our Shared Governance Structure composed of unit-based and central councils gives nurses a voice in professional nursing practice. This model was initiated in the new millennium and has grown and adapted to the needs and concerns of all nurses.

I am looking forward to having the Magnet appraisers meet you and discover what I have known since becoming your chief: You are exceptional nurses who provide extraordinary care. Join me in welcoming these guests and tell them what you do. This is a wonderful opportunity for all of us to boast about the excellent care that patients receive at Lahey Clinic.

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

\* = MARN contact hours applied for

**1, 2, 3, 4 Site Visit – Journey to Magnet Recognition**

Four appraisers from the American Nurses Credentialing Center will be visiting every area where nursing is practiced on both the Burlington and Peabody campuses.

**2 Telemetry I – Beginner**

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

**4 Telemetry IV – Pacemaker Workshop**

Time: 9 am to 1 pm  
Place: Gordon Building, Classroom B

**5 Computer Basics Class – EXCEL**

Time: 9 to 10:30 am  
Place: 3SE Nursing Administration Conference Room

**8 BLS Initial Certification – Health Care Provider and Heartsaver AED**

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

**9 All Day Continuing Education Program: Ethical Issues in Critical Care Nursing**

Time: 8 am to 4 pm  
Place: Alumni Auditorium

**9 Nursing Orientation**

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

**9 Med/Surg Pathway: Day 1, Foundations**

Time: 9 am to 5 pm  
Place: Gordon Building

**9 Telemetry II – Advanced Beginner**

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

**9 BLS Recertification – LCMC, North Shore**

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

**10 Nursing Orientation Computer and Documentation**

Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom B

**11 Mandatory Education**

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

**11 BLS Recertification**

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

**12 Nursing Orientation – RN Skills**

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

**15 ECCO Workshop – Pharmacology/Neuro**

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

**16 Charge Nurse Workshop**

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

**16 Med/Surg Pathway: Days 2-3, Challenges**

Time: 9 am to 5 pm  
Place: Gordon Building, Skills Lab

**19 Nursing Assistant Skills Class**

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

**19 Introduction to EKG Interpretation**

Time: 9 am to 3 pm  
Place: Gordon Building, Classroom B

**22 Computer Basics Class – POWERPOINT**

Time: 8 to 9:30 am  
Place: 3SE Nursing Administration Conference Room

**22 ACLS Day 1, Initial**

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

**23 ONS Chemotherapy and Biotherapy Course, Day 1**

Time: 7:45 am to 5 pm  
Place: Gordon Building, Classroom B

**23 ACLS Day 2, Recertification**

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

**23 Nursing Orientation**

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

**24 Nursing Orientation Computer and Documentation**

Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom B

**25 Mandatory Education**

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

**25 Newly Licensed Nurse Orientation and Welcome Luncheon**

Time: 1 to 4 pm  
Place: Alumni Conference Room

**26 Ambulatory Skills Fair**

Time: 9 am to 5 pm  
Place: East Lobby

**26 Nursing Orientation – RN Skills**

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

**29 Telemetry III – Intermediate**

Time: 9 am to 5 pm  
Place: Gordon Building, Classroom B

**30 ONS Chemotherapy and Biotherapy Course, Day 2**

Time: 7:45 am to 5 pm  
Place: Gordon Building, Classroom B

**1 Computer Basics Class – OUTLOOK**

Time: 3:30 to 5 pm  
Place: 3SE Nursing Administration  
Conference Room

**7 Telemetry I – Beginner**

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

**8 Telemetry IV – Pacemaker Workshop**

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

**9 Advanced Telemetry Workshop**

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

**13 Med/Surg Pathway: Day 4,  
Conditions**

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

**14 Nursing Orientation**

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

**15 Nursing Orientation Computer and  
Documentation**

Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab  
and Classroom B

**15 Med/Surg Pathway: Wound and Skin**

Time: 7:30 to 8:15 am  
Place: Gordon Building, Classroom A

**16 Mandatory Education**

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

**16 BLS Recertification**

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

**17 Nursing Orientation – RN Skills**

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

**20 ECCO Workshop – Cardiac/Pulmonary**

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

**21 Computer Basics Class – WORD**

Time: 9 to 10:30 am  
Place: 3SE Nursing Administration  
Conference Room

**21 Telemetry II – Advanced Beginner**

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

**24 Nursing Assistant Skills Class**

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

**27 Telemetry III – Intermediate**

Time: 9 am to 5 pm  
Place: Gordon Building, Classroom B

**28 Nursing Orientation**

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

**29 Nursing Orientation Computer and  
Documentation**

Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab  
and Classroom B

**30 Mandatory Education**

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

**30 Newly Licensed Nurse Orientation  
and Welcome Luncheon**

Time: 1 to 4 pm  
Place: Alumni Conference Room

**31 Nursing Orientation – RN Skills**

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

Notes on  
**NURSING**  
at lahey clinic  
MAY/JUNE 2009

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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.

# Notes on Nursing

Lahey Clinic  
41 Mall Road  
Burlington, MA 01805

Exceptional NURSES... Extraordinary CARE

## Update on Research

Ann M. Dylis, PhD, RN

There is much nursing research/evidence-based practice (EBP) news to report. We have been busy preparing for the Sixth Annual Nursing Research Day, which took place on Tuesday, May 5, in the Burlington campus auditorium. Research Day showcased the work of many Lahey Nursing colleagues through podium and poster presentations. My keynote address traced the past successes and future advances of our nursing research and evidence-based practice (EBP) initiatives at Lahey. Other podium presenters included:

- Deborah Farina Mulloy, PhD, RN, CNOR, director, Risk Management & Patient Safety, presented *Evaluation of Implementation of the Association of PeriOperative Registered Nurses (AORN) Correct Site Surgery Tool Kit*.
- Gayle Gravlin, EdD, RN, NEA-BC, associate chief nurse, Nursing Education, Research & Professional Development, and Nancy Phoenix Bittner, PhD, RN, CCRN, assistant dean, School of Nursing and Health Professions, Regis College and nurse research scientist, per diem, presented two studies: *Exploring Critical Thinking and Delegation in Nursing Practice*, and *Nurses' and Nursing Assistants' Reports of Missed Care and Delegation*.
- Members of the 7 East nursing staff, Debbie Halliday-Wilson, RN, ASN; Marcelle Saurman, RN, BSN; and Danielle Lyons, RN, BSN, presented the work of their unit-based council on *Nasogastric Tube Protocol*.

- Frances White, MSN, RN, nurse manager, 6 Central, presented *A Phenomenological Study of the Living Liver Donor*.

Numerous poster presentations were available in the 4 East Lobby through the end of Nurses Week on May 8. They were also displayed at the Nursing dinner on Wednesday, May 6, at the Bedford Glen Hotel. The posters represented reviews of the literature, evidence-based investigations, clinical projects, or reports of research data. Staff nurses, clinical educators, and nursing research fellows participated.

Some of the nursing research fellows who exhibited posters at Research Day included the new group of 2009 fellows:

- Rita Florio, MSN, RN, CNOR, staff nurse, Operating Room
- Lisa Jasak, BS, RN, staff nurse, 6/7 Southeast
- Mary Levesque, MSN, RN, clinical educator, 6/7 Southeast
- Ann Marie McLaughlin, BSN, RN, CPAN, CAPA, clinical educator, Ambulatory Surgery/Preadmission Testing.
- Anna Trunfio, BSN, RN, staff nurse, Ambulatory surgery/Preadmission Testing

Strong interest in nursing research at Lahey continues, as evidenced by the multiple letters of intent and full proposals received for our second cycle of Nursing Research Grants. The purpose of these grants is to encourage the research career development of the nurses at Lahey Clinic and also to provide funds for nurse researchers to conduct studies. Applications have just closed, and the winner(s) were to be announced by Kathleen S. Jose, MSN, RN, MSN, chief nursing officer, on Research Day. Nursing research and EBP are definitely part of nursing excellence at Lahey.