

Exceptional NURSES... Extraordinary CARE



From the
CNO

Kathleen S. Jose, MSN, RN
Chief Nursing Officer

Transformations

It's hard to believe 2010 is coming to a close. We've accomplished a lot this year, but we never stop looking ahead to our next challenge. Change is happening all around us: in the development of Lahey iChart, the electronic medical record for inpatient care; in the Clinic leadership, where we are preparing to say farewell to Dr. David Barrett, a visionary chief executive officer, and welcome Dr. Howard Grant as our new CEO; and in our own practices, where we are continually exploring ways to raise the quality of care we bring to patients. This is what the Magnet domain of transformational leadership is all about—preparing for the future by promoting positive change. In this issue, you will see this theme reflected in a number of stories.

You will read about a successful project on 6 East that has brought better outcomes to patients through a combined effort of nurses, physicians and physical therapists. The "ambulation project" began with an examination of a problem, the development of a solution, and a commitment to success that is making a real difference in the lives of our patients.

Similar projects are happening all around Lahey. More than 150 of you attended the last educational

(Continued on page 4)

Domain 1 – Transformational Leadership

By Kate Scotti, BSN, RN, Nurse Manager 6/7 Southeast, Magnet Program Manager

Transformational leadership is a motivational style of management whereby employees are encouraged to achieve greater performance through inspirational leadership, which develops employee self-confidence and higher achievement of goals. It is a necessary element in an organization to create, build and sustain the culture of excellence in patient care and outcomes. As the leader of the nursing service, the chief nursing officer must be a knowledgeable, transformational leader who articulates a vision and philosophy, communicates expectations, develops leaders, and implements a structure to meet the current and future needs of nursing and the organization.

Our nursing leader, Kathleen S. Jose, MSN, RN, sits at and has a voice in the highest levels of the organization as Chief Nursing Officer. As our leader, her mission and responsibility is to ensure that our patients receive the highest level of patient care and that our nurses are supported, along with the interdisciplinary team, to deliver excellence in care.

The American Nurses Credentialing Center (ANCC) recognized Lahey's dynamic transformational driven culture in our 2009 Magnet submission by way of exemplars. Four of the 12 exemplars on excellence were cited in the area of transformational leadership.

1. *ANCC Feedback: The CNO is very involved in building on strengths within her leadership team and direct care nurses.*

Our Shared Governance Model, with the Nursing Practice Coordinating Council at the core, is our structure to embrace and enhance transformation and innovation. Monthly, Kathie sits at the table with staff nurses to communicate, listen and share. In the end, this structure and associated processes ensure that the voice and influence of all nurses, front line to leadership, are heard and acted upon.

2. *ANCC Feedback: Staff nurses consistently stated that they felt their voices were heard and could relate examples of decisions made as a result.*

When nurses voiced the opinion that there may be a more effective tool for the annual nurse satisfaction survey, the CNO listened. The Nursing Department will test the new colleague engagement survey as a potential replacement for the previous tool.

3. *ANCC Feedback: The CNO and her leadership team are strong advocates on behalf of staff nurses for revision or implementation of systems, new equipment, personnel support, and additional FTEs.*

Nurses' influence over their work environment and practices is evidenced by the commitment to support nurses as Subject Matter Experts, involved in the entire process of the organization's move to electronic medical records (EMR).

4. *ANCC Feedback: The structure well positions nurse-led initiatives for success and support across the institution.*

The Unit-based Practice Councils are thriving and are responsible for a variety of evidence-based practice improvements such as the 6 East Ambulation Project (see page 2).

As we sustain and enhance our culture of excellence, we look to continue to build on our excellent practices and identify opportunities to reach beyond our high standard of excellence. In the last edition of *Notes on Nursing*, we mentioned the "Adding to the Evidence Campaign," your opportunity to suggest and provide stories, exemplars and ideas representing our continued journey of excellence. To add to the evidence, please forward your thoughts to Laura.A.Jewer@Lahey.org

6 East Ambulation Project

By Sheri Quinn, BSN, RN, Staff Nurse 6 East Hospital

As nurses, achieving better patient outcomes is always our priority. When nurses started to notice that patients on 6 East were not being ambulated as ordered, we were concerned. When patients, families, and physicians also complained, we knew we needed to take action.

Our Unit-Based Council thought we had a quick solution. We decided to place reminder signs in patient rooms. When this did not yield immediate improvement, we stepped back and used the A3 Performance Improvement process to better define our reason for action, our initial state, our target state and the gaps in accomplishing our goals.

On 6 East, as a surgical telemetry floor, we have primarily cardiothoracic and vascular surgical patients who have well-defined orders for activity and ambulation. We started by collecting actual data through chart reviews. This data showed us that less than 5 percent of all patients meet the ordered activity level; it also showed us that our documentation was, at times, incomplete. Next, we did a "value stream" process flow depicting the workflow of each discipline (RN [registered nurses], NA [nursing assistants], and PT [physical therapists]) throughout the day. Tasks were listed in time slots, and from this we were able to identify overlaps between staff, as well as areas where we were inefficient with time. During this exercise, it became apparent that communication between all staff members needed improvement in order for this project to be effective.

Our next step was a gap analysis, where we took our various problems and found the root causes. From our list of root causes, we developed an "if, then" approach to find solutions that might have merit, and we have tried executing these with rapid improvement events (RIEs), one or two at a time on the floor. After each cycle of change, we provided staff with feedback tools to assess the usefulness of the changes. Most of our changes have had overwhelmingly positive responses from the staff.

We are now in the final stages of our project. We are working on the unanticipated hurdles that we encountered which need further development in order to effectively change and improve our care. Redesigning the work, and who does what and when, can be difficult. Two areas needing more work are documentation and communication. Staff are working on guidelines for effective documentation so that we will have verification of the hard work we do each day. We are also developing teaching guidelines for the changes we have made so that all staff are on the same page and totally engaged in the project plan. Once the staff have been educated, we will again do chart reviews to measure the data, which we will compare to our initial data in order to show the progress we have made.

Change never comes easy, but, with perseverance, the nurses and interdisciplinary team on 6 East are improving both the quality of our care, and, in turn, patient and staff satisfaction.

Medal
of Honor



for OR Transplant Team and PACU Nurses

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

As of August 2010, more than 100,000 people were awaiting an organ transplant. Over 4000 of these people are living in New England. On average, 18 people die each day while awaiting an organ transplant. On September 8, 2010, the New England Organ Bank (NEOB) awarded the Operating Room Transplant Team and PACU nurses a Medal of Honor for their contributions to lifesaving organ transplants. The NEOB and Lahey Clinic share a collaborative relationship whereby they obtain referrals for acceptable donors and transplant organs into extremely grateful recipients.

The celebration for the Transplant Team included two speakers who had firsthand experience with organ donation and organ transplant. Bill Pedreira spoke of his experience as a kidney recipient at Lahey Clinic, and Joan Crowley, a donor mother, shared her story of donating her 26-year-old son's organs following a tragic traffic accident.



Lahey Clinic's Operating Room Transplant Team and PACU nurses accepting the New England Organ Bank Medal of Honor

Congratulations!

Congratulations to Debralee Quinn, MSN, RN-BC, CNN, clinical educator, on the publication of her review of “Palliative Care Nursing Quality Care To the End of Life” in the September-October 2010 Nephrology Nursing Journal.

Congratulations to Joanne Dumas, RN, BSN, CCM, for achieving certification for case management.

Welcome and congratulations to the following advanced practice nurses who have been approved for appointment or reappointment:

Michele S. Barber, NP, Hematology/Oncology/Internal Medicine
Patricia A. Brooks, NP, General Internal Medicine/Community Medicine
Kara L. Del Torchio, NP, Colon and Rectal Surgery/Surgery
Jennifer H. DerKazarian, NP, Cardiovascular Medicine/Internal Medicine
Meighan W. Dingle, NP, Dermatology/Internal Medicine
Victoria R. Garcia-Albea, NP, Dermatology/Internal Medicine
Tina M. Haskell, CRNA, Anesthesiology/Hospital-Based Medicine
Jill T. Kooyoomjian, NP, Gynecology/Surgery
Michelle A. Lavery, NP, Urology/Surgery
Maureen E. McGann, CRNA, Anesthesiology/Hospital-Based Medicine
David B. Melzack, NP, Neurosurgery/Surgery
Nancy J. Murphy, NP, Gastroenterology/Internal Medicine
Christina J. Netten, NP, General Internal Medicine/Community Medicine
Martha A. Porfido-Bellisle, NP, Neurosurgery/Surgery
Stephanie C. Rondeau, NP, Neurosurgery/Surgery
Linda M. Sickorez, NP, Orthopaedic Surgery/Surgery
Gail C. Spellman, NP, General Internal Medicine/Internal Medicine
Marie E. Sullivan, CRNA, Anesthesiology/Hospital-Based Medicine
Erinn T. Tilley, NP, Pulmonary Critical Care/Internal Medicine
Nancy A. Todd, NP, Cardiovascular Medicine/Internal Medicine
Susan E. Wicks, NP, General Internal Medicine/Internal Medicine
Laurie E. Woods, NP, Emergency Medicine/Surgery

Cynthia Fiekers, BSN, RN, associate chief nurse Informatics and Quality, is pleased to announce the appointment of **Suzan Foy, BSN, RN, CCRN,** as a nursing informatics specialist for Lahey Clinic. Ms. Foy most recently worked as a Hallmark Health System colleague at Lawrence Memorial Hospital in the ICU as a staff/charge nurse. At that time, she was a member of the Nursing Informatics Council, which was responsible for the development, training, implementation and live support of clinical online documentation, computer physician order entry (CPOE) and electronic medication administration records (EMAR). Previously, Ms. Foy worked at Winchester Hospital as a staff nurse and served as a member of the Nursing Quality Council and as a SuperUser for the implementation of online documentation for the ICU clinical area. She also previously spent 12 years working in the Lahey Clinic ICU.

Ms. Foy graduated summa cum laude from Salem State College with her BSN in 1994 and completed her graduate certificate in health informatics from the University of Massachusetts Lowell in early 2009. She is currently enrolled as a graduate student in health management/policy at UMass Lowell.

As one of our nursing informatics specialists, Ms. Foy will promote excellence in our nursing practice at Lahey Clinic by providing consultation, coordination and leadership in the development, testing and implementation of our electronic health record.



Congratulations to the winners of the DAISY Award for nursing excellence:

AUGUST 2010—

Caroline Doherty, NP,
5 West Hospital and
Cardiovascular Medicine



As described by Mary Ellen Gray, PA-C, “Carol worked as an RN at St. Elizabeth’s for 30 years (!) before coming to Lahey. She became an NP after over 20 years of working as a nurse. Carol is the consummate professional. She never loses her cool and is unfailingly polite and cordial to patients and staff. Her curiosity and desire to learn is endless. At a time in her career when the mind might be less inclined to be challenged with new material, Carol is still an enthusiastic learner. She is also great fun to be with. She doesn’t take herself seriously and doesn’t get her feathers ruffled over much of anything. She laughs a lot, tells great stories and lifts spirits in her wake.”

SEPTEMBER 2010—

Erin Casey, BSN, RN, MICU



Erin has worked at Lahey since June 2001. She started as a newly licensed nurse on 7 West. In October 2003, she moved to the MICU.

Erin is recognized by her peers as both clinically competent and compassionate toward her patients and their families. She is also seen as supportive of her colleagues and helpful to all. Because of her positive attitude and supportive manner, she is frequently called upon to precept both new employees and students. Due to her openness and consistency, Erin is able to provide a relaxing and trusting environment between the patient, the patient’s family and the health care team.

An Innovative Project to Improve Nursing Workflow

By Janet Habeshian, MSN, RN, Nurse Manager 7C Hospital; Dianne Currier, BSN, RN, Assistant Nurse Manager, 7C Hospital; Cynthia Fiekers, BSN, RN, Associate Chief Nurse, Informatics and Quality; and Marianne Moher, Nursing Quality Measurement Analyst and Unit Coordinator Lead

Currently, when a nurse needs to administer medication to a patient, he/she walks to the medication room to remove medications for the patient from the Pyxis medication station and walks to the patient room to deliver those medications, one patient at a time. This process is repeated for each individual patient. In response to results from the National Database of Quality Indicators (NDNQI) RN Satisfaction Surveys, which reported an opportunity to improve time for care, the Nursing Informatics Department worked with the staff on 7C Hospital to develop an innovative project to improve nursing workflow and increase time for patient care.

After trialing various types of computer carts for the purpose of medication administration on multiple inpatient units, the Nursing Informatics Department purchased eight ergonomically friendly computer carts for multi-patient medication delivery. These carts are equipped with a locked medication drawer that houses six individual closed cubicles. Rather than making six trips to the med room and waiting to make six trips back out to the patient rooms, the nurse can make one trip to the med room, pull medications for all of his/her patients, and place them safely in the individual closed cubicles. Once the medications are removed from the Pyxis system and are secured in the medication drawers, nurses can go from one patient room to the next, providing an unrushed and time efficient workflow for safe medication administration, documentation and increased quality time with the patient. These carts also provide a storage space where the nurse can wheel, rather than carry, the tools used to provide care.

Pre- and post-implementation of the multi-patient medication delivery system on 7C Hospital, the number of steps taken during the designated shifts by a nurse and the number of nurse visits to the Pyxis medication-dispensing machine in an eight-hour period will be recorded and compared. The number of steps will be documented with a pedometer worn by a nurse. Our secondary objective is to determine if the anticipated difference in the number of steps pre- and post-implementation has an effect on unit metrics such as patient satisfaction, patient falls, and hospital-acquired pressure ulcer occurrence. As this information is recorded and evaluated, an update of results will be provided in forthcoming editions of *Notes on Nursing*.



Florence Kangethe, ASN, RN, 7 Central Hospital

From the
CNO

(Continued from page 1)

sessions about caring for older patients, who are at greater than average risk for complications during a hospital stay. As a NICHE (Nurses Improving Care for Healthsystem Elders) hospital, Lahey has access to tools, research and educational programs that are already leading to improved patient satisfaction and better outcomes for our over 65-year-old patients.

On 6 and 7 Southeast, interdisciplinary rounds are taking place with case managers and nurses sharing information and care plans for patients. Hospitalists will soon be transitioning into this process for a comprehensive approach. Transformation

of practice is also taking place with our medication cart program. By giving nurses an efficient way to organize and deliver medication, we are reducing inefficiencies and helping nurses spend more time at the bedside.

In October, Cynthia Fiekers, BS, RN, and I attended the Magnet conference to present findings from the National Database of Nursing Quality Indicators (NDNQI) survey of nursing satisfaction. In November, nurses—like all Lahey colleagues—will be asked to take a colleague engagement survey. Managed by an outside organization, Morehead Associates, the results of the

survey will enable Lahey's management team to better understand the concerns and commitment of all colleagues—again, with an eye toward planning for the future. A big part of the survey is to measure how well colleagues understand Lahey's culture of safety. I am hoping that each and every nurse will take the time to make his or her opinions count in this effort.

Thank you for working so hard this year—providing exceptional care, contributing to our improvement projects and enhancing your practice.

Kathleen S. Joel, RN, MSN

Appointments on Demand: Real-time Scheduling Update

By Doris Hanna, ScD, RN, CPNP, Director of Transformation, and
Cynthia Fiekers, BSN, RN, Associate Chief Nurse, Informatics and Quality

This is an interdisciplinary effort that includes the following nursing colleagues: Marianne Moher, Nursing Quality Measurement Analyst, Unit Coordinator Lead; Jean Cunningham, BSN, RN, Nurse Manager 5 West Hospital; Lynda Rideout, MSN, RN, Clinical Educator 5 West Hospital; Iris Gonsalves-Lawson, Unit Coordinator 6/7 Southeast Hospital; Tonya Johnson, ASN, RN, Assistant Nurse Manager 6/7 Southeast Hospital; Kate Scotti, BSN, RN, Nurse Manager 6/7 Southeast Hospital; Cynthia Fiekers; and Melissa Gutierrez, Nursing Associate 6/7 Southeast Hospital. The team will continue to monitor progress on this project and welcomes ideas and suggestions from all of our colleagues.

In April 2010, the Appointments on Demand working group began a pilot on real-time scheduling of hospital follow-up appointments for inpatients on the Hospitalist services on 6 SE and 5 W. The purpose of this program was to provide more personalized care to our patients and their families by actively engaging them in scheduling their hospital follow-up appointments

before discharge. Since the summer, the pilot project has been expanded to include all patients.

When an order is written for a hospital follow-up appointment, the unit coordinator pages the registration and scheduling colleague, who visits the patient at the bedside to schedule a follow-up appointment. The team hopes that this service will help to increase the number of patients who arrive for follow-up appointments.

Daniella Urma, MD, has served as the liaison between the physician groups and the steering group, ensuring that the medical staff can easily find the hospital follow-up form, as well as encouraging the staff to write the request for hospital follow-up appointments 24 hours before the scheduled discharge. By writing the request in advance, we can increase the likelihood that the registration and scheduling staff will have time to accommodate the patient's request and verify the appointment without a delay in discharge.

As we have expanded this program, the team has continued to learn how

to improve our system of care for our patients. Dr. Urma has been tracking the requests for follow-up orders and identifying system failures that help us gradually make improvements to our process. The unit coordinators are actively engaged in ensuring that the request for hospital follow-up order form is placed in each patient's chart behind the medication reconciliation and CT scan form. As a result, nurses can now reinforce the importance of scheduled appointments with patients as part of their discharge instruction. The registration and scheduling colleagues welcome the opportunity to actively engage with patients in planning their follow-up care. By providing this expert service at the bedside, we increase the likelihood that the appointment will be scheduled correctly and facilitate the ability to schedule multiple follow-up appointments. Patients appreciate being able to complete this process, which also takes into consideration the availability of friends and family members who will be involved in the follow-up process.

Welcome TO LAHEY CLINIC

Casey Anderson, BSN, RN, 6/7SE
Danielle Bartlett, BSN, RN, 7SE
James Bernier, BSN, RN, Davita
Santos Bertiz, BSN, RN, 5W
Sharine Chikwanda, ASN, RN, 7WH
Brian Crowley, BSN, RN, 6/7SE
Christine DiMella, BSN, RN, 7SE
Caitlin Dionne, BSN, RN, Lexington

Ann Fickett, ASN, RN, Dover, NH
Suzan Foy, BSN, RN, CCRN, Nursing Administration
Stephanie Graffam, ASN, RN, 6W
Brittany Hanafin, ASN, RN, 6/7SE
Erica House, BSN, RN, Interventional Radiology
Erin Johnson, BSN, RN, OR
Kimberly LeBlanc, BSN, RN, 7E
Michelle Malcolm, LPN, GI

Courtney Marr, BSN, RN, 5W
Nitaben Purohit, RN, 7W
Danielle Richard, ASN, RN, 7E
Ava Richardson, BSN, RN, 7WH
Casey Sliney, BSN, RN, 6W
Jennifer St. Jean, ASN, RN, 7W
Lisa Zunino, ASN, RN, 5WH

Notes on Nursing

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Exceptional NURSES... Extraordinary CARE

Medical-Surgical Nurses Recognized

*By Kathryn McNamara, RN, BSN, CCRN,
Assistant Nurse Manager - MICU*

Medical-surgical nurses focus on caring compassionately for patients and families every day. These nurses possess specialized skills and a knowledge base that enables them to provide expert care for a broad range of medical illnesses. Medical-surgical nurses make a difference by providing evidence-based patient care, advocating for patients and families, mentoring and nurturing their colleagues, and serving their communities through nursing outreach and education that results in better and safer health care. These nurses, practicing in one of the most diverse nursing specialties today, are the foundation of the nursing profession. The Academy of Medical-Surgical Nurses (AMSN) designated November 1-7, 2010 to celebrate these health care professionals. This special week is also meant to raise awareness of the specialty of medical-surgical nursing among their nursing peers. Lahey Clinic is proud to recognize our medical-surgical nurses!

For more information on medical-surgical nursing, please see Academy of Medical-Surgical Nurses (AMSN) at www.amsn.org; for certification information, please go to ANCC Medical-Surgical Certification at www.nursecredentialing.org/NurseSpecialties/MedicalSurgical.aspx.

Source: www.amsn.org

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

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NOVEMBER/DECEMBER 2010