

Notes on NURSING at Lahey

November/December 2006

From the CNO

Unit-Based Councils

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

We are entering the holiday season once again—a time of sharing, giving and receiving.

The spirit of sharing, giving and receiving takes on a new meaning for nurses as many clinical work areas begin work in their unit-based councils. The next step in nursing shared governance is the formation of unit councils, which will bring decision-making and control over nursing practice to the point of service. Unit councils allow colleagues to control practice, ensure quality, remain competent and participate in the creation of new knowledge by sharing, giving and receiving information among staff nurses. Unit councils will provide an exciting venue for staff nurses to make decisions that will impact their patients and work environment.

As nursing practice and patient care issues surface on a unit, staff nurses will be able to bring the issues to council members. In conjunction with staff nurses, council members will conduct literature searches so that any recommendation for change is evidence-based. This technique integrates the best evidence from research and nurses' clinical expertise to provide a basis for making decisions about patient care that will improve patient outcomes and satisfaction.

I have witnessed the work excitement of staff nurses in the operating room and 6 and 7 Southeast who have formed unit-based councils. This is a result of nurses having ownership of their work, and a practice environment to provide the best care to patients. They have taken accountability for their practice and are enjoying the partnership shared with nursing peers and leaders in decision-making.

As the New Year begins, I want to hear the voice of all nurses sharing in decisions about patient care and our work environment.



Kathie Jose, RN, MSN, CNO

Kathleen S. Jose, RN, MSN

COUNCIL REPORTS

The **PROFESSIONAL PRACTICE AND DEVELOPMENT COUNCIL**, chaired by Sheila Cunniff, RN, associate chief, Ambulatory Nursing, and Doris Barreiro, RN, manager, MICU/CCU, 6 West Progressive Care Unit, reviews all administrative policies involving nursing to include the most relevant evidence-based practice. The council also reviews nursing position descriptions to ensure relevance to current practice.

The **NURSE/PHYSICIAN PARTNERSHIP COUNCIL**, chaired by Kathie Jose, RN, MSN, CNO, and Fran White, RN, manager of 6 Central, meets monthly with nurses and physicians to enhance communication and collaboration.

The **CLINICAL PRACTICE COUNCIL**, chaired by Maureen McLaughlin, RN, clinical educator, PACU, reviews all current, revised and new nursing policies and procedures to include the most relevant evidence-based practice.

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New Lifts – New Technology

Kathy McNamara, RN, BSN, CCRN

According to the Bureau of Labor Statistics, the health care profession boasts one of the largest numbers of nonfatal occupational injuries and illnesses involving missed workdays in the nation. An estimated 12 percent of nurses annually leave their profession due to back injuries and more than 50 percent complain of chronic back pain (Brumbeloe, 2006). Considering the fact that the average age of a Lahey Clinic nurse was 43 in 2005, we need to constantly be aware of the physical limitations of moving 150 to 300 pound acutely ill patients several times during a shift, and the toll it takes on the nurse's physical health and well-being. Lahey Clinic has taken measures to address this problem and promote ease of working at the bedside.

Lahey Clinic has completed the installation process for the new ceiling lift devices that will be utilized in the inpatient population. These lifts are now located in the CCU (1), MICU (1), SICU (2) and 2 East PACU (2), 6 West Progressive Care Unit (1) and 7 Southeast (1). All lifts are capable of lifting a patient that weighs up to 550 pounds (250 kilograms)

except for 7 Southeast, which has the capacity of 1,000 pounds (455 kilograms). The installations of the lifts went smoothly with much collaboration from the nursing staff, Physical Therapy Department, nursing supervisors, Biomedical Engineering Department, and the lift company.

The hope is that the bedside nurse will experience ease in using the system and improve efficiency of patient movement, lifting, and transferring; therefore, providing more free time for the nurse to care for the patient. Patients have reported that the lift is comfortable for them during use and movements are smooth. The machine operates quietly and slides evenly along the rail system. The handheld control has been simplified making it extremely user-friendly.

The reported benefits of the lift include:

- Work efficiency and effectiveness
- Staff satisfaction leading to retention and recruitment
- Improved patient satisfaction
- Maintenance of dignity with transfers and repositioning
- A reduction in patient falls
- A reduction in staff injuries and lost wages

Colleagues interested in viewing the new lifts are welcome to stop by one of the units where the lift has been installed.

Brumbeloe, Sharon. "Providing a Lift" *Rehab Magazine*. (2006).

Congratulations To...

- **Marti Hoar**, RN, MS, CDE, CCTC, kidney transplant coordinator, received her certification as a Certified Clinical Transplant Coordinator.

The following staff nurses are now certified OR nurses:

- **Jane Lloyd**, RN, BSN, CNOR
- **Therese LeBlanc**, RN, MS, CNOR
- **Helen Coverdale**, RN, BSN, CNOR
- **Nancy Arnold**, RN, CNOR
- **Susan Ludwig**, RN, BSN, CNOR
- **Patti O'Neil**, RN, CNOR
- **Millie Mannion**, RN, BSN, CNOR
- **Danielle Clark**, RN, CNOR
- **Amy Sunderland**, RN, BSN, CNOR
- **Jackie Pulliam**, RN, MSN, CNOR
- **Virginia (Gigi) McGrail**, RN, CNOR
- **Rita Florio**, RN, MSN, CNOR
- **Vivian Kennedy**, RN, BSN, CNOR
- **Sue Mastrullo**, RN, BSN, CNOR
- **Kelly Lorrey**, RN, BSN, CNOR

If you know of a Lahey nursing colleague who has recently received an award or recognition of professional accomplishment, please inform Notes on Nursing at Lahey by contacting Nancy Rainier, Nursing Education, 781-744-3649, Nancy.E.Rainier@Lahey.org.

COUNCIL REPORTS

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The **NURSING QUALITY AND SAFETY COUNCIL**, chaired by Cynthia Fiekers, RN, associate chief, Informatics and Measurement, and Carol Martel, RN, Risk Management, is actively involved in medication safety, quality indicators and patient care incidents through peer review.

The **PROFESSIONAL AND EDUCATION COUNCIL**, chaired by Alison O'Brien, RN, senior education coordinator, and Gayle Gravlin, RN, EdD, associate chief, Center for Clinical and Professional Development, reviews all educational material present-

ed to the Nursing Department to ensure inclusion of evidence-based practice and the most recent nursing research.

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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,

or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

December

M	T	W	TH	F
				1 Orientation
4 Preceptor Wkshp * ECCO Wkshp	5 Orientation	6 12 Lead EKG Orientation	7 Mandatory Education BLS (CPR) Newly Lic. Update	8 Orientation Tele I Nursing Grand Rounds *
11 Charge Nurse Workshop	12 Tele II BLS (CPR)- Peabody	13	14 Tele III	15
18 ECCO Wkshp- Pharm.	19 Orientation	20 Orientation Practice Review Grp.	21 Mandatory Education Newly Lic. Orientation	22 Orientation
25	26	27 Unlic. Assistive Personnel	28	29

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.

December

1 Nursing Orientation

Skills

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A & Skills Lab

4 Preceptor Workshop *

Time: 8 am to 4 pm

Place: Gordon Building, Training Room

4 ECCO Workshop:

Nutrition and Neurology

Time: 9 am to 2 pm

Place: 6K39

5 Nursing Orientation

Time: 8 am to 4:30 pm

Place: Alumni Auditorium

6 12 Lead EKG

Time: 9 am to 3 pm

Place: Gordon Building, Room C

6 Nursing Orientation

Computers and Documentation

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A & Computer Lab

7 Mandatory Education

Time: 8 am to 12:30 pm

Place: Alumni Auditorium

7 BLS (CPR)

Time: 1:15 to 3:30 pm

Place: Gordon Building, Training Room

7 Newly Licensed Nurse Update

Time: 4 to 5 pm

Place: Lobby Conference Room

8 Nursing Orientation

Skills

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A & Skills Lab

8 Telemetry I

Time: 9 am to 5 pm

Place: Gordon Building, Room B

8 Nursing Grand Rounds * Alcohol Withdrawal Syndrome

Time: Noon to 1 pm

Place: Alumni Auditorium

■ This presentation will be telecast to Lahey Clinic North Shore.

11 Charge Nurse Workshop

Time: 8 am to 4 pm

Place: Gordon Building, Training Room

12 Telemetry II

Time: 9 am to 5 pm

Place: Gordon Building, Room B

12 BLS (CPR)-Peabody

Time: 1:30 to 4 pm

Place: Lahey Clinic North Shore, Conference Room A

■ To register, call ext. 4501.

14 Telemetry III

Time: 9 am to 5 pm

Place: Gordon Building, Room B

18 ECCO Workshop:

Pharmacology

Time: 9 am to 1 pm

Place: Gordon Building, Room B

19 Nursing Orientation

Time: 8 am to 4:30 pm

Place: Alumni Auditorium

20 Nursing Orientation

Computers and Documentation

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A & Computer Lab

20 Evidence-Based Practice Review Group

Time: Noon to 1 pm

Place: Alumni Auditorium

21 Mandatory Education

Time: 8 am to 12:30 pm

Place: Alumni Auditorium

21 Newly Licensed Nurse Orientation

Time: 1 to 4:30 pm

Place: Gordon Building, Room A

22 Nursing Orientation

Skills

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A & Skills Lab

27 Unlicensed Assistive Personnel Falls

Falls

Time: 2 to 3 pm

Place: 6K39

January

3 ECCO Workshop:

Cardiac

Time: 9 am to 1 pm

Place: Gordon Building, Room A & Skills Lab

4 Telemetry I

Time: 9 am to 5 pm

Place: Gordon Building, Room B

8 ACLS I

Time: 9 am to 5 pm

Place: Gordon Building, Training Room

9 Nursing Orientation

Time: 8 am to 4:30 pm

Place: Alumni Auditorium

9 BLS (CPR) - Peabody

Time: 1:30 to 4 pm

Place: Lahey Clinic North Shore, Conference Room A

■ To register, call ext. 4501.

January

M	T	W	TH	F
1	2	3 ECCO Wkshp- Cardiac	4 Tele I	5
8 ACLS I	9 Orientation BLS (CPR)- Peabody ACLS II and Recert.	10 Orientation	11 Mandatory Education BLS (CPR)	12 Orientation Nursing Grand Rounds *
15	16 Tele II	17	18 Nursing Leadership Develop. Program *	19 ECCO Wkshp- Pulmonary
22	23 Orientation	24 Orientation	25 Mandatory Education Tele III New. Lic. Orientation	26 Orientation Advanced Telemetry Wkshp
29	30	31		

9 ACLS II and Recertification

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

10 Nursing Orientation

Computers and Documentation
Time: 8 am to 4:30 pm
*Place: Gordon Building, Room A &
Computer Lab*

11 Mandatory Education

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

11 BLS (CPR)

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

12 Nursing Orientation

Skills
Time: 8 am to 4:30 pm
*Place: Gordon Building, Room A &
Skills Lab*

12 Nursing Grand Rounds *

*Negative Pressure Pulmonary
Edema*
Time: Noon to 1 pm
Place: Alumni Auditorium
■ This presentation will be tele-
cast to Lahey Clinic North Shore.

16 Telemetry II

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

18 Nursing Leadership Development Program *

Time: 8 am to 2:30 pm
Place: Alumni Auditorium

19 ECCO Workshop: Pulmonary

Time: 9 am to 1 pm
*Place: Gordon Building, Room A &
Skills Lab*

23 Nursing Orientation

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

24 Nursing Orientation

Computers and Documentation
Time: 8 am to 4:30 pm
*Place: Gordon Building, Room A &
Computer Lab*

25 Mandatory Education

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

25 Telemetry III

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

25 Newly Licensed Nurse Orientation

Time: 1 to 4:30 pm
Place: Gordon Building, Room A

26 Nursing Orientation Skills

Time: 8 am to 4:30 pm
*Place: Gordon Building, Room A &
Skills Lab*

26 Advanced Telemetry Workshop

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

Nursing Research

Become an NSI

Roseann Barrett, RN, PhD

■ The new fall TV season is upon us and one of the most popular series on television is *CSI: Crime Scene Investigation*. Did you know that you have the potential to be an NSI: *Nursing Science Investigator*?

Nursing science investigators (NSI) are nurses who participate in evidence-based

nursing practice. NSIs are skilled clinicians who make decisions about patient care by critically evaluating current and relevant evidence. They use knowledge gained from research literature to solve nursing care problems and improve patient outcomes.

The following are a few ways that you can improve your NSI skills:

■ Participate in the evidence-based practice review group. Meetings are held each month

at noon on Wednesdays, and articles are available before the meeting in Nursing Administration. Unit specific review groups will be a new addition this year and can help you learn how to investigate the nursing issues you deal with in your area of practice.

■ Consider joining the new unit-based evidence-based practice work groups. These are small work groups that will investigate a clinical issue specific to your area of nursing

practice. Learn how to evaluate research and develop a poster summarizing the best available evidence that you can share with colleagues.

■ Do you have an idea or a question about evidence-based practice or nursing research? Contact the research nurse consultant, Roseann Barrett, RN, PhD, at roseann.barrett@regiscollege.edu. On-site individual or group meetings are available each Wednesday.

The Voice of Nurses

Patricia A. Conway, RN, MHA, CCTC

Unit-based councils are designed to bring decision-making and control over nursing practice to the staff nurse at the patient's side. Unit councils allow staff to direct practice, ensure quality, remain competent and participate in the creation of new knowledge.

Staff nurses on 6 and 7 Southeast, with the leadership of Kate Scotti, RN, BS; Allison Sansone, RN, BSN; and Lillian Turano, RN, BSN; have formed a unit-based council. "Staff nurses on duty are always covered to attend the council, and those that are off duty can always come in for the council meeting," explains staff nurse Margaret Casey, RN, BSN.

"Unit-based councils are the best way, the best practice, and have the best patient outcomes," said Jocelyn Alexandre, RN, BSN, "it is staff empowerment." As a result of early council work, staff nurses' report roles and responsibilities are clarified, workflow is organized, and the unit is calm.

The council developed an Interdisciplinary Patient Assessment (IPA) handoff checklist and procedure to help with patient admissions near the change of shift. With this

procedure, if a nurse receives an admission one hour before the shift is over, he or she is only responsible to complete page four of the IPA, orient the patient to the room, and run a rhythm strip if the patient is on a cardiac monitor. During report, the checklist is handed off to the incoming nurse that is responsible for completing the admission. This change in practice improves communication, addresses patient safety, and advances staff and patient satisfaction.

To improve staff satisfaction, unit council members developed unit guidelines for staff self-scheduling. "It is awesome," exclaimed staff nurse Christine Heimbuch, RN, BS, "generally, you get the days that you scheduled and few changes need to be made to it."

Staff nurses Casey, Alexandre and Heimbuch agree that they enjoy working with a unit council. A trusting environment exists that encourages and allows all staff nurses to identify and resolve issues. The cornerstone principles of council work—accountability, equity, partnership and ownership—are evident on 6 and 7 Southeast.

If you are interested in observing a Southeast council meeting, please contact Lillian Turano at ext. 7731.

Welcome

■ The Nursing Department would like to extend a warm welcome to new members of the nursing administration and education departments.

Deborah Gallegos-Petersen, RN, MS, APNP, is an advanced practice nurse joining Nursing Education. She was recently a professor at the New Hampshire Community Technical College in Stratham, New Hampshire. Prior to that position she was an employee health nurse practitioner for Exeter Hospital, New Hampshire, and a clinical instructor at the New Hampshire Community Technical College. She received her associate's degree in nursing from Shenandoah College, Virginia, her bachelor's degree from Emmanuel

College, Boston, and her master's degree from the University of Massachusetts, Lowell.

Darlene Bourgeois, RN, MSN, CCRN, has been with Lahey Clinic since 1989 as a staff nurse in the SICU, ED, and for the past three years, in the Cardiac Cath Lab. She joins Nursing Education as the coordinator of ACLS, BCLS, and the nursing simulation and skills lab. She will continue as a clinical nursing instructor in critical care for Salem State College on-site at Lahey, and also as a clinical nursing instructor for Middlesex Community College on 6 Central. She received her associate's degree in nursing from Mass Bay Community College, and both her bachelor's and master's degrees in nursing from Salem State College.

Sally Cadman, RN, MS, joins Nursing Education as a clinical nurse specialist from Boston Medical Center, where she had extensive clinical expertise in critical care and emergency nursing. She also owned a nursing consulting company specializing in advanced clinical and educational concepts, and was a critical care clinical nurse specialist at Salem Hospital. She received her bachelor's degree in nursing from Boston College and her master's degree from Boston University.

Lisa Meinhold, RN, MS, CCRN, was a clinical nurse specialist in critical care at Quincy Medical Center and Metrowest Medical Center, and continues as a per-diem clinical nurse specialist in critical care for Lahey Clinic. She was a clinical

data specialist for Biogen, Inc., in Cambridge. She received her bachelor's degree in nursing from Arizona State University and her master's degree in adult acute care from Northeastern University.

Karen Sanderson, RN, BSN, joins Nursing Administration as the nursing performance improvement program coordinator. Prior to joining Lahey, she was the manager of provider audit at the Boston Medical Center HealthNet Plan. Before that, she was a senior medical claims reviewer and utilization management consultant for Capital BlueCross in Harrisburg, Penn. She received her bachelor's degree in nursing from the University of Texas Health Science Center at the San Antonio School of Nursing.

Reducing Medication Errors

Maureen F. McLaughlin, RN, BSN, CPAN

A recent article in *The Boston Globe* highlighted statistics on medication errors, citing a report issued by the Institute of Medicine. The article reported that the average hospitalized patient experiences one medication error every day. A reduction in medication errors can be achieved by vigilance and patient-centered care by the nurse and medical team.

Fortunately, there is emerging technology that can enhance the efforts of the team to reduce medication errors. Changes can be made to systems and processes to further reduce the incidence of errors. Lahey Clinic is working on efforts to improve and enhance patient safety.

The five rights that nurses are all familiar with include; the right medication, right time, right patient, right route and right dose. The following technology assists the nurse in ensuring that the five rights are followed.

Too early/too late warning- To ensure “right time,” the Pyxis automated medication dispensing units have now been programmed to alert the nurse when a medication is being administered either too early or too late. The nurse can then enter a reason for the error in timing, such as the patient was off the unit.

Bar coding- To ensure “right patient,” Lahey will be adding a bar coding system to the Pyxis medication unit. Before any medication is given, the patient’s ID bracelet, the nurse’s ID badge, and the medication removed from the Pyxis will be scanned. The use of this technology will ensure that the correct medication will go to the correct patient.

Computerized physician order entry (CPOE) and computerized medication record (EMAR)- Many medication errors are due to an incorrect order; an order for an unsafe dosage of a medication; an incorrect transcription of an order; medications ordered to which the patient is allergic; or medications ordered that are incompatible with other medications that the patient is already on. With the use of both a computerized physician order and an electronic medication record, these potential errors can be avoided. The physician will

enter the orders electronically into the computer and the computer will alert the prescriber to allergies and incompatible medications. CPOE will also eliminate errors related to illegibility on the part of the prescriber. The use of the EMAR will reduce the incidence of transcription errors, as the pharmacist will be

entering the order directly from the CPOE into the computerized medication administration record.

Smart pumps- Lahey Clinic will soon be implementing smart pump technology. With this new system of intravenous infusion, the pump will be programmed with a library of medications that determines the recommended rate and dose of medications. The pump will not allow the practitioner to infuse a medication if the rate that the user enters falls outside the parameters set in the pump. This technology will ensure that the user delivers the correct rate, or dose, of an intravenous medication.

Lahey Clinic is working on efforts to improve and enhance patient safety.

Notes on NURSING

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