Lahey Clinic

Notes on NURSING at lahey clinic

Exceptional NURSES... Extraordinary CARE

From the CNO

Kathleen S. Jose, MSN, RN
Chief Nursing Officer

# Looking Ahead to 2009

In late September, I had the pleasure of speaking with many of you at the All Nursing Assembly to present you with an update on the state of nursing at Lahey Clinic and also to hear your concerns. (To view the entire presentation, go to MassNet and click on Nursing @ Lahey on the left.) We reviewed the Lahey Clinic Nursing Professional Practice Model (PPM), which is being refined at the Nursing Practice Coordinating Council to ensure that this model represents your work in the delivery of nursing services. The model is patient focused, that is, everything we do revolves around patients and their families, whether it is the environment, our governance structure, or the way we deliver services. You will be hearing more about our PPM in further assemblies, staff meetings and shared governance councils, including the unit-based councils.

As we all look forward to a new year, I want to review our progress on some of our strategic goals for 2008-2009. We want to ensure a

(Continued on Page 2)

# Focus on Medication Errors

Margie Sipe, MS, RN

One way to increase our knowledge about medication errors and stimulate discussion about solutions to prevent them is to "tell the stories" of errors or near-misses. In order to better understand the risk factors and redesign our processes to avoid medication errors, we need to analyze our current processes using focused questions.

With this in mind, we will begin to send each care unit a monthly tally of medication errors that have been entered into the incident report system. Along with tallying the overall error incidence, we will try to identify at which point in the medication management process these errors occurred: prescription, transcription, distribution/access, and/or administration/documentation.

Why should we do this? When the Institute of Medicine (IOM) published its report in 2000, *To Err is Human: Building a Safer Health System,*[1] it was a wake-up call to health care providers of the ever increasing issue of medical errors. Medication errors were one type of error recognized as needing further emphasis. In 2007, the IOM published another report, *Preventing Medication Errors: Quality Chasm Series,*[2] to propose strategies for addressing medication errors. This report highlights the need for institutions and health system leaders to create a climate where continued learning about errors is encouraged so that all phases of the medication management process will be safer.

(Continued on Page 3)

**To: All Staff Nurses**
**From: Nursing Ethics Council**

Have you ever had an ethical concern and wondered how to solve it? Maybe a patient asked a question, and you wondered if it was ethical for you to answer it. Maybe you wonder how to raise concerns about a patient's code status at morning rounds.

At monthly meetings, the newly formed Nursing Ethics Council will be talking about these kinds of concerns and discussing real cases of concern to nurses. We invite you to join us as often as you can for a lively and instructive conversation.

The next two meetings will feature videos about ethical issues:
**November 13, 2008, Video: *Errors***
**December 11, 2008, Video: *Code Gray***
**2:30 to 3:15 pm**
**Conference Room, 3 Southeast, Nursing Administration**

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Nursing Quality Safety Plan

# CNO Message continued

high level of patient and staff satisfaction. We receive monthly reports from Press Ganey Associates, a firm that surveys more than 8 million patients a year throughout the country. Their reports provide us with not only our patients' responses to various questions, but also comparison of these responses to other responses across the nation. There are many nurse-sensitive indicators included in the report, such as what is the overall quality of nursing care received, the skill of the nurses, and the nurses' attitude toward requests. For example, in the ambulatory surgery report, over 90 percent of respondents reported that the staff worked well together. In the inpatient report, over 89 percent of respondents felt that the nurses' sensitivity and responsiveness to pain was good or very good. In the Burlington ambulatory clinic report, over 93 percent of respondents rated the nurses using language they could understand as good or very good. In Peabody, 100 percent of respondents rated the nurses' instructions for post-procedural care as good or very good.

We also have the results of the National Database of Nursing Quality Indicators (NDNQI) survey that was done this summer. Most of the responses were in the moderate range. Your manager will review the results with all of you, and focus groups have met and developed plans for increasing our percentages in some key areas.

We have also initiated focus groups to see why nurses want to work at Lahey. Each focus group will be 90 minutes in length, have 8 to 10 participants, and be arranged by years of service at Lahey Clinic (< 5 years, 5-10 years, 11-20 years, >20 years). We are looking forward to synthesizing the results of this methodology.

As you know, I support and encourage all of you to continue your education. Lahey Clinic has increased the yearly maximum for tuition reimbursement this year to $2,000 for colleagues working 36-40 hours/week, $1,600 for 30-35 hours/week, and $1,000 for those working 20-29 hours/week. In addition, we will continue to offer loan forgiveness to the ASN, BSN, MSN and doctorate levels and continue to offer on-site continuing education programs from Regis College, U Mass Lowell, and Northeastern University. We are also continuing our training program for nursing assistants in conjunction with the American Red Cross and have scheduled a new program beginning in November.

Another of our strategic goals is to create a strong nursing presence in the development of information technologies at Lahey Clinic. Nurses are deeply involved with choosing and updating the following technologies:

- Lahey aChart—the ambulatory EMR
- LaheyView—a Web-based portal of access to clinical information
- Theradoc–clinical decision support software
- T-System–Emergency Room electronic solution
- CareFusion—point-of-care bar code medication administration
- ECMS–enterprise wide content management system
- ANSOS Upgrade
- RL Solutions–incident report
- Inpatient EMR–vendor selection
- Patient Entertaining/Education–vendor selection
- Nextel Phone–inpatient communication
- Robots
- ARIA–CPOE for Oncology
- Pisces Operating Room Management System

Additionally, nurses are taking a strong lead in the multidisciplinary teams of patient flow, critical care and surgical services. The goals of the patient flow initiative include accommodating the continued growing volume of patients admitted to the hospital, establishing greater clarity regarding who the patient's physician is and where the patient will be admitted, and building more stable and cohesive nurse-physician inpatient teams.

As you know, I support an open-door policy for all of you working at Lahey Clinic and I hope you will continue to keep me apprised of your concerns as well as your joys. I wish you a Happy New Year in 2009 as we work together to provide extraordinary patient care.

Notes on NURSING at lahey clinic

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

# Immunization of Health Care Workers for Influenza

Jane Eyre-Kelly, RN, CNC

We are again implementing the "Adopt a Department" strategy for the 2008 Colleague Influenza Vaccination Program. Departments with nursing resources will be vaccinating their own colleagues. Departments without nursing resources will be "adopted" by one that has nursing resources. The "Adopt a Department" program will run from Monday, October 6, through Friday, October 24. After October 24, colleagues can still get a flu vaccination in the Employee Health Department through February 2009.

In 2007 Lahey Clinic achieved a 72 percent influenza vaccination rate among all colleagues, reported to be the second best rate in the state! We are striving for a rate of 100 percent for 2008.

Colleague immunization is an important step to reducing the spread of influenza to patients and staff. Consider these facts:

- Asymptomatic health care workers can shed the influenza virus and pass it on to others for up to three days prior to the onset of illness.
- Vaccination of health care workers cuts death rates of nursing home patients in half.
- Hospital-based influenza outbreaks frequently occur where unvaccinated health care workers are employed.
- Influenza vaccine has been demonstrated to reduce acute respiratory illness in vaccine recipients and their contacts, and to reduce lost workdays and number of health care provider visits.
- In controlled trials of thousands of subjects, reactions to influenza vaccine were no different from placebo, other than minor local injection site soreness. The killed influenza vaccine cannot cause influenza.

The Centers for Disease Control and Prevention and the Massachusetts Department of Public Health strongly recommend that all health care personnel receive an annual influenza immunization unless contraindicated (e.g., hypersensitivity to a component of the vaccine). In addition, the Joint Commission requires organizations to offer influenza vaccination to staff and volunteers. Hospitals are also required to monitor vaccination rates and reasons for declining the vaccine.

The Infection Control and Employee Health Departments strongly encourage influenza vaccination for all employees at Lahey Clinic. The "Adopt a Department" program will provide convenient access to the influenza vaccine as part of our overall employee health program. Considering the probability of a future influenza pandemic, it is critical for health care personnel to get immunized annually. This effort can begin with all of us taking responsibility for getting vaccinated this fall.

## Focus on Medication Errors *(Continued from front page)*

Additionally, Lahey completed a failure modes and effects analysis (FMEA) on our medication management process. One of the action plans from this analysis was to share more information about errors with staff.

In John Nance's new book, *Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care,*[3] he discusses that caregivers need to consider that errors will have a high likelihood of occurring. There is a need for diligence by every member of the health care team to try to discover the errors and speak up when situations of risk are evident. Most errors happen because smart professionals trust each other and, therefore, miscommunications, disastrous assumptions and misperceptions become the norm.[4] We hope to uncover some of these errors in order to improve medication safety at Lahey Clinic.

**References**

1. Committee on Quality of Health Care in America and Institute of Medicine. *To Err is Human: Building a Safer Health System,* Eds. Linda Kohn, Janet Corrigan and Molla Donaldson. Washington, DC: National Academies Press, 2000.

2. Committee on Identifying and Preventing Medication Errors. *Preventing Medication Errors: Quality Chasm Series.* Eds. Philip Aspden, Julie Wolcott, J. Lyle Bootman and Linda Cronenwett. Washington, DC: National Academies Press, 2007.

3. Nance, John J. *Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care.* Bozeman, MT: Second River Healthcare Press, 2008.

4. Ibid., p. 59.

# Welcome TO LAHEY CLINIC

**Michael Dumais, MEd, RN,** began at Lahey Clinic in August as the nursing informatics educator. He comes from Brigham and Women's Hospital, where he was the director of educational technologies. He has a clinical nursing background in cardiac surgery ICU, operating rooms, and nursing education. Additionally, he has worked in higher education as a learning management system administrator at Rivier College. He received his BSN from St. Anselm College and his MEd from Cambridge College.

**Deborah Gates, MS, RN, CGRN,** has assumed the position of clinical educator of the Endoscopy Department. She comes to Lahey from Cambridge Health Alliance, where she opened and was manager of a new Endoscopy Unit. She has previously been on the board of directors of her professional organization, the NESGNA, and has lectured nationally on the topic of moderate sedation. She received her ASD from Lasell College, her BSN from Curry College, and her MS from Regis College.

**Carol Cirone, MSN, RN, ARNA,** recently assumed the position of nurse manager of Interventional Radiology. Prior to this she was the radiology nurse manager and nurse practitioner at Mt. Auburn Hospital. She received her diploma in nursing from Mt. Auburn Hospital, her BSN from Northeastern University, her MS in nursing administration from U Mass Lowell, and her post-master family nurse practitioner from Regis College.

**Arlene Delaney, BSN, RN,** is now the clinical educator in the Operating Room at Lahey Clinic Medical Center, North Shore. Previously she was a staff OR nurse at New England Medical Center. She received her BSN from Western Connecticut State College in Danbury.

Renee Soto, ASN, RN, OR
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Laura Crusco, ASN, RN, 6E
Brittany Sutton, BSN, RN, 6W PCU
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Lindsay MacLeod, BSN, RN, MICU
Pamela Cronin, BSN, RN, Endoscopy
Ana Cesar, RN, 6W
Youngmi You, RN, 5W
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Elizabeth Paiva, ASN, RN, 6E
Natale Jabour, CRNA, Anesthesiology
Melissa K. Stewart, NP, GIM, Haverhill

# Our Journey into Critical Care

We were all amazed and delighted to receive the phone call letting us know we had been accepted into the Lahey Clinic Critical Care Internship Program. Facilitated by Sally Cadman, MS, RN, CCRN, clinical nurse specialist for critical care, the internship would provide us with an extraordinary opportunity to discover critical care nursing on the summer break between our junior and senior years. The program began in 2007 with four interns; they were returning to Lahey as newly licensed nurses in critical care.

Together we represented two members of the board of directors from the Massachusetts State Nursing Association, four school nursing association officers, nursing associates and community service advocates. Additionally, we all shared a common interest in Boston sports teams, the outdoors, iced coffee and music. Through the internship we became colleagues and lifelong friends.

We started in June and over the next 10 weeks we were introduced to our nurse coaches and began work in the MICU, SICU and CCU. In our respective units, we learned things that will be invaluable to our nursing practice. Holding a hand while a patient is having a procedure or comforting a family at a vulnerable time will always hold a special place in our hearts. Some of us had our first encounter with the death of a patient. As a result, we learned how to support the patient, family and ourselves during this emotional time. There are some things in nursing that cannot be learned from a textbook.

In addition to our clinical practices, we also met once a week in a classroom setting. Tuesday morning was our time to absorb knowledge, reflect on our experiences with a few tears and laughs, and grow. We discussed crucial critical care topics such as VAP, ARDS, sepsis, palliative care and effective communication in the health care setting. Through the use of SimMan, skills lab and unforgettable guest speakers, we were given a glimpse into the wealth of knowledge that was ahead of us. Although our focus was critical care nursing, we also had the chance to experience other aspects of the hospital. One component of the program, “A Walk in Your Shoes,” allowed us to view OR procedures, answer calls with rapid response nurses and shadow respiratory therapists. Along with these experiences, we were also given exposure to the Cardiac Catheterization Lab, ER and PACU.

Our coaches, Suzanne Harvey, BSN, RN; Claire Hodsdon, RN; Kara Nicolosi BSN, RN; Meredith Pitts, BSN, RN; Allison Richardson, ADN, RN; Allison Sansone, BSN, RN; Mindy Strassberg, BSN, RN; Lisa Warner, BSN, RN; and Jen Wellman, BSN, RN, contributed to our success as critical care nurse interns. These exceptional staff nurses challenged us to expand our critical thinking skills and gave us role models to help shape our future nursing careers. We want to say thank you to our coaches and each department who allowed us to learn. We would also like to extend a special thanks and a warm smile to Sally Cadman for making this experience memorable.

This valuable opportunity has refined our nursing skills and given us the ability to enter our final semesters of nursing school with confidence. In the upcoming year, the eight of us will be prepared to face the challenges associated with completing nursing school, passing the NCLEX and joining the Lahey Clinic staff as registered nurses.

*Melissa Foley attends UMass Amherst; Jenna Bristol, Laura McNeill and Lindsey Tarzia attend UMass Dartmouth; Jessica Daigle and Jennifer Wheeler attend UMass Lowell; and Stephanie Frey and Sammy Kimani attend Salem State College.*

Pictured above: The 2008 Critical Care interns
Front row, from left to right: Jenna Bristol, Lindsey Tarzia, Melissa Foley, Laura McNeill
Back row, from left to right: Jessica Daigle, Stephanie Frey, Sammy Kimani, Jennifer Wheeler

# education CALENDAR

## DECEMBER

*= MARN contact hours applied for

*December 2008 EDUCATIONAL OFFERINGS*
*Unless otherwise indicated, preregistration is required and can be made by calling ext. 8725 or 781-744-8725.*

**1 Nursing Research Series—Critiquing the Research Literature**
Time: 8 to 10:30 am
Place: 4 West Conference Room

**1 Preceptor Workshop***
Time: 8 am to 4:30 pm
Place: Gordon Building Training Room

**1 Telemetry I**
Time: 9 am to 5:00 pm
Place: Gordon Building, Room A

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

**2 Nursing Research Series—Using Lahey Resources**
Time: 4 to 6:30 pm
Place: Gordon Building, Computer Lab

**3 Nursing Orientation Computers and Documentation**
Time: 8 am to 4:30 pm
Place: Gordon Building Computer Lab and Room A

**3 Evidence Based Practice Review Group**
Time: 1 to 2 pm
Place: Alumni Auditorium

"The Role of the Family in Treatment Decision Making by Patients with Cancer." The article and checklist can be obtained in the Nursing Education/Administration Office on 3SE.

Contact: Ann Dylis,
Nurse Research Scientist

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

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

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

**8 Med/Surg Pathway I—Foundations**
Time: 9 am to 5 pm
Place: Gordon Building Room A and Skills Lab

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

**9 BLS (CPR) Recertification—Peabody**
Time: 1:30 to 4:30 pm
Place: Conference Room A
To register, call ext. 4501.

**10 Introduction to 12-Lead EKG**
Time: 9 am to 3 pm
Place: Gordon Building, Room C

**12 Nursing Assistant Skills Lab**
Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

**15 Med/Surg Pathway III—Complexities**
Time: 9 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

**15 ECCO Workshop—Cardiac and Pulmonary**
Time: 9 am to 5 pm
Place: Gordon Building, Room B

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

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

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

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

**18 Newly Licensed Nurse Welcome Luncheon and Orientation**
Time: 1 to 4 pm
Place: Gordon Building, Room C

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

## Did You Know…

- **There is a new method for reporting radiologic findings.**

As part of the ongoing effort to reduce workflow distractions of nurses, Nursing Administration and Radiology have implemented the following communication system to report urgent findings: As of August 4, 2008, communication of urgent radiologic findings takes place via e-mail to the ordering physician. Telephone calls will no longer be made to the nursing units to report these findings.

Urgent radiologic findings include any unexpected finding recognized on an imaging exam that is not life threatening but requires the attention of the ordering physician for follow up. The process works as follows. Radiology staff send an e-mail template to the ordering physician with the following information:

- Subject: "Urgent Radiology Finding"
- Body: "An urgent finding has been identified on your patient. Please read the radiology report on "Name, MRN, Exam, Accession #."
- Instructions: "Please click on the link below to acknowledge receipt of this message."

Radiology staff will receive a list in the morning each day showing any message that did not acknowledge receipt and will assume that the physician did not get the message. Radiology will then call the office within 24 hours to ensure that someone receives the information.

# education CALENDAR

# JANUARY

**5 ACLS Part I**
Time: 9 am to 5 pm
Place: Gordon Building

**5–22 Re-Entry**
A three-week program for nurses returning to the bedside
Time: 8:30 am to 2:00 pm
Place: Alumni Auditorium

**6 ACLS Part II and Recertification**
Time: 9 am to 1 pm
Place: Gordon Building

**7 Telemetry I—Beginner**
Time: 9 am to 5 pm
Place: Gordon Building, Room A

**12 Cardiac Rhythm Review***
Time: 9 am to 1 pm
Place: Gordon Building, Room A

**13 Med/Surg Pathway IV—Conditions**
Time: 9 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

**13 Telemetry II—Advanced Beginner**
Time: 9 am to 5 pm
Place: Gordon Building, Room A

**13 BLS (CPR Recertification—Peabody)**
Time: 1:30 to 4 pm
Place: Conference Room A
To register, call ext. 4501.

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

**14 Nursing Orientation—Computer and Documentation**
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

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

**15 BLS (CPR) Recertification**
Time: 1:15 to 3:30 pm
Place: Gordon Building

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

**20 ONS Chemotherapy and Biotherapy**
Time: 7:45 am to 5 pm
Place: Gordon Building, Room B

**21 Telemetry IV—Pacemaker Workshop**
Time: 9 am to 1 pm
Place: Gordon Building, Room A

**22 Telemetry III—Intermediate**
Time: 9 am to 5 pm
Place: Gordon Building, Room A

**23 Nursing Assistant Skills Class**
Time: 8 am to 4:30 pm
Place: Gordon Building, Skills Lab

**26 Nursing Leadership Seminar**
Time: 8:45 am to 4 pm
Place: Gordon Building, Training Room

**26 Critical Care ECCO—Cardiac and Pulmonary**
Time: 8 am to 5 pm
Place: Gordon Building, Room A and Skills Lab

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

**27 ONS Chemotherapy and Biotherapy**
Time: 8 am to 5 pm
Place: Gordon Building, Room B

**28 Nursing Orientation—Computer and Documentation**
Time: 8 am to 4:30 pm
Place: Gordon Building, Computer Lab and Room A

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

**29 Newly Licensed Nurse Welcome and Orientation**
Time: 1 to 4 pm
Place: Alumni Conference Room

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

This was a multidepartmental project and would not have been accomplished without the cooperation of Nursing, Lorraine Kelly, RTR, in Diagnostic Radiology, Theresa Loveless and the staff in the IMC, Peter Desimone from IS who developed the Web site, and the Hematology and Oncology staff, who agreed to be the pilot department.

**• There are two new nursing awards.**

You will be hearing more about two new awards for nurses at Lahey Clinic. The Nursing Department will be participating in the Daisy Award for Extraordinary Nurses. Each month one outstanding nurse will be recognized for his or her extraordinary contribution. See your nurse manager for details. Also, during the next Nurses Week, we will celebrate the first recipient of the Outstanding Preceptor Award. Further details will be announced soon.

**• Dispose of alkaline batteries in the trash.**

Alkaline batteries (AAA, AA, C, D, and 9 volt) made after 1994 may be disposed of in the trash as they no longer contain mercury. Other batteries (button, rechargeable, lithium), should not go in the trash, as they are hazardous waste.

# Shared Governance Council Updates *(August 2008)*

## Patient Care Technology Council

- CareFusion will be rolled out in the PACU next because much of what is done there filters to other areas.
- Siemens demonstrations took place on August 19 and 20 and Eclypsis demonstrations occurred on August 25 and 26. As they become available, further details will be released.

## Clinical Practice Council

- New polices were reviewed: "Temporary Transvenous Pacemaker Insertion" and "Temporary Transvenous Pacemaker Monitoring and Care." Revisions were recommended and returned to authors.
- Old policies were reviewed: "Cast care, care of the patient" and "Lumbar drain for cerebrospinal fluid leak."

## Ambulatory Clinical Practice Council

- Neurosurgery nursing policies were finalized.
- Competency for administration of local anesthesia by dermatology nurses was reviewed.
- The pelvic exam policy was approved.
- Ambulatory nursing competencies were discussed.
- Ambulatory nursing job descriptions were discussed.

## Nursing Practice Coordinating Council

- Gayle Gravlin, EdD, RN, NEA-BC, presented the Professional Practice Model and it was discussed with the chairs of the unit-based councils.

## Nursing Quality and Safety Council

- Marianne Moher will select two or three med error stories on a monthly basis to place on the dashboard, as well as forward to staff via e-mail and add to Nursing News.
- The Nursing Quality Safety Plan was reviewed and approved.
- As part of the ongoing performance improvement process, Margie Sipe has arranged to meet with the nurse managers one-on-one, using the A3 method of problem solving addressing the initial status, target status and the approach.
- PocketScripts is being piloted on 6W as a reference tool for medication reconciliation.
- The nurse managers are doing weekly hand hygiene audits to ensure compliance of all staff.

## Nursing Research Council

- The 2008 schedule of research classes is being updated. This includes additional sessions at the Peabody campus. The 2009 schedule is nearly complete. E-mail announcements will be sent when available.
- The meeting was an educational session focused on discussion of IRB approval of quality improvement research studies, based on the controversy reported in Kass, N et al (2008) Joint Commission Journal on Quality and Patient Safety, 34(6), 349-353.
- Lahey implications: Any research and/or quality improvement project must be submitted to Lahey IRB to decide what level of approval is necessary. Contact Ann Dylis prior to initiating any type of nursing research study.

## Professional and Educational Council

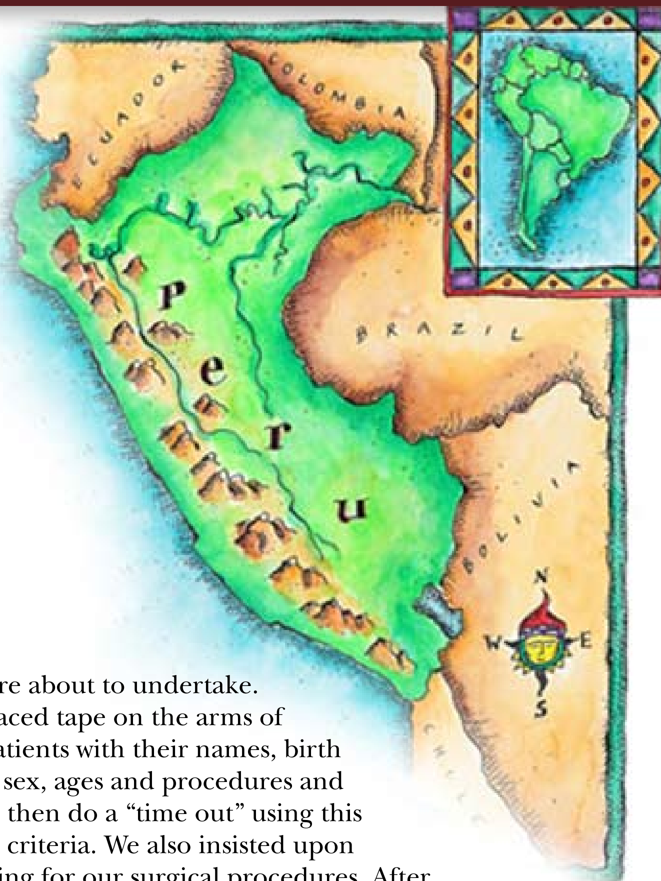
- The RN Orientation Competency Matrix was reviewed. The council recommended presenting the matrix at a clinical educator meeting for updates.
- The IV packet was reviewed and approved.
- The Ambulatory Surgery Skills Fair content was presented to the council by Annmarie McLaughlin. The council approved the program. Staff will continue to attend the Medical/Surgical Fair as well.
- Nursing assistant and nurse associate: The suggested routine and introduction packet was presented, reviewed and accepted by the council. The packet will be distributed and reviewed with UAPs during first week of orientation.

## Nursing Coordination and Review Council

- The council signed off on the falls policy, the CT scan order tool, the IPA, the radial compression band policy and the patient/family education policy.
- Discussion of the staff RN job description and the medication reconciliation forms will be continued when representatives from quality & safety and the Magnet writing group can be present.

# Mission to Peru

Pamela R. Greenwood, RN, CNOR




When Jeffrey Weinzweig, MD, asked me to go to Peru on a mission with Komedyplast, I was excited, but nervous. I had never been on a medical mission before and was not sure what to expect. Weinzweig, chair of the Department of Plastic & Reconstructive Surgery at Lahey, established Komedyplast, a nonprofit organization that provides a unique approach to the international care of children with congenital anomalies by combining surgical treatment with comedy. Volunteer physicians and nurses work with a volunteer entertainment team to make a lasting difference in the lives of children throughout the world.

Our team consisted of 11 medical personnel: 4 craniofacial plastic surgeons, including Weinzweig; 1 pediatric neurosurgeon; 2 pediatric anesthesiologists; 2 plastic surgical residents, including Shawkat Sati, MD, chief resident in Lahey Clinic's Department of Plastic & Reconstructive Surgery; 1 scrub technician; and me, the RN.

We hit the ground running. The first day we spent 10 hours interviewing, assessing and examining past and future patients. I was amazed at the vast amount of patients with craniofacial deformities who were presented to the team. Due to time constraints, we were able to select only 20 who would be eligible for surgery, and this was very difficult emotionally as each child we saw needed our help.

I was able to use my nursing skills to assist anesthesia in screening potential patients, reviewing physical assessment as well as patient and family history. I felt very comfortable in my nursing role because I use a similar tool daily at Lahey Clinic to interview each patient prior to surgery. We started our operating marathon on Monday morning. We were given two of the four OR suites and two Peruvian OR circulators, one of whom spoke a little English. I teamed with the non-English speaking nurse, Lucy. We were able to get by with my "un pequito" knowledge of Spanish, gleaned from my days as a home care nurse.

Sterile technique, though a universal concept, is not universal. Wet instruments wrapped in cloth were frequently distributed to the ORs for use; opening of sterile instrumentation was haphazard, and autoclaves for flashing of equipment were nonexistent (alcohol or Cidex was used instead). Counting of instruments, sharps and sponges wasn't being done. Gently and respectfully, as guests in their OR, we had to find a common ground with which to present our concerns and to raise the bar for the surgical procedures we were about to undertake. We placed tape on the arms of our patients with their names, birth dates, sex, ages and procedures and would then do a "time out" using this as our criteria. We also insisted upon counting for our surgical procedures. After two days of observing us count, the RNs were initiating this practice on their own.

The scrub technician and I decided we would not allow others to open our instrumentation, as this would allow us to control what was opened and how. In this way, we would be able to maintain sterility and could allow those who were observing us to see how we do things. Many questions were asked by the nurses and medical students.

Our days were long. We started postoperative rounds at the hospital at 6:30 am and then operated until 6 or 7 pm or whenever we finished the cases. We then washed all of our equipment for sterile processing, rounded on the patients again, and then headed back to the hotel for a quick shower, dinner and bed. They were long, late and exhausting days but also rewarding, humbling and challenging.

I am thankful that I had the opportunity to join this awesome team and be a small part of helping children have their deformities corrected. Some of these children would not have been able to lead normal lives without surgery. I was also able to witness how others can make do with what they have. I am ever so grateful for sterile paper gowns and drapes (not cloth), non-reused LAP pads, marking pens and single-use scrub brushes for hand scrubbing; the list is endless.

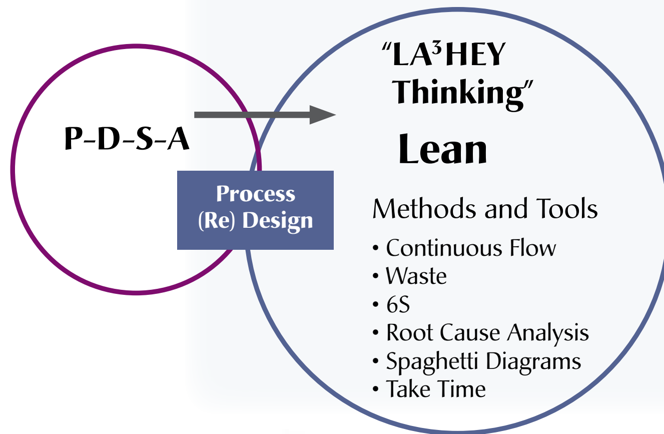
If you are fortunate enough to be asked to go on a medical mission, I hope you jump at the opportunity. It is a gift you will give others; it is a gift you will give yourself.

# Nursing Quality Safety Plan

*Cynthia Fiekers, BSN, RN*

The primary goal of the Nursing Quality Safety Plan is to improve continuously the delivery, quality, safety, efficiency and outcome of patient care services. In addition, the Nursing Quality Safety Plan is in alignment with the Hospital Quality Safety Plan and is designed to enhance health care through systematic assessment and implementation of measures to improve the quality, safety and appropriateness of care.

One of the Lahey Clinic methods for performance improvement follows a robust approach and incorporates the P-D-S-A cycle in a seven-step problem solving method that serves as the foundation for Lahey's improvement approach. (The Lean method, including the A³ process, will be discussed in more detail in the next issue of *Notes on Nursing*.)




**P-D-S-A**

- **Plan**
  - Step 1: Describe the problem.
  - Step 2: Describe the current process.
  - Step 3: Identify and verify the root causes.
  - Step 4: Develop a solution and action plan.
- **Do**
  - Step 5: Implement the solution.
- **Study**
  - Step 6: Review and evaluate.
- **Act**
  - Step 7: Reflect and act on learning.

The Nursing Quality Safety Plan encompasses relevant dimensions of performance, including those that are high volume; low volume, high risk; and problem prone areas of patient care. Additionally, units/service lines may identify and monitor other area specific quality indicators.

**1.** Nursing clinical indicators are a set of measures that provide a perspective on the quality of clinical nursing care using administrative data elements. These indicators reflect inpatient procedures and medical conditions.

**2.** Operational indicators are a set of measures that provide information on the operations and management of inpatient units. These indicators reflect inpatient productivity and those aspects of operations that impact direct patient care.

**3.** Financial indicators are a set of measures that provide fiscal information as it relates to inpatient operations.

**4.** Core measures are evidence-based quality measures that have an extensive record of validation through research and are based on work by quality improvement organizations, the Joint Commission on Accreditation of Health Care Organizations, the Agency for Health Care Research and Quality, the National Quality Forum and other health care collaboratives.

***You will find further details on the Nursing Quality Safety Plan in the Nursing Policy Manual.***

## Nursing Research-Based Evidence Practice

# Looking Back, Looking Ahead

*Ann M. Dylis, PhD, RN*

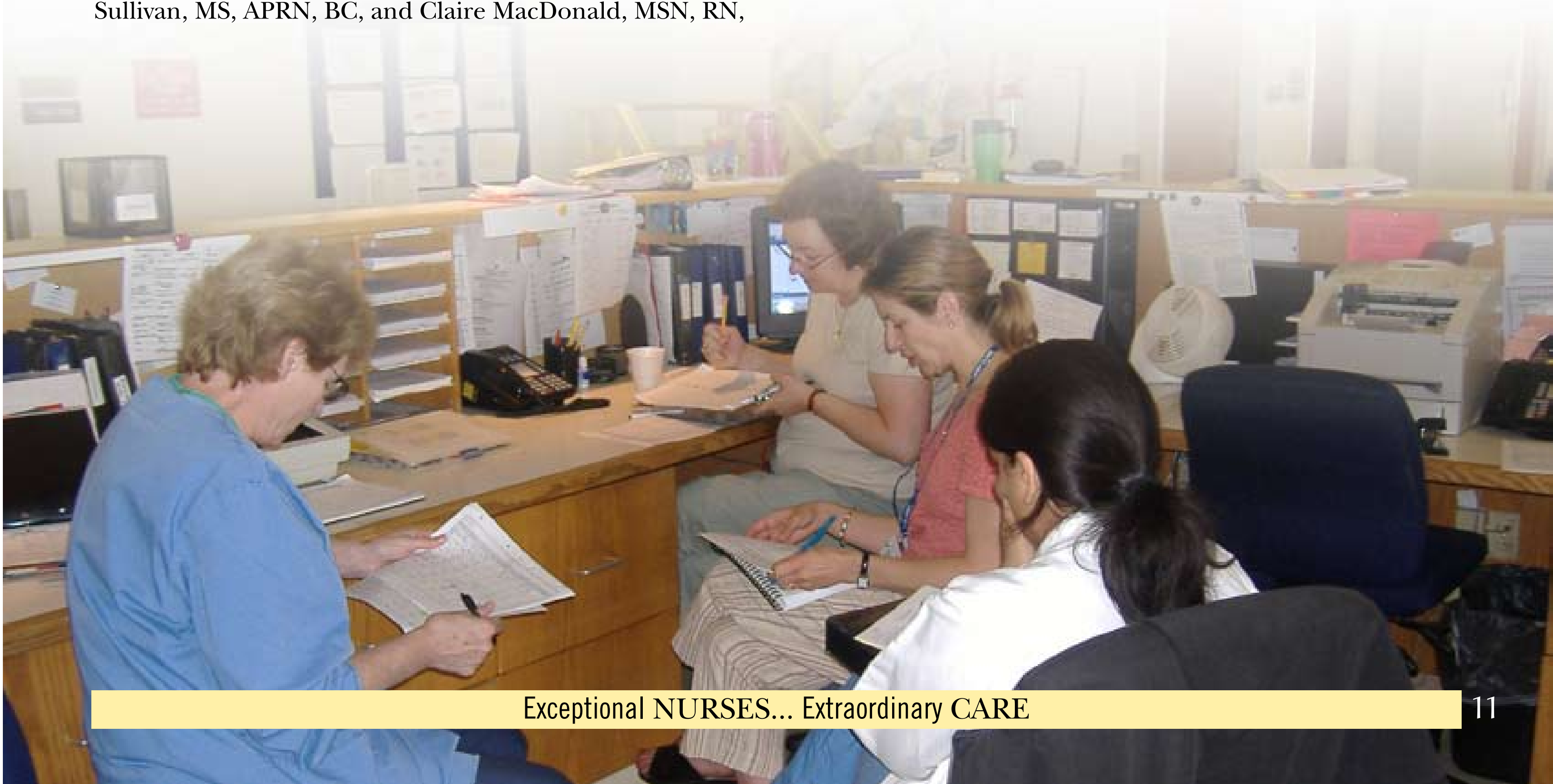
As we approach a new year, we often look back, assess the year just completed, and, with a sense of accomplishment and optimism, look ahead to the promise of continued success and fresh beginnings. In this spirit, I would like to review 2008, not only because the year is ending, but also because it represents the end of my first year as your nurse research scientist. Hopefully, for all of us, 2008 represented the year when both the visibility of nursing research and research knowledge increased at Lahey, and when the application of nursing research became an automatic part of our everyday practice.

Five courses on various aspects of research and evidence-based practice (EBP), which carry contact hours, were developed and are presented monthly to Lahey nurses. In April, we hosted Kristen Swanson, RN, PhD, FAAN, who spoke to nearly 300 nurses on applications of her research-derived Middle Range Theory of Caring, the theoretical basis for our Professional Practice Model. More information on the courses and Swanson's videotaped presentations and theory is available on MassNet: Nursing at Lahey.

We celebrated the fifth Nursing Research Day at Lahey in May and awarded the first Lahey nursing research grants, funded by the Department of Nursing. Joan Alosso, ASN, RN, CCRN, and Sally J. Cadman, MS, RN, CCRN, are investigating the needs of critical care families; Deborah L. Sullivan, MS, APRN, BC, and Claire MacDonald, MSN, RN, are studying social support in the cardiovascular rehabilitation patient. Both studies have received approval from the Lahey Clinic Institutional Review Board and are currently under way.

The involvement of staff nurses from many areas has been instrumental in the enhancement of our research and EBP initiatives. Lahey nurses now have multiple options to review current nursing research studies through the monthly EBP review group or through unit-based journal clubs. The Nursing Research Fellows Program has been expanded and includes nurses from multiple areas. Amy Dooley, BSN, RN, staff nurse in the Post-Anesthesia Care Unit (PACU), was appointed co-chair of the Nursing Research Council. Attendance at council meetings has increased, and we now videocast our monthly council meetings to Lahey Clinic Medical Center, North Shore.

What's ahead? We have listened to your input and are working on more creative ways to disseminate research programs to more Lahey nurses through online applications. We are looking toward more involvement of individual units in determining their own EBP projects. In order to remain successful, we need the continued feedback and support from every Lahey nurse. Remember, the best research and EBP projects come from clinically derived questions, so please continue to share your thoughts and enthusiasm!



# CONGRATULATIONS to...

Diane DiGirolamo, BSN, RN, CRNI (shown on left), received the Member of the Year Award from Janice M. Ferioli, RN, CRNI, president of the New England Chapter of INS.

**Donna M. Badolato, RN, CCRN,** staff nurse in the MICU, received her certification in critical care nursing.

**Lisa Warner, BSN, RN, CCRN,** has accepted the position of assistant clinical educator in the MICU.

**Gayle Gravlin, EdD, RN, NEA-BC,** associate chief, and **Nancy Bittner, PhD, RN,** clinical nurse specialist, presented their research poster, *Exploring Critical Thinking and Delegation in Nursing Practice*, at the MONE fall conference in September.

**Amy Dooley, BSN, RN, ASPAN,** staff nurse in the PACU, was awarded a $1,000 scholarship from the American Society of Perianesthesia Nurses to pursue her master's degree in nursing.

**Nellee Fine, MA, RN, AOCN,** clinical nurse specialist, presented *Management of Signs and Symptoms of Cancer for Oncology Nursing: A Review for Certification Exam and Clinical Update* on Saturday, September 20 at the Dana-Farber Cancer Institute. This review course was sponsored by the Boston Chapter of the Oncology Nursing Society and was designed to help nurses prepare to take the Oncology Nursing Certification Examination. Over 30 nurses attended.

**Ann Dylis, PhD, RN,** nurse research scientist, presented *Assuring that the Evidence is the Basis for Your Infusion Nursing Practice* at the New England Chapter of the Infusion Nurses Society 33rd Annual Seminar.

**Mary Chiulli, BSN, RN,** accepted the position of clinical information analyst for Surgical Services.

**Diane "DG" DiGirolamo, BSN, RN, CRNI,** received the Member of the Year Award from the New England Chapter of the Infusion Nurses Society at their annual seminar in September.

**June Kasper, MSN, RN, CGRN,** staff nurse in Endoscopy, has had two chapters published in a new edition of *Understanding the Essentials of Critical Care Nursing*, published by Prentice Hall Higher Education.

**Nina Cote, BSN, RN, BC, CCTN,** received her certification as a clinical transplant nurse from the American Board of Transplant Certification.



**Notes On Nursing**

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