



September/October 2006

From the CNO

Upcoming Goals

eptember reminds us all of a time of new beginnings. Students go back to school and colleagues re-energize themselves as crisp weather and fall foliage replace the summer days. In addition to those changes, consider the new parking conditions, the opening of our expanded patient care areas, and the introduction of new infusion pumps. The Nursing Department will be full of activity.

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

Our goal for the coming months is to fully immerse ourselves into an evidence-based practice (EBP) environment. The EBP review group, made up pri-

marily of clinical educators, has met monthly to practice reviewing research articles with a critical eye. The educators will soon begin reviewing clinical articles with the staff on their units, so that all nurses will gain experience in critiquing research articles and determining if they are applicable to their specific patients. The use of evidence-based practice in nursing integrates the best evidence from research with the clinical expertise of the nurse, the patient's own preferences, and the available resources to provide a basis for making decisions about patient care that will improve patient outcomes and satisfaction.



Kathie Jose, RN, MSN, CNO

Another goal for the nursing department is to have the Dashboards reflect our financial, clinical and operational measurements for each area. You will be able to track specific measures that affect patients, such as the incidence of pressure sores, number of falls, length of stay, and the Press Ganey patient satisfaction survey results. This is part of our ongoing effort toward transparency in reporting, so nurses will be able to appreciate their impact on the patients' outcomes.

Our unit-based councils will provide the foundation for your participation in making decisions about patient care issues, patient safety, and work environments. We must continue to work together to enhance our care delivery model and provide the outcomes of excellence that represent the best that nursing offers at Lahey Clinic.

Rathleen S. Jose, RM, MSM

COUNCIL REPORTS

The **NURSING DEPARTMENT GOVERNANCE COUNCILS** were

established at Lahey Clinic in 2000 to provide a structure that would involve bedside nurses. ambulatory nurses, and members of leadership teams in all levels of decision-making. There have been many active and committed staff nurses serving in this vital role. Please consider joining a council to participate in these decisions.

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

The NURSING QUALITY AND SAFETY **COUNCIL** chaired by Cynthia Fiekers, RN, associate chief of informatics and measurement, and Carol Martel, RN, manager, 7 West, is actively involved in medication safety, quality indicators and patient care incidents through peer review.

Medication Safety

Tubing Connections

Maureen F. McLaughlin, RN, BSN, CPAN

s "Nurse Jane" performs her evening assessment, she evaluates the tubing connections for a patient that is status post extensive operative procedure. In report,

Nurse Jane has been told that the patient has a central intravenous catheter in place, with a maintenance intravenous solution infusing through an infusion pump. She also has an epidural catheter for pain management, a foley catheter to gravity, and a nasogastric tube to low wall suction. As Nurse Jane performs her assessment of the patient, she checks all of the tubing connections and discovers that the intravenous antibiotic is infusing into the epidural catheter!

Does this example sound amazing? The case scenario is fictitious, but similar events have occurred. A recent sentinel alert published by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) discussed the incidence of tubing misconnections and the deadly complications that can occur with such errors. According to the report released last April, nine cases of tubing misconnections have been reported to JCAHO. Eight of those cases have resulted in patient deaths. Examples that were cited include:

- An epidural catheter attached to an intravenous catheter.
- Injection of barium sulfate into a central venous catheter.
- An enteric tube feeding into a peritoneal dialysis catheter.
- A blood pressure insufflator tube connected to an intravenous catheter.

The recommendation at Lahey Clinic is that walking rounds, or the nurse-to-nurse hand-off, includes the assessment of tubing connections. Additionally, epidural infusions will require a dedicated "brain" pump and separate IV pole once the Alaris system is in place. The existing epidural infusion device will be discontinued as Lahey transitions to the smart pump technology of Alaris.

For more information about medication safety, visit JCAHO's Web site at www.jointcommission.org/sentinelevents.

Nursing Practice

Alaris "Smart" **Infusion Pumps**

■ Lahey Clinic will introduce a new "smart" IV medication delivery system in the coming months. The Alaris system is designed for the prevention of patient harm from IV medication errors. The modular system integrates IV infusion, a point-of-care computer, and clinical best practice guidelines. The Guardrails Suite of safety software provides computerbased decision support at the bedside. It consists of an IV safety net for nurses, as well as a continuous quality improvement (CQI) data collection application. The Guardrails Suite makes it easier to program a medication correctly, and more difficult to program a medication incorrectly.

The Alaris system is expected to be available at Lahey Clinic this November. Watch for announcements of upcoming computer-based training, super-user training, and skills labs.

COUNCIL REPORTS

Continued from page 1

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 presented to the Nursing Department to ensure inclusion of evidencebased practice and the most recent nursing research.

COUNCIL, chaired by Jean Brown, RN, nurse manager, ED, and Maureen McLaughlin, RN, clinical educator, PACU, reviews all current, revised and new nursing policies and procedures to include the

The **CLINICAL PRACTICE**

The **PROFESSIONAL PRACTICE** AND DEVELOPMENT COUNCIL.

most relevant evidence-based

practice.

chaired by Sheila Cunniff, RN, associate chief,

Ambulatory Nursing, and Doris Barreiro, RN, manager, CCU/MICU, 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 the current practice.

September/October 2006

Published under the auspices of the Professional and Education Council, Gayle Gravlin, RN, EdD, chair.

EDITOR

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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.

М	T	W	TH	F		
2	Tele I Nursing Skills Fair	4	Trauma Critical Care *	6		
9	Orientation 10 ECCO Wkshp BCLS (CPR) - Peabody	PALS Cert. I * Orientation	Mand. Ed. 12 BCLS (CPR) Newly Licensed Skill Fair-Peabody	Orientation Nursing Grand Rounds *		
16	Tele II Continuing Education	ONS Chemo 18 & Bio Course Practice Review Grp. PALS Cert. II *	Pacemaker Workshop	20		
23 ALCS Recert.	24 Orientation	Orientation 25 Unlic. Assist. Personnel ONS Chemo & Bio Course	26 Mandatory Education Tele III	27 Orientation ECCO Wkshp- Pharm.		
30	31					

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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.

$oldsymbol{eta}$ Telemetry I

Time: 9 am to 5 pm

Place: Gordon Building, Room B

3 Nursing Skills Fair

Time: From 7:30 am on October 3 until 3 am on October 4

Place: Cafeteria Conference Room

All nurses and unlicensed assistive personnel hired prior to January 1, 2006 must attend one skills fair during 2006.

5 Trauma Critical Care *

Time: 7:30 am to 4 pm Place: Gordon Building,

Training Room

$10\,$ Nursing Orientation

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

10 ECCO Workshop: Nutrition and Neurology

Time: 9 am to 2 pm Place: 6K39

10 BCLS (CPR)-Peabody

Time: 1:30 to 4 pm

Place: Conference Room A

To register, call ext. 4501.

11, 18 PALS Certification Parts I and II *

Time: 7:45 am to 5 pm Place: Gordon Building, Training Room

11 Nursing Orientation

Computers and Documentation *Time*: 8 am to 4:30 pm

Place: Gordon Building, Computer
Lab and Classroom A

12 Mandatory Education

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

12 BCLS (CPR)

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

Recertification only.

12 Newly Licensed Nurse Update

Time: 4 to 5 pm

Place: Lobby Conference Room

12

Nursing Skills Fair-Peabody

 Time : 5 to 9 pm

 ${\it Place}:$ Conference Room A and B,

(first floor)

All nurses and unlicensed assistive personnel hired prior to January 1, 2006 must attend one skills fair during 2006.

13 Nursing Orientation

Skills

Time: 8 am to 4:30 pm
Place: Gordon Building, Room A

and Skills Lab

13 Nursing Grand Rounds*

Overview of Case Management

Time: Noon to 1 pm
Place: Alumni Auditorium

17 Telemetry II

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

Classroom B

17 All Day Continuing Education *

Challenges of Colon-Rectal Disease

Time: 7:30 am to 3:30 pm Place: Alumni Auditorium

18, 25

ONS Chemotherapy and Biotherapy Course

Time: 8 am to 5 pm Place: Gordon Building,

Classroom C

18 Evidence-Based Practice Review Group

Time: Noon to 1 pm
Place: Alumni Auditorium

19 Pacemaker Workshop

Time: 11 am to 3 pm Place: Gordon Building,

Classroom A

23 ACLS Recertification

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

24 Nursing Orientation

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

25 Nursing Orientation

Computers and Documentation

Time: 8 am to 4:30 pm
Place: Gordon Building,
Computer Room

25 Unlicensed Assistive Personnel

EKG

Time: 2 to 3 pm Place: 6K39

26 Mandatory Education

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

26 Telemetry III

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

Classroom C

27 Nursing Orientation

Skills

Time: 8 am to 4:30 pm

Place: Gordon Building, Room A

and Skills Lab

27 ECCO Workshop: Pharmacology

Time: 9 am to 1 pm
Place: Gordon Building,
Classroom C and Skills Lab

		1PM		27
M	T	W	TH	F
		1	Tele I	3
6 Nursing Skills Fair	7 Orientation Tele II	8 Orientation PALS Recert.	Mand. Ed. 9 ECCO Wkshp. BCLS (CPR) Skill Fair-Peabody	10 Nursing Grand Rounds * Orientation
Continuing Education *	BCLS (CPR)- 14 Peabody ACLS II & Recert.	Practice Review Group	Tele III	ECCO Wkshp- Pulmonary New Lic. Update
20	21	22	23	24
27	28 Orientation	29 Orientation Unlic. Assist. Personnel	30 Mandatory Education	

2 Telemetry I

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

Classroom A

6 Nursing Skills Fair

until 2 am on November 7 Place: Alumni Auditorium ■ All nurses and unlicensed assistive personnel hired prior to January 1, 2006 must attend one skills fair during 2006.

Time: From 8 am on November 6

Nursing Orientation

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

/ Telemetry II

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

Classroom B

δ Nursing Orientation

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

8 PALS Recertification

Time: 7:45 am to 5 pm Place: Gordon Building, **Training Room**

Mandatory Education

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

9 ECCO Workshop: Cardiac

Time: 9 am to 1 pm Place: Gordon Building. Classroom C and Skills Lab

9 BLCS (CPR)

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

Recertification only.

Nursing Skills Fair-Peabody

Time: 5 to 9 pm

Place: Conference Room A and B, (first floor)

All nurses and unlicensed assistive personnel hired prior to January 1, 2006 must attend one skills fair during 2006.

$10\,$ Nursing Orientation

Skills

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

$10\,$ Nursing Grand Rounds

Sepsis Outside the ICU – Importance of Early Recognition

Time: Noon to 1 pm Place: Alumni Auditorium

13 All Day **Continuing Education ***

Trends in Transplantation Time: 8 am to 4 pm Place: Alumni Auditorium

13 acls i

Time: 9 am to 5 pm Place: Gordon Building, Classroom B and C, Skills Lab and Training Room

14 ACLS II and Recertification

Time: 9 am to 1 pm Place: Gordon Building, Classroom B and C, Skills Lab and Training Room

14 BCLS (CPR)-Peabody

Time: 1:30 to 4 pm Place: Conference Room A ■ To register, call ext. 4501.

$15\,$ Evidence-Based **Practice Review Group**

Time: Noon to 1 pm Place: Alumni Auditorium

$16\,$ Telemetry III

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

ECCO Workshop: Pulmonary

Time: 9 am to 1 pm Place: Gordon Building. Classroom C and Skills Lab

17 Newly Licensed **Nurse Update**

Time: 5 to 6:30 pm

Place: Lobby Conference Room

28 Nursing Orientation

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

29 Nursing Orientation

Computers and Documentation

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

Computer Lab

29 Unlicensed **Assistive Personnel**

Palliative Care Time: 2 to 3 pm Place: 6K39

30 Mandatory Education

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

NURSING SKILLS FAIR

All nurses and unlicensed assistive personnel hired prior to January 1, 2006 must attend one skills fair during 2006.

Quality and Safety

Preventing Catheter-Related Infections

ntravenous catheters are indispensable to today's medical practice. Each year in the United States, health care institutions purchase more than 150 million intravenous devices for administration of IV fluids, medications and blood products, parenteral nutrition, and to monitor patients' hemodynamic status. Although such devices provide necessary vascular access, their use puts patients at risk for local and systemic infectious complications. Some of these complications include local site infection, catheter-related bloodstream infection, septic thrombophlebitis and endocarditis. Infections related to intravenous devices result in significant morbidity, increased lengths of hospital stays, and increased costs.

The risk for IV catheter-related infections varies according to the type of catheter, location of insertion site, duration of catheter placement, and patient host factors. Peripheral venous catheters are the devices most frequently used for vascular access. Although the incidence of local or bloodstream infections associated with these catheters is low, serious infections cause considerable morbidity because of the frequency with which they are used. The majority of serious catheter-related infections are associated with central venous catheters; especially those that are placed in critical care units.

Migration of skin organisms at the insertion site into the cutaneous catheter tract with colonization of the catheter tip is the most common route of infection for peripherally inserted short-term catheters. Contamination of the catheter hub contributes substantially to intraluminal colonization of long-term catheters. In some instances, catheters may become hematogenously seeded from another focus of infection.

Studies have consistently demonstrated that the risk for catheter-related infection decreases with adherence to evidence-based guidelines. The following evidence-based measures are approved practice at Lahey Clinic:

- Observe hand hygiene before and after palpating catheter insertion sites, and when inserting, replacing, accessing, repairing or dressing an intravenous catheter.
- Maintain aseptic technique for the insertion and care of intravenous catheters.
- Wear clean gloves for inserting peripheral IV catheters and sterile gloves when inserting central venous catheters.
- Monitor catheter sites frequently and at least every shift; report any signs or symptoms of infection, such as tenderness, redness, pain or drainage.
- Disinfect skin with chlorhexidine (CHG) before catheter insertion and during dressing changes.
- Change central line dressings when needed, and at least every seven days.
- Replace peripheral venous catheters at least every 96 hours.
- Clean injection ports with 70 percent alcohol before accessing the system.
- Use an upper extremity site for catheter insertion in adults; a subclavian site is generally preferred over a jugular site for catheter placement.
- Wear a cap, mask and sterile gloves if assisting in the insertion of a central venous catheter; all others in the room must wear a mask. Maximal barrier precautions, i.e., cap, mask, sterile gown, sterile gloves and a large sterile drape must be worn by the individual inserting a central venous catheter.

Studies show that adhering to these infection control strategies can reduce infections associated with intravenous catheters and improve patient outcomes.

Congratulations To...

■ 7 Central staff nurses
Lisa Devine, RN
Kelly Collins, RN, BSN
Jennieann Dango, RN
along with their manager,
Janet Habeshian, RN, MSN,
presented a poster at a
recent Massachusetts
Organization of Nurse

Executives (MONE) meeting covering the topic of prevalence versus the incidence of skin breakdown on a medical/surgical floor.

"The credit for the success of the study really belongs to the staff nurses. Their participation and

enthusiasm for the study resulted in positive patient outcomes," said Habeshian. This particular study will be expanded to include many more patient care areas.

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.

Unit-Based Councils

Patricia A. Conway, RN, MHA, CCTC

he next step in nursing shared governance is the formation of unit councils, which will bring decision-making and control over nursing practice to the staff nurse at the point of service. A report by Kramer and Schmalenburg (Hess, 2004) says that staff nurse ownership of practice issues and outcomes is highest when there are visible, viable and recognizable structures devoted to nursing control over practice. Unit councils allow colleagues to control practice, ensure quality, remain competent and participate in the creation of new knowledge.

The purpose of the unit councils is to define and improve systems and processes for patient care delivery. Council work is based on the cornerstone principles articulated by Porter-O'Grady (2005):

- Accountability, the essence at the core of shared decisionmaking and embedded in the role of a professional nurse.
- **Equity** in that no role is more important than another.
- Partnership implies that all have a key role in fulfilling the purpose of sharing in decisions.
- Ownership that acknowledges the importance of everyone's work and establishes an obligation to own what one does.

Unit councils will provide a stimulating venue for staff nurses to make decisions that will impact their patients and work environment. Last November, the operating room staff nurses formed action teams as a way to address issues that were affecting their work environment and patient care. These teams were formed to manage efficiency, equipment and supplies, scheduling, credentialing, communication and morale.

The credentialing action team, a weekly study group, helped 18 nurses prepare to take the Operating Room Nurse Certification exam. To date, five nurses have received the certification (CNOR), which recognizes their knowledge and expertise.

The equipment and supplies action team worked to make every operating room complete with the materials that are needed to provide safe and efficient patient care.

Get involved by joining your colleagues in decisionmaking processes as nurses continue the journey of cultural transformation, professional development and nursing excellence.

REFERENCES:

Hess, Robert. From Bedside to Boardroom – Nursing Shared
 Governance. Online Journal of Issues in Nursing. 2004; 9 (1).
 Porter-O'Grady, Tim. A Decade of Organizational Change. Implementing Shared Governance Web-Book. 2005; pp 25-51. www.tpogassociates.com

Notes on NURSING

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