Lahey CLINIC

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Notes on NURSING at Lahey

September/October 2007

From the CNO

Fresh Beginnings

Kathleen S. Jose, RN, MSN, CNO

September always seems to be a time of new beginnings. It is a time of going back to school and re-energizing ourselves, along with the change to crisp weather and fall foliage.

Our nursing goal is to fully immerse ourselves into an evidence-based practice (EBP) environment. The EBP review group has been meeting monthly to practice reviewing and critiquing research articles. Over the past year, presenters have included nursing colleagues from ambulatory clinics, the operating room and inpatient units. 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. This provides a basis for making decisions about patient care that will improve patient outcomes and patient satisfaction.

As the year progresses, I expect that some of our staff nurses will be involved in conducting nursing research. Take that burning clinical question that you have and contact one of the research fellows who can guide you through the Pathway to Evidence-Based Practice and nursing research.

Kathie Jose, RN, MSN, CNO

Quality improvement projects in all areas are a result of the rich data that is available through many sources, such as the National Database of Nursing Quality Indicators RN Satisfaction Survey and the patient satisfaction survey conducted through *Press Ganey*. This is part of our ongoing effort towards transparency in reporting, so that you will be able to fully appreciate your impact on patient outcomes.

Our unit-based councils, the foundation for your participation in making decisions about patient care issues, patient safety, and your work environment, are in full swing. I am continually amazed at the creative solutions nurses have for both the simplest and most complex problems.

The Magnet champions are learning about the many components of the 14 Forces of Magnetism so that they can educate all Lahey colleagues. Seek out a champion and learn a tidbit or two about our journey.

Working together we can continue to advance the profession of nursing at Lahey Clinic, which in turn will improve patient outcomes and our work environment.

NURSING RESEARCH

The Burning Clinical Question

Gayle Gravlin EdD, RN, CNAA-BC

The key to success for any health care professional involved in patient care is to stay informed and as up-to-date as possible. With the increase in biomedical and nursing knowledge, it is clear that the traditional notion of keeping up with the current literature is no longer practical. According to Haynes (1993), a clinician would have to read 17 to 19 journal articles every day to remain current.

A nurse's personal desire to provide the best, most up-to-date care possible, along with expectations from informed health care consumers that their care will be based on the latest and best evidence, fosters evidence-based practice. In today's information rich environment, nurses must learn how to ask focused questions and to search efficiently. Without these two practical skills, clinicians are likely to waste time and energy

Continued on page 2

NURSING RESEARCH

Continued from page 1

trying to find the right information at the right time.

According to Melnyk and Fineout-Overholt (2005), one of the aims of evidence-based practice is to ask a well-built question, and then search the literature for an answer to the question.

Reading professional journals and listening to conference presentations and unit reports may also lead to clinical questions. Good clinical questions come from any source and arise from clinical curiosity combined with a healthy skepticism about the way things have always been done (Houser, Bokovoy, 2006). The best questions to research come from issues or problems that are fascinating or that you feel passionate about —the burning clinical question.

The PICO model is helpful in the development of a good clinical question. The elements represented by the PICO acronym are essential to finding the right evidence to answer a clinical question.

- **P**-Who is the population/problem of interest?
- **I**-What is the issue/intervention of interest?
- **C**-What is the comparison of interest?
- **O**-What is the outcome of interest?

Houser and Bokovoy (2006) provide the following example using preoperative education for short stay patients undergoing prostatectomy.

- **Patient or problem:** Radical prostatectomy patient staying in the hospital one day after surgery
- **Intervention:** Does individualized preoperative teaching
- **Comparison intervention:** Compared with standard preoperative teaching
- **Outcomes**: Lead to better pain control as measured by a visual analog scale

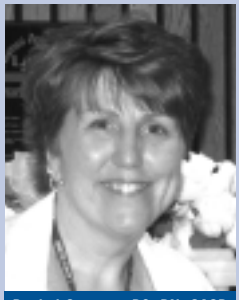
Without a well-formulated question, the clinician is apt to search for wrong or irrelevant information. Formulating a well-built clinical question is the first step, and sometimes the most challenging step, toward providing evidence-based care to patients. (Sackett, et. al., 2000)

Clinical inquiry, which is cultivated in the work environment, is often the outcome of uncertainty. As a nurse, you often tuck away an idea, a thought, a hunch, an observation and the associated questions specific to one patient or a specific type of patient population that you have cared for. Take those tucked away thoughts to the next level and ask the burning clinical question.

Anticoagulation Clinic

New Programs

Rachel L. Corneau, BS, RN, CACP



Rachel Corneau, BS, RN, CACP

June was an exciting month in the Anticoagulation Clinic (ACC). We reopened to new patient enrollment while simultaneously rolling out two long-awaited models of care: group teaching sessions and point-of-care visits.

The concept of teaching patients in a group setting regarding a common illness or treatment is not new. Warfarin management is a perfect example, as this teaching model is both patient appropriate and an efficient utilization of staff. Currently, we offer classes twice a week and are able to accommodate 10 patients at each one-hour session. Each patient is encouraged to invite a guest to class who is involved in his or her health care.

The enrollment process to the ACC has been designed to prepare the patient for long-term reinforcement of the educational materials. Patients receive an enrollment packet prior to the teaching session and are encouraged to come to class prepared to ask questions. Classes center around a colorful PowerPoint presentation, and patients are provided with corresponding written material. Each teaching session has been highly interactive and our patient satisfaction surveys have been overwhelmingly positive.

The ACC has expanded to include three rooms in the Phlebotomy waiting area. Space in this location enabled us to begin a long-awaited point-of-care model. This means that when a patient arrives for an INR, he awaits the result and is then seen by an ACC nurse for dosing consultation. Our goal is to have the patient in and out of the clinic in less than 45 minutes. Face to face contact improves patient and colleague satisfaction by offering immediate feedback with dosing, avoiding subtle nonverbal miscommunication and putting a face to a name.

It is theorized that we may see an improvement in patient time in therapeutic range with the point-of-care model, and we will closely monitor those statistics. Our ACC patient time in therapeutic range is 84 to 85 percent compared to the national standard of 70 percent.

Notes on NURSING at Lahey

September/October 2007

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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.

The Informatics Nurse Specialist

Debra A. Fortin, MEd, RN, C

Data, information and knowledge are the three ingredients that comprise the essence of a nursing informaticist. Nurses and clinicians are inundated with data on a daily basis. Technology has invaded the patient care arena and the informatics nurse specialist (INS) is the liaison that helps the nurse and clinician integrate these technologies for the advancement of patient safety and good clinical practice. As defined by Graves and Corcoran, nursing informatics is, "a combination of computer science, information science and nursing science designed to assist in the management and processing of nursing data, information and knowledge to support the practice of nursing and the delivery of nursing care."

According to Sensmeier, nurses make up 55 percent of the health care workforce, number more than 3 million, and must become more aware and involved at every level of the informatics revolution.

The INS role is new to Lahey Clinic. The Clinic is in the midst of choosing an outpatient electronic health record and an inpatient electronic medical record. My present role at Lahey is to participate, guide and educate the staff nurses and clinicians in the assessment, planning, implementation and evaluation of technology used for patient care and safety.

According to Sensmeier, nurses make up 55 percent of the health care workforce, number more than 3 million, and must become more aware and involved at every level of the informatics revolution.

I am involved in the Medical Informatics Oversight Committee (MIOC) and both the inpatient and outpatient subcommittees. I am co-chair of the Inpatient Interdisciplinary Electronic Medical Record team with Cynthia Fiekers, BSN, RN, associate chief of Informatics and Measurement. Together we constantly assess and evaluate patient care technology and plans for the future.

The Patient Care Technology Council will soon begin at Lahey Clinic and will include nurses and other colleagues. The purpose of this council will be to facilitate the coordination and implementation of health care technology as related to nursing and the organizational objectives of Lahey Clinic. The goal is to enhance the quality and safety of patient care.

Concurrently, I am participating in the electronic medication administration record or EMAR initiative. Presently, this group is in the process of building test case scenarios for electronic medication administration. In July, the electronic medication administration record was tested rigorously with the help of staff nurses. The results of this testing will guide us in determining our plan of action for future implementation of an EMAR.

On the inpatient clinical units, I am in the process of assessing our current paper workflow while planning ahead for future implementation of an electronic medical record. This is an exciting time at Lahey Clinic and I am looking forward to working with everyone as we begin our electronic medical record journey.

Please contact Debra Fortin, MEd, RN, C, with any questions or comments by calling 781-744-7399.

Graves JR, Corcoran S; The study of nursing informatics. *Image: Journal of Nursing Scholarship* 1989; 21(4): 227-231.

Sensmeier, J; 2006 Tiger Summit Evidence and Informatics Transforming Nursing. *CIN: Computers, Informatics, Nursing.* 25 (1):55-56, January/February 2007.

NURSING COUNCIL UPDATE

The Nursing Practice Coordinating Council (NPCC) is a forum for shared decision-making about nursing practice throughout Lahey Clinic. Nurses and unit-based council members report on activities and projects that are in process or completed. The meeting is chaired by Kathie Jose, MSN, RN, CNO.

During the summer, the members of the NPCC worked on refreshing the Nursing vision and mission statements with input from their unit and clinical colleagues. The meetings were fun, inspiring and very productive. The new vision and mission statements will be published in the next edition of *Notes on Nursing.*

October

1 Med/Surg Pathway
Foundations
Time: 9 am to 5:30 pm
Place: Gordon Building, Room B and Skills Lab

2 Med/Surg Pathway
Complexities
Time: 9 am to 5:30 pm
Place: Gordon Building, Room B

3 Nursing Skills Fair – Peabody
Time: 4:30 to 8:30 pm
Place: Conference Room A

4 Telemetry I
Time: 9 am to 5 pm
Place: Gordon Building, Room A

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

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

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

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

10 Telemetry IV
Pacemaker Workshop
Time: 10 am to 2 pm
Place: Gordon Building, Room C

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

11 BLS (CPR) Recertification
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 B and Skills Lab

12 Nursing Grand Rounds *
Presented by Lahey Clinic Medical Center, North Shore
Time: Noon to 1 pm
Place: Alumni Auditorium
■ Telecast to Lahey Clinic Medical Center, North Shore.

12 Newly Licensed Nurse Update
Time: 5 to 6 pm
Place: 5N-70 (5 East Clinic Conference Room)

15 Critical Care Skills Fair
Time: TBA
Place: Gordon Building

16 All Day Continuing Education Program*
Cornerstones of Cardiology and Critical Care
Time: 8 am to 4:30 pm
Place: Alumni Auditorium

17 Nursing Skills Fair
Time: 7:30 am to 2 am, October 18
Place: Cafeteria Conference Room

18 ECCO Workshop
Neuro
Time: 9 am to 2 pm
Place: 5C – 301 (5 Central Clinic)

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

22, 29 ONS Chemotherapy and Biotherapy Course
Time: 8 am to 5 pm
Place: Gordon Building, Room A

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

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

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

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

24 Critical Care Skills Fair
Time: TBA
Place: Gordon Building

24 Evidence-Based Practice Review Group
Time: 1 to 2 pm
Place: Alumni Auditorium
■ Pick up a copy of the article in the Nursing office.

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
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Room B

25 Critical Care ECCO
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Room C

26 Nursing Orientation
Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Room B and Skills Lab

29 Advanced Telemetry
Time: 9 am to 1 pm
Place: Gordon Building, Room C

30 Leadership Workshop *
Time: 8 am to 4 pm
Place: Alumni Auditorium

30 ECCO Workshop
Pharmacology
Time: 9 am to 2 pm
Place: Gordon Building, Room C

Congratulations

The following nurses have received their specialty certification in the OR. CNOR credentialing represents a level of professional achievement and a demonstrated knowledge of clinical competence and practice standards. We extend our sincere congratulations to each of them for their achievement.

- Maureen Pappas, RN, BSN, CNOR
- Christina Maglio, RN, BSN, CNOR
- Marcella Rosario, RN, CNOR
- Pam Straube, BSN, RN, CNOR
- Alicia Parrott, RN, CNOR
- Barbara MacArthur, RN, CNOR
- Lynne Currier, RN, CNOR
- Elizabeth DiGianni, BSN, RN, CNOR
- Donna Nollett, RN, CNOR
- Ellie Honan, RN, CNOR

✱ = MARN contact hours applied for

November

1 Nursing Research for Novices *
Time: 7:30 am to 3:30 pm
Place: Gordon Building, Training Room

5 Med/Surg Pathway
Challenges
Time: 9 am to 5:30 pm
Place: Gordon Building, Room B and Skills Lab

5 Charge Nurse Workshop
Time: 8 am to 4 pm
Place: Gordon Building, Training Room

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

6 Med/Surg Pathway
Conditions
Time: 9 am to 5:30 pm
Place: Gordon Building, Room B and Skills Lab

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

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

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

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

9 Nursing Orientation
Skills
Time: 8 am to 4:30 pm
Place: Gordon Building, Room B and Skills Lab

9 Nursing Grand Rounds
Presented by the SICU
Time: Noon to 1 pm
Place: Alumni Auditorium

12 ECCO Workshop
Cardiac
Time: 9 am to 2 pm
Place: Gordon Building, Skills Lab

12 Newly Licensed Nurse Update
Time: 2 to 3 pm
Place: Alumni Conference Room

13 All Day Continuing Education Program*
Trends in Transplantation Today
Time: 8 am to 4:30 pm
Place: Alumni Auditorium

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

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

13 Critical Care Skills Fair
Time: TBA
Place: Gordon Building

14 Wound and Skin
When Do I Consult?
Time: 7:30 to 8:15 am
Place: Surgical Conference Room, 3 Southeast

15 Trauma Critical Care Class
Time: 7:45 am to 4:15 pm
Place: Gordon Building, Training Room

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

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

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

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

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

28 ECCO Workshop
Pulmonary
Time: 9 am to 2 pm
Place: Gordon Building, Skills Lab

28 Evidence-Based Practice Review Group
Time: 1 to 2 pm
Place: Alumni Auditorium
■ Pick up a copy of the article in the Nursing office.

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

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.

29 Telemetry III
Time: 9 am to 5 pm
Place: Gordon Building, Room A

29 Newly Licensed Nurse
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Room B

29 Critical Care ECCO
Welcome and Orientation
Time: 1 to 4 pm
Place: Gordon Building, Room C

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

DID YOU KNOW?

- An ethics consultation can be initiated by calling 781-744-8400 Monday through Friday between 8:30 am and 5 pm. If an ethics consultation is needed during off hours, please call the administrator on call.
- Highback disposable slings for mobile lifts are now available in Central Processing and Distribution.
- Nursing plans of care are being added to Documentum (ECMS) under "Forms." Among the first included are pain, altered GI, and post-op.

Nursing Skills Fairs will be held:

- **September 20, 7:30 am to 2 am on September 21, Burlington**
- **October 3, 4:30 to 8:30 pm, Peabody**
- **October 17, 7:30 am to 2 am on October 18, Burlington**

Surgical Liaison Nurse

The Human Connection

Maria Rocheleau, RN

The role of the surgical liaison nurse at Lahey Clinic spans several areas—the family waiting room, operating room, procedural areas, ambulatory surgery and the recovery room.

As a communicator and resource member of the surgical team, the surgical liaison nurse maintains the family waiting room by updating a patient's family on the progress of surgery. The nurse is also available to help families cope with their feelings and to answer any questions.

This communication helps put both the family members and the patient at ease during the surgery.

As heightened technology and intricate procedures are more commonplace, the human connection provided by the liaison nurse is vital. Along with the highest level of skilled and technological surgical care, the surgical liaison nurse provides sensitive care to the human needs of patients and their families.

Post-operatively, the liaison nurse is the link connecting the surgeon, recovery room and family members. The liaison nurse is attentive to surgical times and facilitates the post-operative visit by the surgeon with the family members. The surgeon may turn to the liaison nurse for assistance if the news to the family is undesirable or unexpected, knowing that the liaison nurse can offer support.

Overall, the surgical liaison nurse helps keep family members informed throughout the patient's surgical day. They are the nurse in the know and the nurse on the go!

Maria Rocheleau, RN

Department of Research Administration

Nurses Facilitating Clinical Trials

Sharon DiGregorio, BSN, RN, and Janet Polcaro, RN

Clinical trials for patients with diseases like prostate cancer, lymphoma, mechanical ventilation, nosocomial or fungal infections, and liver disease all need a study coordinator who is often a nurse working in the Department of Research Administration. Nurses in this challenging area utilize skills, knowledge, nursing diagnosis and clinical judgment in order to provide high standards of care for research trials. Research nurses learn about many things like cancer vaccines and how a fungus invades tissues.

Responsibilities of a clinical research nurse include:

- Maintaining regulatory documents as required by the FDA
- Submitting protocol or consent form revisions to the Institutional Review Board
- Identifying, educating and enrolling eligible patients
- Coordinating diagnostic tests and procedures
- Analyzing and reporting adverse events
- Providing direct patient care
- Providing in-service training to nursing and hospital staff
- Completing requirements for data submission

Clinical research nurses have continuous learning opportunities and are able to expand their horizons. Some aspects of the job involve nontraditional nursing, and some involve strongly traditional, such as advocating for the best patient outcome. The bottom line is to always protect the rights of human subjects.

A protocol may appear clear-cut, but there are always unexpected tasks that arise. The research nurse may facilitate dialogue between physicians and sponsors regarding conflict of therapies, collect specimens from outside facilities, or make sure the patient has transportation for appointments.

For the clinical research nurse, the opportunity to participate in groundbreaking studies that may benefit patients or change practice is rewarding. Maybe it is the only treatment available to a patient, and possibly the only hope for a cure.

Lahey Clinic offers more than 100 clinical trials to patients. A list of trials currently offered may be viewed on MassNet.

For more information, contact the Research Administration office at 781-744-8027.

Magnet Champions of Change

Patricia A. Conway, MHA, RN

A very dedicated group of nurses from tertiary care and ambulatory clinics have been meeting monthly to learn about the Magnet process. Magnet nurse champions exhibit an enthusiastic willingness to invest and contribute time, energy and skills to support the goal of achieving Magnet recognition at Lahey Clinic.

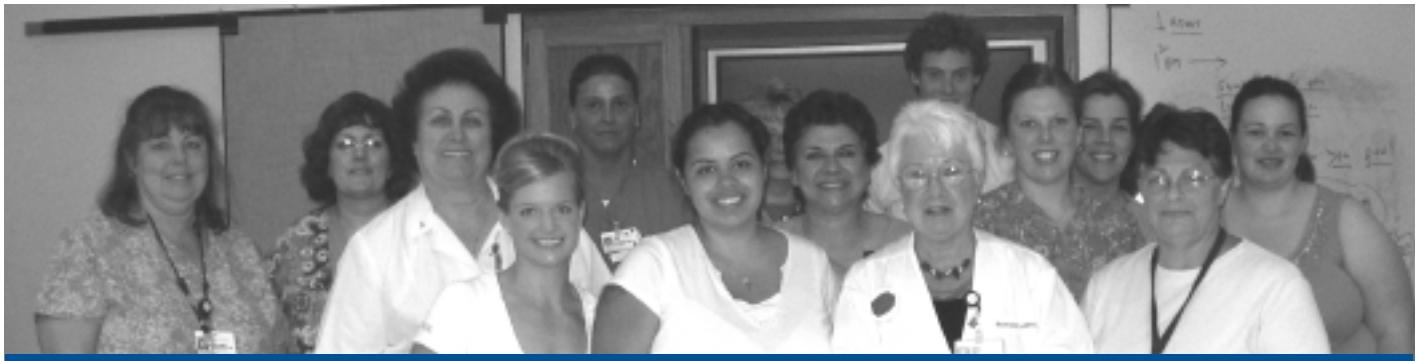
The group has chosen the theme, *Building a Culture of Excellence*. This seems appropriate because Lahey Clinic is building the foundation of nursing excellence to advance professional nursing practice and improve patient outcomes.

The group has completed many exciting projects. For example, the Magnet Education Touring Cart made its debut at the Nurses' Week dinner and has been making its way around the units. Based on a construction foreman's work center, the cart has a PowerPoint presentation and many handouts about Magnet, the 14 Forces of Magnetism, and the eight essential attributes that nurses have described must be present in a Magnet environment.

The Magnet champions serve as a resource for all colleagues, especially in regard to the 14 Forces of Magnetism. These Magnet champions will coordinate plans to educate nurses at all levels about the 14 Forces of Magnetism and how the forces impact their unit or area.

The Magnet champions will also be seeking stories of nursing excellence that are Magnet moments, which are very special moments nurses share with patients and peers. For example, a Magnet moment may be the culmination of a group research project that changes the care and outcomes for patients. Similarly, a Magnet moment may be deciding to study for a certification examination with a group of peers. It also may be witnessing a colleague deliver exquisitely tender care to a dying patient.

With the foundation being prepared by the Magnet champions, we can build an even better culture of nursing excellence and patient care.



Pictured are some of the magnificent Magnet Champions of Change at Lahey Clinic.

Welcome

The Nursing Department would like to extend a warm welcome to the following new colleagues:

Mary Villapando, BSN, RN, CCU
Marie DiFelice, RN, 7 West
Stephanie Mattina, BSN, RN, 6 West
Marcelle Saurman, BSN, RN, 7 East
Michelle Crawford, ASN, RN, 7 West
Toby Walters, MS, RN, Otolaryngology
Nicole Feather, BSN, RN, 5 West
Lisa O. Hannigan, ASN, RN, 7 Central
Olive M. Schulze, ASN, RN, 6 West
Mildrine Tulysse, BSN, RN, 7 West
Nelta M. Lozius, BSN, RN, 7 West
Kristin Carbonneau, ASN, RN, Hematology/Oncology
Rajni Sahore, BSN, RN, IV Therapy
Lisa G. Johnson, ASN, RN, 5 West
Cheng Hoang, BSN, RN, 6 West
Shelby J. McNiel, BSN, RN, 7 West
Simone Tbaini, RN, MICU
Christine M. Maggio, RN, OR
Paula R. Morrison, RN, OR
Susan Scampoli, RN, 7 East
Caroline (Carrie) Rayman, RN, 7 East
Heidi Benz, BSN, RN, CCRN, Interventional Radiology
Vera Picanco, ASN, RN, 6 Central
Donna Baro, RN, PACU
Lily ZhenLin Nie, RN, IV Therapy
Priya Vinith, BSN, RN, CCU
Shannon Korich, BSN, RN, CCU/MICU
Rachel Hamel-Chandler, BSN, RN, CCU/MICU
Barbara Najm, BSN, RN, 6 West
Karen M. Hayward, ASN, RN, ED
Susan Lewis, ASN, RN, ED
Jeremy R. Loyd, CRNA, Anesthesiology

Diabetes Education

Lynn Cody, APRN, BC, CDE

As a nurse practitioner and diabetes educator in the Endocrinology Clinic at Lahey Clinic Medical Center, North Shore, I see adults with type 1 and type 2 diabetes. I diagnose, prescribe and treat individuals with type 1 and type 2 diabetes and co-morbid conditions such as hyperlipidemia, hypertension and early kidney disease.

In keeping up with new technology and medications, my job is both challenging and stimulating. For example, wireless and tubeless insulin pumps encourage more people to consider pumping. Continuous real-time glucose sensor monitoring promotes more intense insulin management. Inhaled insulin is another option, and newer insulin delivery devices help people with limitations stay independent longer.

The challenge is to help individuals understand diabetes and the necessity of treating blood sugar to target, while helping them learn new skills and behavior changes at a time when they may be overwhelmed. It requires an interdisciplinary approach with dietitians and multiple providers, often from services such as podiatry, vascular surgery, neurology, cardiology, nephrology, ophthalmology and psychiatry.

The initial appointment with me is comprehensive and includes a patient's history, physical evaluation, vital signs, review of labs, scheduling of screening exams, and initial plan including glucose monitoring instructions, parameters for blood sugar, hemoglobin A1c, blood pressure and cholesterol. Often, treatment for hyperglycemia, hypertension and hyperlipidemia is initiated at this first appointment.

The challenge is to help individuals understand diabetes and the necessity of treating blood sugar to target, while helping them learn new skills and behavior changes at a time when they may be overwhelmed.

Before patients leave, they are scheduled for their next appointment and given brief dietary instructions and a referral to the dietitian.

At least three or four focused appointments are required to cover all of the necessary basic education. Vital signs, blood sugar and weight are checked, and glucose records and lab results are reviewed at each appointment. Each visit may target a specific education topic. Follow-ups can be every three, four or six months, and sometimes yearly if patients are followed by their primary care physician or endocrinologist.

In addition to my role as a nurse practitioner, I collaborate with my dietitian colleague, Pam Snyder, teaching diabetes classes and facilitating a diabetes support group.

Notes on NURSING
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