Lahey CLINIC

INSIDE:



# Notes on NURSING at Lahey

September/October 2008

From the CNO

## *Patient Safety Reminders*

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

According to the Institute for Healthcare Improvement, each year in the United States, two million hospitalized patients acquire an infection. "Transmission of health-care-associated pathogens most often occurs via the contaminated hands of health care workers." (*How-to Guide: Improving Hand Hygiene A Guide for Improving Practices among Health Care Workers.* Online. Internet. http://www.sheaonline.org/Assets/files/IHI_Hand_Hygiene.pdf . 22 July 2008.)

Because of this threat to patient safety, Lahey Clinic initiated a hospital-wide hand hygiene campaign called Clean Hands Save Lives. All colleagues were mandated to complete a 10-minute online course prior to the end of July to ensure that everyone understood the expectations and requirements of hand hygiene. Unfortunately, in practice settings, compliance with our policy has averaged less than 50 percent. While this may reflect the national average, it is not acceptable. I am counting on each of you to follow our hand hygiene policy, and that includes reminding your colleagues if you see that someone has not performed hand hygiene at the appropriate time. This is a fundamental issue of patient safety, and our compliance must be 100 percent.

Being able to correctly identify your patient is essential when providing care, treatment and services. This has been a National Patient Safety Goal for a number of years and, by now, every nurse should be able to speak to what identifiers are used at Lahey (inpatient: name and Lahey Clinic number *only*; ambulatory: name and date of birth) and also when this identification is done. Two patient identifiers must be used when providing treatments or procedures; when administering medications, blood or blood components; and when collecting blood samples and other specimens. Remember that the containers used for blood and other specimens must be labeled in the presence of the patient.

Kathie Jose, RN, MSN, CNO

We have had inpatient safety rounds in place for over a year in the medical/surgical areas, and these rounds—every two hours—have helped contribute to the decline in patient falls and significantly reduced injury associated with falls, as well as increased patient satisfaction. However, as with any documentation tool, it is imperative that the record of this important safety practice be complete. As you finish your shift, be sure to check that all of your documentation is intact. In hospital areas, your dashboards reflect your compliance with completing the Initial Patient Assessment (IPA) within 24 hours. This is not only a Joint Commission requirement but also an issue of patient safety. The IPA must be finished and signed, and consulting departments must be notified within 24 hours of admission.

One other patient safety issue, as well as a quality of care issue, involves the reassessment of patients who receive pain medication. Our pain management policy states that patients should be reassessed within one hour of an intervention; this includes receiving pain medication. This reassessment must be documented. As nurses at Lahey Clinic, you want to do what is right for your patients, including treating their pain and then establishing whether your intervention has decreased their pain. Imagine yourself as a patient—the simple act of someone coming back to you and checking to see if your pain has diminished would help let you know that your nurse truly cares.

I know that you are all committed to creating a safe environment for our patients. We became nurses in order to help others, protect them from harm and advocate for their well-being. Let us remind each other that these relatively simple practices can improve patient safety and demonstrate the concern we have for our patients.

Kathleen S. Jose, RN, MSN

# The Impact of the 2008 National Patient Safety Goals

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

Insulin is considered a "high alert" medication, meaning that insulin carries a high risk of patient injury or even death if used incorrectly. Unfortunately, errors with insulin administration are among the most common medication errors nationwide. The Joint Commission's 2008 National Patient Safety Goals (NPSGs) include two elements that, if used correctly, could have prevented the medication errors discussed in the following case studies.

## Case One

*Mrs. S arrived in the Emergency Department (ED) late one evening after a fall at home. She lived independently with her husband and was oriented to events, person, place, date and time. However, she was unclear as to her medical history and was not able to tell the nurse what medications she normally took. The ED nurse attempted to complete the medication history form with the limited information that the patient and her husband provided.*

*Three days after admission, results from the patient's routine lab work revealed an elevated blood sugar over 600. In fact, prior to admission, Mrs. S had been taking insulin at home for type I diabetes. She had been unable to list insulin as one of her medications, and the team caring for her did not note her history of diabetes. As a result, she never received any insulin until the critical blood glucose value of greater than 600 was reported to the physician.*

## Medication Reconciliation

This NPSG states that health care providers must accurately and completely reconcile medications across the continuum of care. In the first case scenario, the patient was unable to provide a complete and accurate list of medications. The nurse was aware that the patient was vague about her medications and thus knew that the medication history record might be incomplete. If the patient is unable to participate fully in the medication history process, other sources of information should be utilized to provide that essential information. This may include records of previous admissions and outpatient clinic visits. All members of the health care team need to ensure completeness of the medication history.

## Case Two

*Nurse A is a staff nurse on a busy medical-surgical ward, and several of her patients are diabetics receiving insulin based on an insulin sliding scale protocol. One patient is scheduled to go to Radiology for a procedure and is getting ready to leave the floor as Nurse A exits the conference room following report. She quickly realizes that this patient should receive his morning insulin prior to leaving the unit and asks the nursing assistant (NA) who had performed a point of care (POC) fingerstick glucose test on him what the blood sugar was. The nursing assistant replies, "283." Nurse A goes to the med room, reviews the insulin sliding scale recorded on the medication record, and administers 4 units of regular insulin to the patient.*

*The patient returns from Radiology a few hours later and complains of weakness and nausea and is visibly perspiring. Nurse A checks his glucose level, which is now 76. When she records that value on the diabetic record, Nurse A sees that the morning glucose was 92, not 283 as reported by the NA. Upon discussing the situation with the NA, the NA concedes that the 283 that she reported actually was the blood glucose level of another patient; she had performed several POC tests that morning and could not accurately remember which patient had which result.*

## Patient Identification

Two patient identifiers must be used when administering medications. During this process, the patient identification band must be verified against a source document using two specific patient identifiers. In the case above, the patient was ordered for insulin based on a sliding scale. The nurse never verified the actual POC glucose result; she accepted a verbal response from an NA during a hallway conversation and administered the insulin without verifying a source document, in this case, the diabetic record, against the patient identification band. In situations where the administered medication is based on an outcome goal, such as heparin to maintain PTT at a certain range or insulin based on blood glucose levels, the source document must include that laboratory information. A primary source such as the laboratory result posted in LCMC for the PTT result or the actual POC testing device for glucose would be the gold standard. However, a reasonable alternative is the documentation record such as the diabetic record, where the NA records the result of the POC testing.

Nurses spend a large part of their time administering medications to an increasingly complex patient population. Careful adherence to the NPSG, based on reports of patient harm and created to keep our patients safe, will aid the nurse in the safe administration of medications.

# *PACU Unit-Based Practice Council*

*Amy Dooley, BSN, RN, CPAN*

One of the most compelling outcomes of the Magnet journey that Lahey Clinic has embarked upon is the implementation of decentralized decision making. Key to a flattened organizational structure is the creation of unit-based practice councils (UBPCs) led in each unit by staff nurses. Every unit's practice council will look different and may run differently.

In 2007, Mary Sutton, BSN, RN, CAPA, the nurse manager of the PACU, reached out to the staff to create our own UBPC. Suzanne Burns, RN, CPAN; Pam Barker, BSN, RN; and I stepped up to the plate and began the process of creating a shared decision making body. We met biweekly and explored a myriad of concerns, including correct structure, roles, responsibilities and implementation. Developing guidelines defined the process and goals. Staff volunteered to join a committee based on their practice interests, and this has led to a number of specific accomplishments: the development of both a resource book and a guideline book, a PACU wean protocol, revisions to the flow sheet, selection of colleague of the month and a UAP appreciation lunch.

One day the topic of ultrafiltration came up. The group knew that 5 West was the only floor doing it and it was for CHF patients, but that was the extent of their knowledge. At the next UBPC meeting, a conversation ensued about how to meet the needs of the staff. Several methods were discussed, a consensus was reached and a new series was launched: "Learn at Lunch." This series consists of 30-minute presentations given during lunchtime in our staff library/lounge. All staff are invited to attend during their lunch to learn. Plans are in the works to reach out to the second-shift diners as well.

Shannon Philbott, BSN, RN, volunteered to "advertise" the series. She created a wonderful poster to announce the speakers. Speakers are recruited by suggestion, can be volunteers or can be asked to meet a specified need of the unit.

Nancy Todd, MSN, APRN–C, was our first invited guest. She spoke about ultrafiltration on 5 West. It was a wonderful presentation and very informative to the group. The frequency of the Learn at Lunch dates is dependent on the number of speakers: currently the schedule is for every other week.

**Members of the PACU Unit-Based Practice Council** *(L to R):* **Kathleen Grzasko, ANS, RN; Shannon Philpott, BSN, RN; Joel O'Keefe, ASN, RN; Amy Dooley, BSN, RN, CPAN, co-chair (not shown: Suzanne Burns, RN, CPAN, co-chair).**

# Barcode Medication Administration

*Marge Sipe, MS, RN*

Making an impact on safe medication administration has moved closer with the 6 Central pilot of Cardinal Health's barcode medication administration (BCMA) product, CareFusion, whereby nurses verify the five rights of medication administration. Nurses scan a barcode on their ID badges that associates them (user ID) with each transaction within CareFusion. They then match the medications ordered and the patient by scanning barcodes on patient ID bands and the medications themselves.

Lahey joins fewer than 5 percent of hospitals nationwide that have chosen to focus on this final step of the medication administration process. Even health systems with fully launched computerized provider order entry (CPOE) still see errors happen when a correctly ordered medication gets to the wrong patient or at the wrong time. The nurse who is juggling multiple priorities is key in the final step whereby medication errors can be caught. A computerized tool like CareFusion, which links the orders, patient and medications, helps catch errors before they happen.

*All caregivers, including physicians, have gained insight into how to make orders and subsequent administration safer.*

Closing the loop on medication errors now starts with electronic verification of physician orders within the CareFusion application. Pharmacy continues to enter these orders into the pharmacy information system (a decision support computer system) once the orders have been scanned to the Pharmacy. These orders are then "sent" electronically to the CareFusion application, where nurses review the handwritten orders on each patient record and compare these with the translation of these ("transcription") into the computer application. This process can be accomplished using a PDA-like handheld device or via the application accessible on any PC on the care unit. The handheld device enables the nurse to "review" the medications that need to be given for a particular time slot and is used as a guide when the nurse accesses these ordered medications from the automated dispensing cabinet (ADC) Pyxis machines located in the medication room.

At the bedside, the nurse closes the loop by scanning the barcode on each patient's wristband as well as all the medications due to be administered. Throughout the scanning process, the nurse shares with the patient information about the medication and processes any warnings and reminders the software provides. If the scanned medication is not a match, the nurse will be warned and will need to problem solve to make sure the correct medication, dose or timing is met. Nurses can document pain scale levels, responses to prn medications or injection locations as part of this administration/documentation process. When the process is completed, an electronic message is created to document the time and identity of the nurse administering the meds. Patients and families have responded positively to this new technology and are glad to participate in a process that helps ensure their safety.

Stephanie Phipps, RN, staff nurse on 6C hospital, demonstrates the CareFusion handheld device.

Although this process sounds simple, there have been many lessons learned as we move from a manual to an electronic world. Using CareFusion for medication administration is one of the first steps in movement toward a more electronic medical record (EMR). The process does take a few more minutes than a manual process but is much safer. All 6 Central nurses attended a training class and practiced using the device for several weeks in a "parallel" environment, continuing to do manual documentation on the paper medication administration record (MAR). "Superusers," staff who have volunteered to be an extra support to their peers, have helped to provide advice and troubleshoot.

Pharmacists do order entry directly on 6 Central for some hours each day, which has enhanced nurse/pharmacist communication. Any issues are tracked, and we continue to identify ways to make order translation clearer and consistent with intent.

According to Stephanie Phipps, RN, staff nurse on 6 Central, "CareFusion is improving patient safety by using positive patient identification and barcode technology." Kudos to the 6 Central nursing staff and the Pharmacy staff for supporting this important project.

# *Patient Care Award Presented to Stephanie Burns*

*Mary Ann Naughton, RN, CNOR, DNC*

On May 15, 2008, Stephanie Burns, RN, DNC, was one of two recipients of the annual Patient Care Awards. Suzanne Olbricht, MD, chair, Dermatology, introduced Burns and noted her warmth and compassion in caring for patients of Lahey's Hansen's Disease Clinic. One Patient Care Award is given annually to a physician and one to "a colleague who has contributed to the culture of empathetic, high quality patient care at Lahey Clinic," according to David Steinberg, MD, chair of the Medical Ethics Committee.

Burns works in the Department of Dermatology and is in charge of facilitating the Hansen's Clinic that takes place one Saturday a month, where she is a great asset to her patients. The program, which is funded by a federal contract, currently treats 75 patients from the New England area. Thirty-four of these patients have active Hansen's disease and are being treated with medication. The rest have been cured of the disease, but the disease has left them with disabilities, neuropathies and insensitive extremities, which can lead to foot ulcers and infections. Burns coordinates appointments for the patients, which may include appointments with Ophthalmology, Infectious Disease, Orthopedics and Plastic Surgery. For those patients who are eligible for mass transportation, Burns completes the paperwork required for applying and renewing the transportation benefit each year. The patient population that has Hansen's disease is multicultural; therefore Burns helps to arrange for interpreters in Creole, Portuguese, Spanish and Khmer. She works with patients and family members, through an interpreter, to make sure they understand the disease and the necessary home care.

The patients are dependent on her to do wound care, especially on their feet. Patients with Hansen's disease often have hand and foot deformities and need special shoes and inserts. Burns has arranged for a local pedorthist to join the Saturday clinic. He measures and suggests what footwear is appropriate for the patients' needs and orders their custom shoes.

Burns submits surveillance information on all new patients to the Massachusetts Department of Public Health and the National Hansen's Disease Database in Louisiana. This includes the patient's place of birth, current location, current household contacts, biopsy results and disease classification. She is responsible for a semiannual report on each patient that includes documentation of each patient's clinic appointments and hospitalizations related to the disease, reporting current medicines, and foot and hand sensory testing results. She also collects data required for the Annual Review Report for Clofazimine, one of the drugs used in the treatment of Hansen's disease. This information is then submitted to the IRB at Lahey Clinic. On May 11, 2008, Burns presented at Nursing Grand Rounds in order to bring more awareness of this disease to the nurses at Lahey Clinic. Establishing a fundraiser to bring public awareness to Hansen's disease and to help finance the health care needs of patients is included on Burns's wishlist.

In addition, in the year 2004, Burns was awarded the Joan Clark Nursing Award by the Harvard Dermatology residents for "recognition of extraordinary devotion to the profession of nursing for the demonstration of a sincere concern for the care of patients, an ability to effectively coordinate the activities within the service, and a manner that inspires by example." She has also made herself available to the public health nurses in the community and volunteered to speak at both their district and national meetings in September 2007. The awareness she brought influenced public health nurses in the area to attend the Saturday clinic and has given patients another resource in the community.

According to Sheila Cunniff, BSN, RN, associate chief nurse, Ambulatory Services, "I've known Stephanie Burns for as long as she has been at Lahey Clinic, almost 35 years. For many of those years the Dermatology Department was next to the Otolaryngology Department and I was able to observe her nursing practice daily, both as a supervisor and as a patient. She is an outstanding nurse who always has the interest of the patient as her main concern. Both Lahey Clinic and the Dermatology Department have been pleased to have her as part of the team. Congratulations on this well deserved recognition of exemplary nursing practice."

**Stephanie Burns, RN, DNC, after receiving the 2008 Lahey Clinic Patient Care Award.**

# October

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

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

**2** Telemetry III
*Time:* 9 am to 5 pm
*Place:* Gordon Building, Room A and Skills Lab

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

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

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

**7** ELNEC—Care of Patient and Family at the End of Life
*Time:* 7:30 am to 5 pm
*Place:* Gordon Building, Training Room

**10** Nursing Grand Rounds*
*Time:* 1 to 2 pm
*Place:* Alumni Auditorium
Telecast to Lahey Clinic North Shore

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

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

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

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

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

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

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

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

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

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

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

**22** Nursing Research Series—Introduction to Nursing Research*
*Time:* 9 to 11 am
*Place:* Alumni Conference Room

**23** All-Day Continuing Education*
***Trauma and Critical Care Update***
*Time:* 7:30 am to 4 pm
*Place:* Alumni Auditorium

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

**27** Med/Surg Pathway—Conditions
*Time:* 9 am to 5:30 pm
*Place:* Gordon Building, Room A and Skills Lab

**27** Initial BLS (CPR) Certification
*Time:* 5 to 9:30 pm
*Place:* Gordon Building

**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 and Room A

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

**30** Telemetry III
*Time:* 9 am to 5 pm
*Place:* Alumni Conference Room

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

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

## EDUCATION CALENDAR

✱ = MARN contact hours applied for

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

# November

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

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

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

**4** The Oncology Nursing Society Chemotherapy and Biotherapy Course
*Time:* 9 am to 5 pm
*Place:* Gordon Building, Room B

**5** Nursing Orientation—Computers and Documentation
*Time:* 9 am to 5 pm
*Place:* Gordon Building, Computer Lab and Room A

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

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

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

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

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

**10** ECCO Workshop—Neuro and Pharmacology
*Time:* 9 am to 5 pm
*Place:* Gordon Building, Room B

**11** All Day Continuing Education*
***What's New in Renal and Hepatobiliary Transplant Care***
*Time:* 8 am to 4 pm
*Place:* Alumni Auditorium

**11** The Oncology Nursing Society Chemotherapy and Biotherapy Course
*Time:* 9 am to 5 pm
*Place:* Gordon Building, Room B

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

**12** Wound & Skin: When Do I Consult?*
*Time:* 7:15 to 8 am
*Place:* 3SE Surgical Conference Room

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

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

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

**14** Nursing Grand Rounds *
*Time:* 1 to 2 pm
*Place:* Alumni Auditorium
Telecast to Lahey Clinic, North Shore

**14** Advanced Telemetry Workshop
*Time:* 9 am to 1 pm
*Place:* Gordon Building, Room A

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

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

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

**18** Nursing Research Series
Effective Literature Searching: Using Lahey Resources*
*Time:* 8 to 10:30 am
*Place:* Gordon Building, Computer Lab

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

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

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

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

## Shared Governance Council Updates (June 2008)

### Nursing Practice Coordinating Council

- Members received council updates from all of the departments and discussed the status of council projects as well as projects moving forward.
- Members were invited to attend the Advisory Board presentation on July 17, 2008, in the Gordon Building.

### Patient Care Technology Council

- CareFusion: This program continues a pilot program on 6 Central. The next phase will look at how to integrate Pharmacy and Alaris pumps.
- PatientStation: We continue to look at vendors.
- Inpatient EMR: A consultant has been hired, and members of the PCT council are reviewing a list of scenarios for our specific needs, which was provided by the consultant.

### Nurse/Physician Partnership Council

- CareFusion: Paper MARs are no longer being used on 6 Central with CareFusion. However, physicians (and other health care professionals) are able to access a seven-day medication summary sheet via the computer. Discussed the impact CareFusion will have on physicians and the way they write orders.
- Hand hygiene campaign continues.
- Members discussed how we can make the new residents feel welcomed on the units and provide them with helpful hints when they start at Lahey.

### Clinical Practice Council

- We began the process for reviewing, updating references and revising our current nursing manual policies as needed.
- We reviewed the new policy for high alert medications, made recommendations and expect to complete (if changes are acceptable) and approve the policy at our July meeting.
- Gyorgy Abel, MD, Laboratory Medicine, and Maureen Gorham came to present a sample of POC testing for gastric pH as well as an extensive literature review to support this practice for NG placement.
- A subcommittee was formed to revise our policies surrounding NG and feeding tube insertion/placement.
- The BLS/ACLS policy has been pulled at the request of the author for further revisions.
- The policy on cardiac monitoring on medical-surgical units was revised and sent to Jackie Bergeron for further review.
- The Pap smear policy was approved.

### Ambulatory Clinical Practice Council

- We reviewed and approved the nursing admission policies for Lahey Clinic Medical Center, North Shore.
- We reviewed neurosurgery policies.
- Members began the review process for cardiac rehabilitation policies.
- We discussed Joint Commission issues, including some practice changes.

### Nursing Quality and Safety Council

- National Patient Safety Goals
- The hand hygiene campaign is under way.
- IPA Compliance – Dietary: Staff need to be sure data is entered into LCMC.
- Policy changes based on Greeley's recommendations:
  - The revised Inpatient Falls Policy is now referred to as "Falls Policy" as it encompasses ancillary and ambulatory areas, as well as inpatient areas.
  - Parameters have changed in the Pain Policy, stating "assessment will be done every shift vs. every eight hours."


**Members of the Angina Monologues (CCU/Cath Lab).**

**Team spirit was the goal when a softball match was held in June between units in critical care areas. The Angina Monologues and the Pseudomonas Psluggers each won a game, followed by a combined barbecue. A rematch will be held this fall.**

## COUNCIL UPDATES

- Aerosol Medications Policy has been updated to reflect current policy; however, there is ongoing assessment for evidence-based practice.
- To assist in remembering high alert medications, the PINCCHO-TEN acronym has been added to the Medication Administration, High Alert Medication Policy.
- The Waste Control Policy outlines proper procedures for handling controlled substances from time signed for until final disposition.
- Seclusion has now been added to the Restraint Policy, which is now the Restraints and Seclusion Policy.

### Nursing Research Council

- Ann Dylis updated and reviewed the Research and EBP Web page on MassNet.
- Roundtable discussion on research series classes: Issues discussed included
  - Course scheduling
  - Strategies to increase attendance
  - Contact hours
  - Reminders
  - Posting of calendars
- Ann Dylis again requested specific information regarding Magnet criteria 6.22: "Describe how current literature, appropriate to the practice setting, is available, disseminated and used to change administrative and clinical practices." A handout was distributed and members were requested to send specific examples.

### Professional and Educational Council

- May educational programs were reviewed: All-day Ethical Concepts in Nursing; Nursing Leadership all-day program; BLS Instructor Course; trial of the first ACLS/BLS combined course; Nursing Grand Rounds—Got SPIRT; Nurse Week Activities—Research Day.
- We reviewed the Ambulatory Skills Fair, which was held May 30, 2008.
- We discussed promoting P&E Council membership.
- Online P&E Council information: moved from the N Drive to the R Drive. Additionally, indexes have been developed for the 2007 and 2008 P&E materials for ease of reference.
- Orientation Skills Checklists are being revised. A. O'Brien is working with M. Lynch to standardize phases 1 and 2 of checklists. Cultural diversity and hand hygiene e-learning will be added.
- Pacemaker Packet changes were suggested by council, and packet should be ready for approval process by next month's meeting.
- IV Medication for the Monitored Patient on the Telemetry Unit Self Study Module and Answer Sheet was approved by the council and placed on N Drive.
- The 2009 Nursing Orientation and BLS Schedule has been developed and will be circulated for approval at next month's meeting.
- Upcoming June programs were reviewed. Preceptor program will be reviewed at next meeting.

### Nursing Coordination and Review Council

- Council did not meet for the month of June.

### Ambulatory Nursing Council

- Discussed the Ambulatory Skills Fair.
- Discussed several nursing practice issues including patient admissions.

**Softball Challenge**

**Members of the Pseudomonas Psluggers (MICU/SICU).**

# *Welcome*

**Chelsea Benedict, RN,** SICU
**Excelle Coffey, RN,** OR
**Roberta LaGrega, BSN, RN,** ER
**Elizabeth Kiarie, RN,** 6W PCU
**Catherine Griffin, BSN, RN,** SICU
**Lorraine Riley, RN,** ER
**Kaitlin Russo, LPN,** Plastic Surgery
**Kimberly Valentine, BSN, RN,** 6W PCU
**Mindy Hileman, ASN, RN,** SICU
**Aileen Keating, RN,** IV Team
**Nancy Sydow, MSN, RN,** EP-Cardiology
**Kimberly Hillman, BSN, RN,** 6 East
**Melanie J. Leger, BSN, RN,** SICU
**Karen Kelly, ASN, RN,** 6 West
**Amanda Tardiff, ASN, RN,** 5 West
**Carly Casazza, ASN, RN,** 6 West
**Tim Cardau, ASN, RN,** 5 West
**Heidi Benz, BSN, RN, CCRN,** Interv. Radiology

**Charlotte Bovill, ASN, RN,** 7 West
**Meghan Fudge, BSN, RN,** 6 East
**Manju Buhulayan, BSN, RN,** SICU
**Richard Guillaume, RN,** SICU
**Afi Alfred, ASN, RN,** 6 West
**Kristen Tate, BSN, RN,** SICU
**Sam Glueckert, BSN, RN,** Rapid Response
**Melissa Lessieur, ASN, RN,** MICU
**Deborah Gates, MS, RN, CGRN,** Clin. Ed., Endoscopy
**Laura M. Scace, RN,** 6WH
**Erin Gallagher, BSN, RN,** 6CH
**Sharon Hayes, ASN, RN,** 7CH
**Jodi Clement, ASN, RN,** 6WH
**Henry A Beaudry Jr., ASN, RN,** 7 West
**Tabitha Topham, BSN, RN,** Endoscopy
**Katherine Pazdrak, MS, CRNA**, Anesthesiology
**Allison Gontha, NP**, GIM

## CONGRATULATIONS TO:

- **Stephanie Burns, RN, DNC,** in the Department of Dermatology, received one of two 2008 Patient Care Awards (*see article page 5*).
- **Rachel Ritter, ASN, RN, CCRN,** assistant nurse manager in the CCU, received certification in critical care.
- **Meghan Noonan, MSN, RN, MSCN,** in the Department of Neurology, received her certification in multiple sclerosis nursing.
- **Suzanne Burns, RN, CPAN; Kim Climo, BSN, RN, CPAN; AnnMarie AngelSanto, RN, CPAN;** and **Barbie Monbleau, BSN, RN, CPAN,** staff nurses in the PACU, received certification in perianesthesia nursing.
- **Marlene A. Barrett, BSN, RN, CCRN,** rapid response nurse, received certification in critical care.
- **Deborrah Gallegos-Petersen, MSN, RN, CNRN,** and **Marcia E. Vancini, MSN APRN, CNRN,** received certification as neuroscience registered nurses.
- **Patrice Osgood, BSN, RN, CNOR,** OR nurse manager, and **Mary Chiulli, BSN, RN,** clinical systems specialist, participated as Lahey Clinic received the 2008 Picis Customer Recognition Award in Operational Results in June at the 8th Annual Picis Exchange North American Customer Conference held in Palm Beach, Florida.
- **Maria Centola, RN,** and **Kathy Harris, RN,** staff nurses in the Preoperative Center, led the discussion at the Preoperative Center Journal Club on *A Growing Challenge: Patient Education in a Diverse America* by Diana Mcbane McHenry, published in the *Journal for Nurses in Staff Development.*

**Maria Centola, RN, (left) and Kathy Harris, RN, from the Preoperative Center following their presentation for the Preoperative Center Journal Club.**

# Research Update

*Ann M. Dylis, PhD, RN*

I am happy to share some new updates about our nursing research and evidence-based practice initiatives. First, in response to many requests, each of the five research courses that I teach now have 2.5 contact hours granted by the Massachusetts Association of Registered Nurses (MARN). *Introduction to Nursing Research* and *Introduction to Evidence-Based Practice (EBP)* are introductory courses that present basic content in both areas and are great for either first time learners or those needing a quick review. *Effective Literature Searching: Using Library Resources* shows attendees hands-on strategies that are helpful in conducting nursing literature searches and demonstrates the many nursing resources available on our Cattell Library Web site. Classes are held in the Gordon Building Computer Room so that attendees can have classroom hands-on experience. *Getting the Most Out of Your Reading: Critiquing the Research Literature* presents information that will assist in understanding a nursing research article. *Understanding the Numbers in Quantitative Research* assumes that attendees have a basic understanding of the quantitative research process and presents content and strategies to better understand quantitative methods and statistical analysis. Preregistration is required; please call extension 8725. More information is available on Nursing at Lahey on MassNet under 2008 Schedules.

Gayle Gravlin, EdD, RN, CNAA, and I want to publicize that Research Council meetings are now being videocast to Lahey Clinic Medical Center, North Shore. At a recent meeting, we announced that Amy Dooley, BSN, RN, CPAN, staff nurse in the Post Anesthesia Care Unit (PACU), had been appointed co-chair of the Nursing Research Council. Dooley, an active member of the council and a 25-year Lahey employee, is a Lahey nursing research fellow and a master's student at the University of New Hampshire. She presented a poster at Research Day on "Operating Room and PACU Handoff Communication," which she is currently developing into a research study proposal. Please join us in congratulating and supporting Amy as she assumes this very important role in our shared governance structure.

Lastly, I would also like to remind all Lahey nurses that, if you will be conducting a nursing research study at Lahey, you must present your study proposal before the Research Consultation Group. Written guidelines are posted on the Nursing Research and Evidence-Based Practice page on Nursing at Lahey on MassNet. Please contact me for more information.

## *Remember*

All entries in the medical record by all health care providers must be signed, dated and timed.

**Whenever** you sign in the medical record

**Wherever** you sign in the medical record

***Sign – Date – Time.***

Notes on NURSING at Lahey

**SEPTEMBER/OCTOBER 2008**

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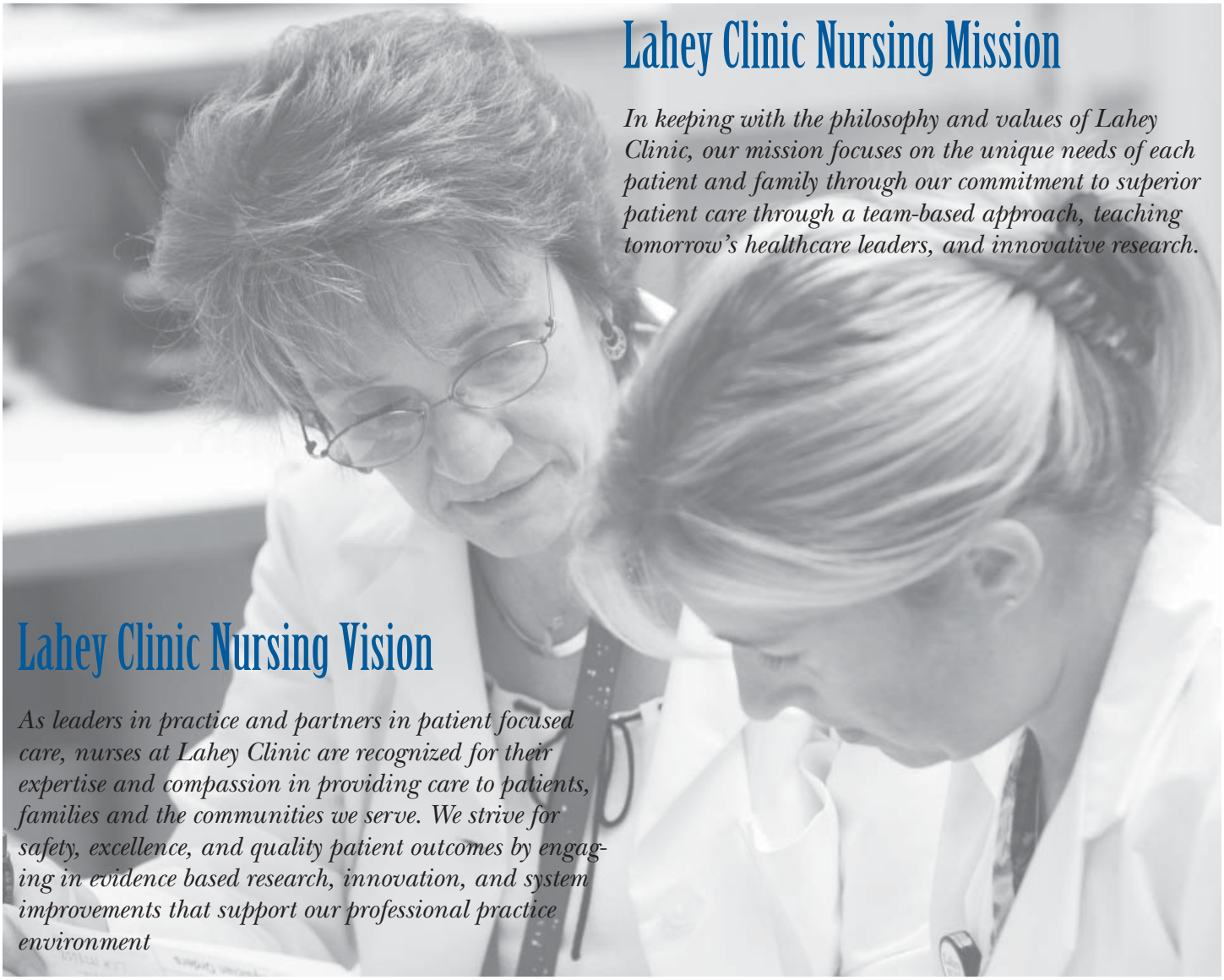
*Notes on Nursing at Lahey Clinic* is a newsletter for and by nurses at Lahey. We hope to improve communication among nurses and bring you information you need. Let us know what changes can be made to make this serve you. Call us, send e-mail to Notes.on.Nursing@Lahey.org, or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.



## Lahey Clinic Nursing Mission

*In keeping with the philosophy and values of Lahey Clinic, our mission focuses on the unique needs of each patient and family through our commitment to superior patient care through a team-based approach, teaching tomorrow's healthcare leaders, and innovative research.*

## Lahey Clinic Nursing Vision

*As leaders in practice and partners in patient focused care, nurses at Lahey Clinic are recognized for their expertise and compassion in providing care to patients, families and the communities we serve. We strive for safety, excellence, and quality patient outcomes by engaging in evidence based research, innovation, and system improvements that support our professional practice environment*

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Lahey Clinic
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