Notes on Nursing at Lahey

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From the CNO

The National Patient Safety Goals

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You have been hearing much about the JCAHO 2005 National Patient Safety Goals. It is imperative that all of you become familiar with these goals and know how the recommendations for practice are implemented in your area. In 2002 a Sentinel Event Advisory Group was created to advise the joint commission on the development and prioritization of the National Patient Safety Goals. Looking at sentinel events (unexpected occurrences involving death or serious physical or psychological injury or the risk of these) across the country, the group of recognized experts makes recommendations to the commission. The National Patient Safety Goals (NPSGs) address areas of concern where errors and harm have occurred. The goal is to prevent harm to patients.

Many of the NPSGs have become standards of the joint commission, particularly those that have universal applicability, high impact, and have evidenced-based support. Listed here are the NPSGs for 2005 and in italics our implementation of these goals:

**Accuracy of Patient Identification** - 1a: Use two patient identifiers (neither to be the patient’s room number) whenever administrating medications or blood products, taking specimens for clinical testing, or providing any other treatments/procedures. *All departments have a plan in place for their areas.*

**Effective Communication** - 2a: For verbal or telephone orders or telephonic reporting of critical test results, verify the order or test result by having the person receiving the result “read-back” the complete order or test result. *Every nurse should be able to describe this as “Write it down, read it back, confirm it.”* 2b: Standardize a list of abbreviations, acronyms and symbols that are not to be used throughout the organization. *All...Continued on page 2*
nurses must know the Lahey list of unacceptable abbreviations. These cannot be used in the medical chart. 2c: Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

Medication Safety - 3a: Remove concentrated electrolytes from patient care units. 3b: Standardize and limit the number of drug concentrations available. 3c: Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs. All of these measures have been in place for some time.

Infusion Pumps - 5a: Ensure free-flow protection on all general-use and patient controlled anesthesia IV infusion pumps used in the organization. Again, this measure is already in place.

Health Care Associated Infections - 7a: Comply with the Centers for Disease Control (CDC) hand hygiene guidelines. 7b: Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care associated infection. These measures are in place.

Medication Reconciliation - 8a: During 2005, for full implementation by January 2006, develop a process for obtaining and documenting a complete list of the patient’s current medications upon the patient’s admission with the involvement of the patient. The process includes a comparison of the medications the organization provides to those on the list. 8b: A complete list of the patient’s medications is communicated to the next provider of service when the patient is referred or transferred to another setting, service or practitioner or level of care within or outside the organization. We have been developing and using a medication reconciliation (or history) form throughout the organization.

Fall Risk - 9a: Assess and periodically reassess each patient’s risk for falling, including the potential risk associated with the patient’s medication regimen, and take action to address any identified risks. Our fall-risk assessment program has been in place for years, and Pharmacy is looking at how to capture the poly-pharmacy risk for falls.

Universal Protocol - The organization fulfills the expectation set forth in the universal protocol and associated implementation guidelines. The Universal Protocol has been rolled out to all areas.

It is the responsibility of every nurse at Lahey Clinic to learn what the NPSGs are and how we are implementing practices to ensure the safety of our patients.
nursing excellence because there is support for education, they work with clinically competent nurses, autonomous nursing practice is supported, there is control of and over nursing practice, nurse managers are supportive, and there is a culture throughout the organization that values concern for the patient.

Nursing excellence leads to “Magnet moments”—those very special moments nurses share with patients and peers. Magnet moments can be private moments that a nurse and a patient or family members share. A Magnet moment may be as simple as offering a grateful patient a back rub when you really don’t have the time but it is the right thing to do for that patient at that minute. A Magnet moment may be the culmination of research by a group of nurses that really changes the care and outcomes for patients. It may be deciding to study for a certification examination with a group of peers. It may be having an abstract on innovative patient care practices accepted for presentation at a national professional nurses’ meeting. A Magnet moment may be witnessing a colleague deliver exquisitely tender care to a dying patient.

Nursing excellence exists on all the hospital units and in the ambulatory clinics as you nurse and care for very complex patients. Become mindful of the nursing excellence that surrounds you, see it, listen for it, and celebrate it. Nursing excellence is the essence and the passion of nursing.
SAFETY: Insulin

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In the fall of 1920, a physician working to understand the mysterious disorder called diabetes made an astounding discovery that would influence the health care profession for decades to come. For thousands of years, a diagnosis of diabetes meant certain death. Dr. Banting and a medical student discovered a treatment for diabetes by isolating the islet cells of the pancreas and the protein contained inside. This protein was insulin. Other hormones, or proteins, were also found to exist in the islet cells, but in far smaller quantities. Dr. Banting initially used his newly discovered insulin to keep a diabetic dog alive and then was able to use the same therapy on a 14-year-old boy. Dr. Banting won a Nobel Prize for his momentous discovery.

As mentioned, insulin is a hormone that is secreted by the islet cells in the pancreas. After a person eats something, carbohydrates and sugars are absorbed into the bloodstream. The body normally responds to this rise in blood sugar by secreting insulin from the pancreas. The insulin is released into the circulation and binds to the cell, allowing the cell to absorb sugar into the cell and use it for energy. Patients with diabetes either fail to make insulin (type I diabetes), or they are unable to effectively use the insulin that their pancreas produces (type II diabetes). Patients with type I insulin must use exogenous insulin to replace what their body does not make. Type II diabetic patients may initially use oral agents to treat their disease, but often switch to insulin as time progresses. By reducing the concentration of glucose in the blood, insulin is used to prevent the long-term complications related to diabetes, such as damage to the eyes, kidneys and blood vessels.

The first commercial preparations of insulin came from cows and, later, pigs. The bovine (cow) and porcine (pig) insulin was extracted, purified, bottled and sold. In the 1980s, technological advances led to the development of commercially available human insulin. The obvious advantage of human insulin preparations was the reduced risk of an allergic reaction.

There are currently several types of insulin, all with varying degrees of onset. Very fast-acting insulin, such as lispro (Humalog), starts working within 5 to 15 minutes and peaks at 45 to 90 minutes. Patients who use this type of insulin must eat immediately before they inject Humalog to prevent a precipitous drop in their blood sugar. There are also fast-acting, intermediate-acting, long-acting, ultra-long-acting insulin, and a variety of mixtures of both.

The vast repertoire of insulin, while wonderful for the patient, raises concern for the health care provider. Medication errors related to insulin are unfortunately common. Lahey Clinic has put several safety measures in place to eliminate these errors. A committee has recently been formed to address the many concerns related to the management of the diabetic patient. The committee members, physicians, nurses and pharmacists are reviewing the standing insulin orders. They are also trialing different methods of storing insulin on the inpatient units to reduce the incidence of the use of the wrong type of insulin. The 5 West unit has implemented a tackle box with different colored drawers, all labeled with a picture of the type of insulin that it contains.

With proper surveillance and care, diabetes, once thought to be a death sentence, is now a manageable disease. While an increase in the varieties of insulin present challenges to caregivers, Lahey Clinic will continue to put forth initiatives to ensure the safe care of the diabetic patient.

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