

# Notes on NURSING at Lahey

March/April 2008

From the CNO

## Exceptional Nurses...Extraordinary Care

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

**O**n December over 400 nursing colleagues participated in a survey to choose a slogan for our journey to Magnet Recognition. Thirty-four percent of those who voted chose a fitting slogan: *Exceptional Nurses...Extraordinary Care*. This is the essence of the nurse at Lahey Clinic, an exceptional health care provider who delivers extraordinary care.

Lahey Clinic's Division of Nursing's mission, vision and philosophy are aligned with those aspects of the organization that enable exceptional nurses at all levels, in the hospital and ambulatory clinics, to provide extraordinary care to all patients who enter Lahey Clinic.

### *The Nursing Mission States:*

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 health care leaders and advancing nursing through evidence-based knowledge and innovative research.

### *The Nursing Vision States:*

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.

### *The Nursing Philosophy States:*

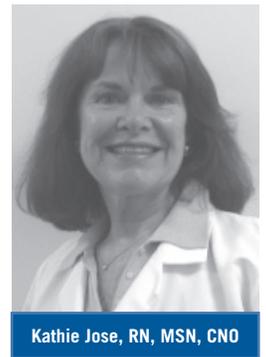
At Lahey Clinic, nursing is an integral part of the organizational operation.

- We believe that the profession of nursing is both an art and a science responding to the human condition.
- The Lahey Clinic Model for Nursing supports the concept of patient-focused care, recognizing that each individual

is a unique person with varying health care requirements throughout life.

- The Department of Nursing is committed to facilitating the progression of the patient through our health care system practicing a multidisciplinary approach.
- Swanson's Middle Range Theory of Caring and Benner's Novice-to-Expert skills acquisitions serve as the theoretical framework for Lahey Clinic.
- Our Professional Practice Model supports our commitment to providing the highest quality of care to patients and families by cultivating a caring, healing, protective environment, achieved and maintained through our nursing governance structure.
- As the foundation for this commitment to patient care and professional practice, Lahey Clinic nurses follow
  - The Lahey Clinic Guiding Principles
  - The Massachusetts Nurse Practice Act
  - ANA Nurses Code of Ethics
  - Scope and Standards of Nursing Practice and for Nurse Administrators
  - Ambulatory Care Nursing Administration and Practice Standards
  - Nursing Social Policy Statement
  - ANA Bill of Rights for Registered Nurses
  - ANA Principles of Delegation
  - ANA Principles of Documentation
  - ANA Principles of Staffing

The nursing culture at Lahey Clinic is very dynamic and innovative, focusing on the best possible patient outcomes, and providing a supportive environment by leadership and peers. We are truly able to say that we have "Exceptional Nurses ... Extraordinary Care."



Kathie Jose, RN, MSN, CNO

*Kathleen S. Jose, RN, MSN*

# The 2008 Nursing Research and Evidence-Based Practice Strategic Plan

*Ann M. Dylis, PhD, RN*

**D**id you know that we are in year three of the nursing research strategic plan? In order to achieve our goal of having every Lahey nurse become familiar with concepts of nursing research and evidence-based practice (EBP), Gayle Gravlin, EdD, RN, CNAA-BC, associate chief for Nursing Education, Research & Professional Development, and the Research Council had the vision to create this strategic plan. The spirit of learning first, mentoring next, is the prominent theme underlying every strategic plan activity. In 2006 the focus of the plan was the teaching and mentoring of the central and clinical nurse educators. The EBP review group was started. Here, a current nursing research study was presented monthly by the educators in the auditorium. In this way, both the educators and attendees were exposed to current nursing research literature, were taught research critiquing skills and were introduced to research and EBP terminology. In 2007 the EBP review group continued, but the focus of the strategic plan shifted to the nurse managers, assistant nurse managers, nurse practitioners and the new central nursing education staff. This group was encouraged to lead the EBP review group and to use research-based articles from their specialty areas in their professional practice. In addition, the nursing research consultant lent support to all groups as they embarked on this exciting focus of professional practice and development. During both years, full day courses on nursing research and EBP, given three to four times per year, were presented by doctorally prepared nurse research consultants.

For 2008, the focus of the strategic plan is staff nurses. The format of the EBP review group has changed to a unit-based journal club. The format was changed so that all Lahey nurses could participate in learning about incorporating nursing research and EBP into their clinical roles. The clinical educators, in the spirit of mentorship, will facilitate the journal clubs, and the format will be adapted to the needs of individual units. Research articles on a relevant topic will be presented. Please remember that every nurse plays an important role in the journal club. Those who read and/or select the article, critique the research presented in the article, attend the club, or discuss nursing research/EBP in any format all contribute to new knowledge development, which will increase your own nursing satisfaction and ultimately benefit our patients!

As I mentioned in the last issue of *Notes on Nursing*, another way that we are focusing on the staff nurse in 2008 is by offering a nursing research series of monthly educational offerings. Currently, this series consists of five different courses that I teach on a monthly basis. The course topics acknowledge that Lahey nurses need different types of information based on both their educational preparation and their current comfort

and confidence level with nursing research/EBP. Courses are short, only two to three hours in length, and many are offered with different scheduling options.

Here is a brief snapshot of all the courses. *Introduction to Nursing Research* presents an introductory overview of nursing research. It is structured for those who want to learn about nursing research for the first time or to review research knowledge learned in the past. *Introduction to Evidence-Based Practice* offers an introductory overview of nursing EBP and how it already has and will continue to influence nursing practice. *Effective Literature Searching: Using Lahey Resources* will show attendees hands-on strategies that will both increase skill and comfort level when doing a nursing literature search and navigating the Lahey Cattell Library Web site. Classes are held in the computer room in the Gordon Building, and attendees are requested to come to the class with a specific search topic in mind. *Getting the Most Out of Your Reading: Critiquing the Research Literature* presents information that will increase your skills and your understanding of a nursing research article. Lastly, *Understanding the Numbers in Quantitative Research* presents information that will increase understanding of the methods and results section of quantitative studies. This class assumes that attendees have a basic understanding of the quantitative research process and are looking for strategies that will increase their understanding of quantitative analysis. Plans are in the works for additional course offerings, such as *Writing for Publication and Grant Writing*. You will receive notification when these are scheduled.

Have you registered for a course yet? Sign up early, as space is limited. More detailed information on the courses and registration details have been sent to all Lahey nurses via e-mail. A complete description of the courses and schedule are also posted on the Nursing Research and EBP Web page. Go to *Nursing at Lahey* on MassNet, then to the Nursing Research and EBP link under Information Support, then to Documents. All educators also have a copy of the course descriptions. Remember, knowledge is power!

Why is the implementation of the nursing research strategic plan important for all Lahey nurses? First, it demonstrates an organizational commitment to the professional development and upward mobility of all nurses. It also ensures that all nurses, regardless of educational preparation or length of time in a position, are being offered the most current nursing research and EBP knowledge, which has the potential to influence patient outcomes. Both these components are essential aspects in Force 6, Quality of Care, in our Magnet journey. Consider taking a more active role in the implementation of the nursing research/EBP strategic plan by becoming involved in the nursing research council, the group that sets the nursing research agenda at Lahey. We meet monthly, on the second Wednesday, in the 4 West Conference Room, from 12:30 to 1:30 pm. Please join us!

# Nursing Assistant Collaboration

**O** *Debralee Quinn, MSN, RN, CNN*

In January 15, 2008, 24 new employees joined Lahey Clinic to begin their path in health care as career nursing assistants. To facilitate their orientation and training process, Lahey Clinic has established a collaborative program with the American Red Cross, a program that combines the expertise and experience of the Red Cross in educating unlicensed personnel within the excellent facilities and resources of Lahey Clinic.

This unique collaboration will provide our new employees with a variety of learning experiences. Under the supervision of an experienced Red Cross instructor, the students will par-

ticipate in classroom instruction, hands-on training in a skills lab, and several weeks of clinical experience in a skilled nursing facility. Upon completion of this phase of the program, the students will then be eligible to take the Massachusetts Certified Nursing Assistant examination.

A truly unique aspect of the program is the addition of an acute care clinical component, which will take place at Lahey Clinic in Burlington. The Red Cross instructors, having been oriented to the medical surgical units by the clinical educators at Lahey Clinic, will continue to supervise the clinical experience of the students here at Lahey. Upon conclusion of the program, these new nursing assistants will become welcome new additions to our patient care team.

## The Magnetism of 6 West Progressive Care Unit

**I** *Kathrene Pierce, MSN, RN, PCCN*

In December 2007, a Magnet consultant visited our progressive care unit (PCU) and spoke about the Forces of Magnetism. The visit was inspirational in that it illustrated a need for improved communication about what a truly magnetic place PCU has become for nurses starting the journey to critical care nursing.

Over the past two years the staff of PCU has embraced the opportunity to orient new graduates from varied nursing programs to critical care nursing. The use of a faculty model to allow newly licensed nurses (NLNs) to start their careers directly in a critical care area had not been done before at Lahey Clinic. The staff of PCU decided to embrace this fact, although it was not easy to be a stepping stone; we ceased grieving over those that moved on to advance their practice. We expressed pride in what has happened here. This fact illustrates Force 1 of Magnetism, the *Quality of Nursing Leadership*. The PCU staff is truly leading this grand adventure by introducing NLNs to a career in critical care.

The nurses on the unit have worked very hard to allow

for the innovative scheduling that supported the two-month faculty model. This unit-based decision making illustrates an example of Force 2 of Magnetism, *Organizational Structure*. They make it all really happen. As a member of the unit's management team, I want to take this opportunity to publicly thank them all for supporting the dream, for without their support, the NLN to critical care program on PCU could not have happened.

I would also like to thank the institution's leadership for believing in us and in our ability to change our world one new nurse at a time (Force 3, *Management Style*). We have had seven new nurses come through our unit's program, and they are all still here and still excited about their career choice. Our first two NLNs are already helping precept the four currently on orientation. This is a wonderful example of Benner's theory of skill acquisition at work; Patricia Benner's theory supports and guides this program.

When the consultant visited, the force that she talked most about was autonomy; this is listed as Force 9, *Autonomy*. She was referring to autonomy in decision making in patient

*Continued on next page*

## SAVE THE DATE – MAGNET JOURNEY RECOGNITION DAY

On Wednesday, March 19, from 11 am to 2:30 pm, there will be a grand celebration in the main lobbies of Lahey's Burlington and Peabody medical centers for all Lahey Clinic colleagues to celebrate the "kick-off" of Lahey Clinic's journey to Magnet Recognition.

Lahey Clinic has made a commitment to becoming a Magnet recognized facility; this represents a passion and commitment to the highest standard of excellence in patient care.

We need all health care professionals involved in patient care to become part of the Magnet journey.

To learn more, stop by at either location, Burlington or Peabody, and join the celebration. Talk to a Magnet champion who will be greeting the crowds, enjoy some Magnet cake and take the enthusiasm back to your department.

We are counting on you!

## The Magnetism of 6 West Progressive Care Unit

*Continued from previous page*

care, but a parallel can be drawn in the NLN program. It is an example of autonomy in that we are challenging the long-held idea that nurses needed years of experience in a medical and/or surgical unit before applying to be critical care nurses. We are experimenting with a new way of thinking and we are problem solving.

Force 11, *Nurses as Teachers*, talks about nurses as teachers in all aspects of their practice. The nursing staff's care and guidance has illuminated the nursing profession on 6WPCU for the NLN they mentor. This unit's staff should be very proud and even encouraged to brag. It goes without saying that they personify a positive image for nursing at all times. This *Image of Nursing* is known as Force 12.

Finally, the transition, from grieving over those that moved on to other positions to embracing what they do so well and becoming a great foundation for the new nurse, has required professional development on everyone's part. The nurses have educated themselves to support their preceptor role, learned about Benner's skill acquisition theory and adjusted their educational style to fit the needs of the NLN (Force 14, *Professional Development*). It has been a multidisciplinary team approach. Every nursing assistant, unit coordinator, physician's assistant, and physician has adjusted his or her practice to allow for this program to succeed (Force 13, *Interdisciplinary Relationship*).

The staff of the PCU has every reason to celebrate the ways in which they have incorporated the Forces of Magnet. Relating these forces to their clinical practice and experience as mentors to developing critical care nurses allows the staff to speak about the essence of Magnet and the growth of the PCU.

# Welcome

Celeste F. Danforth, RN, CCRN, CCU  
Traci Mather, BSN, RN, LCN – ED  
Jennifer Ludlum, RN, ED – LCN  
James Parisella, RN, Cath Lab  
Amy Benammi, RN, 5W  
Roselyn Mutizwa, BSN, RNV6W  
Bonnie Laverdiere, RN, OR  
Mara Nicholas, RN, Anticoagulation Clinic  
Laura Cafarelli, RN, Psychiatry  
Kim McCarthy, BSN, RN, LCN-Endoscopy  
Kristal Hazlett, ASN, RN, 6 East Hospital  
Marie Chalmers, BSN, RN, CNOR, OR  
Megan Janvrin, LPN, Mammogram/LCN  
Thereza Agad, MSN, RN, OR  
Mary J. Kelley, BSN, RN, Endo  
Tracey Cilluffo-Doble, RN, LCN  
Naimita Soni, RN, 6 WH  
Jennifer Callahan, MS, RN, BC, CCM, LCN, Clin Ed  
Regine Ajaga, RN, BSN, 6 CH  
Joanne N. Casaletto, NP, GIM  
Maria Stella Gorospe, NP, GIM  
Paula M. Karol, NP, Dermatology

## CONGRATULATIONS TO:

- **Virgie M. Zajac, RN-BC**, who received certification in pain management nursing.
- **Mindy Strassberg, BSN, RN, CCRN**, on obtaining her critical care certification.
- **Biping Huang, RN**, on completing her BSN degree.
- **Eileen Allosso, NP**, who recently obtained certification as CNRN (Certified Neuroscience Registered Nurse). Neuroscience nursing includes clinical practice, consultation, research administration and education in the neuroscience field. Certification attests to the achievement of specialty knowledge beyond basic nursing preparation and is evidence of clinical expertise in neuroscience nursing practice. Requirements for certification include working in neuroscience nursing for a minimum of two years and successful completion of the certifying exam administered by the American Board of Neuroscience Nursing.
- **Kathleen T. Sheehan, BSN, RN-BC**, on becoming board certified in ambulatory care nursing.
- **Barbara A. Brennan, RN-BC**, on becoming board certified in ambulatory care nursing.
- **Debra Flynn, MSN, RN**, who recently assumed the position of Nurse Manager of the 5th floor ICU and CCU. Flynn has been with Lahey Clinic since 1990 when she started as a critical care per diem prior to joining the PACU staff. In 2004 she became the Nursing Quality Liaison for nursing education. Flynn received her BSN from Boston College and her MSN from Regis College.
- **Jennifer L. Callahan, MS, RN, BC, CCM**, recently accepted the position of clinical educator for the Peabody facility's ambulatory surgery and ambulatory clinics. Callahan received her LPN and ADN from Northern Essex Community College, her BSN from Salem State, and her MS in management from Emmanuel College. Previously she worked at Lahey as clinical educator on 6E. She recently returned from Iraq and all are delighted to have her back.
- **Jo-Anne Pratt, BSN, RN, CCTC**, received her certification in transplant nursing.

## COUNCIL UPDATES

**CLINICAL PRACTICE COUNCIL** (*2nd Tuesday of the month 10 to 11 am, Surgical Service Conf Room, 3SE*), **AND**  
**AMBULATORY CLINICAL PRACTICE COUNCIL** (*3rd Thursday of the month 9:30 to 11 am, Surgical Services Conf Room, 3SE*)

- The purpose of these councils is to review all policies and nursing practice guidelines and ensure that they conform with current standards of care, are evidenced based, incorporate research and reflect interdisciplinary collaboration as appropriate.
- Clinical Practice Council Chair: Maureen McLaughlin, RN, x 2125; Ambulatory Clinical Practice Council: Sheila Cunniff, RN, Associate Chief, x 2737

**NURSE PHYSICIAN PARTNERSHIP COUNCIL** (*2nd Thursday of the month 9 to 10 am*)

- The purpose of this council is to create a partnership between nurses and physicians to jointly manage and problem-solve and to provide a forum of shared ideas, discuss issues and disseminate new information that will enhance patient outcomes.
- Chairs: Fran White, RN, NM x 3614 and Kathie Jose, RN, CNO, x 8720

**NURSING RESEARCH COUNCIL** (*2nd Wednesday of the month 12:30 to 1:30 pm*)

- This council provides the scientific foundation for nursing practice, dedicated to the support of nursing research and evidence-based practice at Lahey. The council's objectives include educating staff about the research process and evidence-based practice; providing resources and research consultation that facilitate the conduct of nursing research disseminating research findings from organization, local and national meetings; and facilitating the use of research findings to improve patient care.
- Chair: Ann Dylis, PhD, RN, x 8518

**NURSING QUALITY SAFETY COUNCIL** (*1st Tuesday of the month 1 to 2:30 pm, 3SE Nursing Admin Conf Room*)

- The purpose of this council is to promote and maintain a nursing environment that allows colleagues the ability to practice in the safest manner,

identifying opportunities to improve patient care. Members use the quality improvement process to identify high-risk and problem-prone aspects of care from clinical settings and from analysis of clinic-wide patient incidents. (Nursing Peer Review is a committee of this Council).

- Chairs: Jackie Bergeron, MS, RN, Associate Chief Nurse, x 7274 and Cynthia Fiekers, BSN, RN, Associate Chief Nurse, x 8758

**PATIENT CARE TECHNOLOGY COUNCIL** (*2nd Thursday of the month, 10 to 11am, 3SE Nurse Admin Conf Room*)

- This is a multidisciplinary council that facilitates the implementation of departmental and organization objectives related to technology to enhance patient care. This council develops guidelines and protocols for technology initiatives, ensures that clinical applications reflect standards of care and nursing practice, and solicits input and feedback from end users.
- Chairs: Cynthia Fiekers, BSN, RN, Associate Chief Nurse, x 8758 and Debra Fortin, RNC, M.Ed., x 7339

**PROFESSIONAL & EDUCATION COUNCIL** (*1st Tuesday of the month 9:30 to 11am, 6K39*)

- The purpose of this council is to facilitate a culture where learning is viewed as a life-long process, which is essential to the growth and development of all nurses at Lahey Clinic. This council develops and reviews all staff education materials, the nursing practice guidelines, oversees the process of incorporating evidence-based practice and nursing research into patient care practice, and supports professional development, Pathways to Expertise and Credentialing.
- Chairs: Alison O'Brien, RN, x 8605 and Nancy Rainier, RN, x 3649

**COORDINATION & REVIEW COUNCIL** (*3rd Monday of the month 11 am to 1pm*)

- The purpose of this council is to enhance nursing practice and improve job satisfaction. Functions include the review, revision and standardization

of job descriptions, standardizing and streamlining documentation, and approving and revising clinical administrative policies.

- Chairs: Susan Aubert, RN, x 5288 and Tracy Malone, BSN, RN, x 8122

**NURSING PRACTICE COORDINATING COUNCIL** (*2nd Monday of the month, 11 am to 12 noon*)

- This council provides a forum for shared decision making about nursing practice across the organization. All unit-based practice councils and the larger councils will share best practices and solve nursing practice problems, creating linkage across ambulatory and tertiary care.
- Chair: Kathie Jose, RN, CNO, x 8720

### Notes on NURSING at Lahey

MARCH/APRIL 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](mailto:Notes.on.Nursing@Lahey.org),  
or write to us care of Notes on Nursing,  
Nursing Administration, Lahey Clinic,  
41 Mall Rd., Burlington, MA 01805.

## EDUCATION CALENDAR

April

- 2** **Telemetry I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room B
- 3** **Theory of Caring and Lahey's Nursing Professional Practice Model**  
Presented by Kristen M. Swanson, PhD, RN, FAAN  
Time: Various Sessions, Times To Be Announced  
Place: Alumni Auditorium
- 7** **Critiquing the Research Literature**  
Time: 8 to 10:30 am  
Place: 4 West Conference Room
- 7** **Med/Surg Pathway – Foundations**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A and Skills Lab
- 8** **Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 8** **Telemetry II**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 8** **Lahey Clinic North BCLS (CPR) Recertification**  
Time: 1:30 to 4:30 pm  
Place: Conference Room A  
■ To register call ext. 4501
- 9** **Nursing Orientation Computer and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom A
- 9** **Understanding the Numbers in Quantitative Research**  
Time: 1:45 to 4:15 pm  
Place: 4 West Conference Room
- 10** **Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 10** **BLS (CPR) Recertification**  
Time: 5 to 7:30 pm  
Place: Gordon Building, Training Room
- 11** **Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 11** **Nursing Grand Rounds**  
\*CEUs  
Time: 1 to 2 pm  
Place: Alumni Auditorium
- 14** **Med/Surg Pathway – Conditions**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A and Skills Lab
- 15** **Preceptor Workshop**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Training Room
- 15** **Effective Literature Searching**  
Time: 4 to 6:30 pm  
Place: Gordon Building, Computer Room
- 17** **Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 18** **Nursing Assistant Skills Class**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Skills Lab
- 21** **ECCO Workshop – Neuro & Pharm**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 22** **Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 23** **Nursing Orientation Computer and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Computer Lab and Classroom A
- 23** **Introduction to Nursing Research**  
Time: 9 to 11:30 am  
Place: Alumni Conference Room
- 24** **Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 24** **Newly Licensed Nurse Welcome and Orientation**  
Time: 1 to 4 pm  
Place: Alumni Conference Room
- 25** **Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 28** **ACLS Part I**  
Time: 9 am to 5 pm  
Place: Gordon Building
- 29** **ACLS Part II**  
Time: 9 am to 1 pm  
Place: Gordon Building

## MEDICATION SAFETY

# The Right Drug for the Right Patient for the Right Reason

**N** Maureen F. McLaughlin, BSN, RN, CPAN, CAPA

neuromuscular blocking agents, used inappropriately, can cause harm and even death to patients. The Institute for Safe Medication Practices (ISMP) frequently cites cases of medication errors related to this type of medication. The following case study is a good example of this powerful medication being administered improperly.

*A medical resident using a computer order entry system entered an order for vecuronium for a patient in the intensive care*

*unit (ICU). However, he erroneously entered the order on the wrong patient—a patient on a medical-surgical unit. The pharmacist prepared the medication as ordered and placed a label alerting the user to the fact that the medication was a 'high-alert' drug and that it was a 'paralyzing' agent. However, neither the pharmacist who prepared the medication nor the pharmacy technician who delivered it realized that the medication was ordered for a patient who was not being mechanically ventilated and was, in fact, on a medical surgical unit that never administered this type of medication. Two nurses independently double checked the medication per the high-alert*

## EDUCATION CALENDAR

May

- 1** **Telemetry I**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 2** **Med/Surg Pathway II – Challenges**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A and Skills Lab
- 5** **Nursing Research Day**  
Keynote Speaker Jacqueline Fawcett, PhD, RN, FAAN  
Time: 7:30 am to 12:30 pm  
Place: Alumni Auditorium
- 7** **Nurses Week Celebration Dinner**  
Time: 5 to 10 pm  
Place: Bedford Glen Hotel
- 8** **All Day Continuing Education \*CEUs**  
Ethics in Nursing  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 8** **Telemetry IV – Pacemaker Workshop**  
Time: 9 am to 1 pm  
Place: Gordon Building, Classroom A and Skills Lab
- 9** **Nursing Assistant Skills Class**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Skills Lab

- 9** **Nursing Grand Rounds \*CEUs**  
Time: 1 to 2 pm  
Place: Alumni Auditorium, Telecast to the Peabody facility
- 12** **Re-Entry**  
A three week program for nurses returning to the bedside  
Time: 8:30 am to 2 pm  
Place: Alumni Auditorium
- 12** **Nursing Leadership Seminar**  
Time: 8:45 am to 4 pm  
Place: Gordon Building, Training Room
- 12** **Cardiac Rhythm Review**  
Time: 9 am to 1 pm  
Place: Gordon Building, Room A
- 13** **Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 13** **Effective Literature Searching**  
Time: 8 to 10:30 am  
Place: Gordon Building, Computer Room
- 13** **Telemetry II**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room B
- 13** **BLS (CPR) Recertification – Peabody**  
Time: 1:30 to 4:30 pm  
Place: Conference Room A  
■ To register call ext. 4501

- 14** **Wound & Skin Care: When to Consult**  
Time: 7:15 to 8 am  
Place: 3SE Surgical Conference Room
- 14** **Nursing Orientation – Computer and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building
- 15** **Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 15** **BLS (CPR) Recertification**  
Time: 1:15 to 3:30 pm  
Place: Gordon Building, Training Room
- 16** **Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 19** **ACLS Part I**  
Time: 9 am to 5 pm  
Place: Gordon Building
- 20** **Nursing Orientation**  
Time: 8 am to 4:30 pm  
Place: Alumni Auditorium
- 20** **ACLS Part II and Recertification**  
Time: 9 am to 1 pm  
Place: Gordon Building

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

- 21** **Nursing Orientation – Computer and Documentation**  
Time: 8 am to 4:30 pm  
Place: Gordon Building
- 22** **Mandatory Education**  
Time: 8 am to 12:30 pm  
Place: Alumni Auditorium
- 22** **Telemetry III**  
Time: 9 am to 5 pm  
Place: Gordon Building, Room A
- 22** **Newly Licensed Nurse Welcome and Orientation**  
Time: 1 to 4 pm  
Place: Alumni Conference Room
- 23** **Nursing Orientation – Skills**  
Time: 8 am to 4:30 pm  
Place: Gordon Building, Room B and Skills Lab
- 28** **Introduction to Evidence-Based Practice**  
Time: 9 to 11:30 am  
Place: Alumni Conference Room
- 29** **BLS (CPR) Recertification**  
Time: 5 to 7:30 pm  
Place: Gordon Building, Training Room

\* = MARN contact hours applied for

*medication policy: right drug as ordered, right dose infusing per the infusion pump, right patient per the physician's orders and right time. However, neither nurse questioned the reason for the infusion nor looked up what the medication was for. The patient fell, was able to call for help and the nurse then questioned whether the infusion of vecuronium was a factor in the patient's self-reported weakness. She notified the physician and the vecuronium drip was immediately stopped.*

There were several things that went wrong in the above scenario: a computer order entry system that did not limit the ordering of neuromuscular blocking agents (NMBs) to patients in the ICU; a pharmacy that did not limit the preparation and distribution of NMBs to the ICU; and nurses who

did not ascertain the type of medication they were unfamiliar with, its use and its effects and side effects prior to administering it. Fortunately, there was no harm to the patient, but a valuable lesson was learned. The five rights of medication administration that the nurses so correctly adhered to, in addition to performing the double check of a high-alert medication, did not prevent this error. All practitioners must FIRST know what a medication does and question its appropriateness for a patient before beginning the assessment of the five rights of safe medication administration.

Cohen, M. (2007). Medication errors: The five flaws in drug delivery. *Nursing* 2008, 37 (9), 10.

# Strike Out Infection

*Jane Eyre-Kelly, RN, CIC*

**I**n January I attended the launch of the Strike Out Infection campaign at Fenway Park in Boston. Physicians, nurses, infection control practitioners, legislators and public health leaders showed up in legion at the historic ballpark to discuss hospital infections and ways to prevent them.

Red Sox manager Terry Francona, the keynote speaker, told his story of an infection he contracted at a hospital in Philadelphia during a routine surgical procedure on his knee in 2002. Francona said, "As manager of a championship team, I prepare for tough opponents every day. But one opponent I was not prepared for was a life-threatening staph infection I acquired during a routine arthroscopic knee surgery. I was stunned at how devastating my infection was and how quickly it affected my life and family. One day I was going in for a routine surgery, and 10 days later I was fighting for my life." It would ultimately take Francona eight surgeries to recover from the infection he acquired after this routine surgery.

The Strike Out Infection campaign features an online resource, [www.strikeoutinfection.com](http://www.strikeoutinfection.com), where consumers can learn more about these serious infections, ways to prevent them, and who is at risk of becoming infected. Additionally, Francona and experts from the Association for Professionals in Infection Control and Epidemiology (APIC) will hold awareness events in several major cities across the country.

Preventing infections is in the hands of each and every one of us. Here are "10 tips" to help Strike Out Infection:

1. Always practice good hand hygiene and remind others to do so.
2. Keep cuts and scrapes clean and covered.
3. Cover your mouth when you sneeze or cough.
4. Maintain a clean environment.
5. Do not share towels or personal items, like razors, with others.
6. Do not insist that your physician prescribe antibiotics if you do not need them. Antibiotics have no effect on illnesses caused by viruses.
7. If antibiotics are necessary, take the full course as prescribed.
8. Keep your immunizations up to date.
9. Ask questions of your health care providers.
10. Be aware and informed.

In addition, Lahey Clinic participates in the surgical care improvement project (SCIP), a national quality partnership of organizations interested in improving surgical care by significantly reducing surgical complications, like infections. Partners in SCIP believe that a meaningful reduction in surgical complications depends on surgeons, anesthesiologists, perioperative nurses, pharmacists, infection control practitioners and hospital leaders working together to intensify their commitment to making surgical care improvement a priority.

## Notes on Nursing

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