

# Notes on NURSING at Lahey

May/June 2006

From the CNO

## Celebrate Nursing

*Kathleen S. Jose, RN, MSN, CNO*

The theme of the 2006 National Nurses Week, May 6 through May 12, was *Nurses: Strength, Commitment, Compassion*. This is certainly a fitting description of our nursing colleagues at Lahey Clinic. I am constantly reminded of how our nurses provide care with unsurpassed compassion, a commitment to the welfare and safety of patients, a commitment to professional development, with an inner strength and grace, and profound respect for the dignity of the patients in their care.

This year also brings a plethora of new initiatives and continued development in the Nursing Department. Our journey toward Magnet is a catalyst for a cultural transformation for Nursing and the entire organization. Shared decision making, unit-based councils, and the incorporation of evidence-based practice in all areas of professional nursing at Lahey are all part of the cultural transformation.

Our educational opportunities continue to grow as the Center for Clinical and Professional Development is utilizing the Gordon Building for many educational activities. The skills lab in the Gordon Building has been enhanced with an additional SimMan and state-of-the-art AV equipment. Staff nurses have presented monthly Nursing Grand Rounds to staff nurses.

Recent offerings in Nursing Grand Rounds have included *Global Outreach in Interventional Cardiology*, presented by nurses in the EP Lab, and *Challenges in Post-Op Pain*, presented by nurses from the PACU. The monthly Evidence-Based Practice Review group is designed to teach nurses how to read, understand and critique nursing research literature and is an exciting addition to our programs.

The construction phase of an expanded Lahey Clinic is nearing completion, and as we work with the architects, we are looking forward to the opening of the 24 bed SICU, an expanded PACU, and additional OR rooms. We continue to maintain our JCAHO readiness and sustain the tenets of a high reliability organization. You will be hearing more about our strategic goals in the coming months as we implement procedures for increasing the "touch time" with patients and strengthen our shared decision-making governance structure.

I hope all of you had a happy Nurses Week and I applaud your strength, commitment and compassion.



Kathie Jose, RN, MSN, CNO

*Kathleen S. Jose, RN, MSN*

## COUNCIL REPORTS

The **PROFESSIONAL AND EDUCATION COUNCIL** continues to review all staff educational materials and programs. The Research Committee planned the Third Annual Nursing Research Day, which was held on May 8 in the Alumni Auditorium with an outstanding array of nurse presenters.

The **NURSE/PHYSICIAN PARTNERSHIP COUNCIL**, during its recent meeting, practiced with the wireless keyboard that will become part of the Pyxis PatientStation. With the keyboard, both physicians and nurses will be able to access patient records, enter and review labs, and enter documentation right at the bedside. This will be a wonderful advantage to patients, physicians, and nurses. The council also reviewed issues concerning the Pyxis SupplyStation and reviewed the use of "Advanced Search" in the ECMS (Documentum) portal. Again, using the keyboard, practition-

*Continued on page 2*

# Smart Pump Technology... Coming Soon!

*Debra Flynn, RN, BSN*

**S**mart Pumps are computerized infusion devices that allow for safer administration of intravenous fluids and medications. The software within a smart pump will alert the clinician if settings are chosen that are not within the hospital's guidelines and recommendations. "Soft" limits caution the nurse to reconsider the chosen setting, and "hard" limits are those limits that cannot be overridden. "Profiles" can be developed that address the specific needs and practices of each area.

Lahey Clinic has purchased and will soon be implementing Alaris Smart Pumps. The process of investigating smart pump technology and planning for smart pump implementation required the collaboration of several different departments over nearly an 18-month period. They included Nursing, Pharmacy, Information Technology, Purchasing, Quality & Safety, Finance, Central Supply, Infection Control and Biomedical Engineering. The IV Grid Committee has been working to develop the pump's drug library and "safety guardrails."

The entire Burlington campus will be converted from our present pump to the Alaris pump in one day. Implementation will occur at the Peabody campus on the following day. Many of our own nurses will be trained as "super users," meaning that they will receive additional training that will allow them to train others and to help troubleshoot problems. Alaris will provide all of the training during the two weeks prior to implementation, and will then guide each nurse through the conversion process on the day of implementation. They will also remain on site for technical support for as long as needed.

You'll be hearing more about this exciting initiative as we get closer to implementation.

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*Continued from page 1*

ers will be able to access patient records while at the patient's bedside.

The **CLINICAL PRACTICE COUNCIL** continues to review nursing policies and procedures and is actively seeking input from nurses who recognize a need for the development of additional policies.

The focus of the **NURSING QUALITY/SAFETY COUNCIL** has been the educational process necessary to put into practice the revised standing insulin administration orders. The new orders reflect a change in nursing practice, which poses challenges to each individual unit. The change is the timing of glucose monitoring, especially in the early morning. It is the expectation that, through whatever means possible, all staff will be educated and make the changes necessary. The Nursing Quality/Safety Council realizes that the changes will not be made easily, but stresses that the goal of the changes is the safe administration of insulin, which impacts the quality of care given by the nursing staff.

The council also discussed the NDNQI nursing satisfaction survey, which will be conducted from June 5 through June 25, and the proposed plans to achieve a high percentage of completion and how the council can assist in the promotion of this campaign.

The council also discussed

the electronic medication administration record that the clinic will initiate in the upcoming months. In the future, the Nursing Quality/Safety Council will be addressing those issues that impact the quality and safety of the patients and staff experience at the clinic. We continue to align our goals with those of the hospital quality/safety initiatives. This council is involved in a variety of initiatives and projects, and we encourage anyone who might be interested to join us . . . we really are a fun group!

The **Policy Coordination and Development Council** continues to review job descriptions and administrative policies. We are also reviewing all nursing documentation particularly all assessment tools and flow sheets.

## Notes on NURSING at Lahey

May/June 2006

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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.

# Celebrating Excellence in Nursing

*Patricia A. Conway, RN, MHA*

**A**t the end of March, roughly 2,800 nurses and other health care professionals gathered for three days in Miami Beach to attend the Ninth National Magnet Conference, a forum for exploring and exchanging information about nursing excellence. Attendees came from 49 states and the District of Columbia. International attendees hailed from Australia, Canada, Ireland, New Zealand, Pakistan, Singapore, Turkey and the United Kingdom. One hundred staff nurses, nurse managers, chief nursing officers, and other interested registered nurses attended from Massachusetts.

Six Lahey Clinic RNs from ambulatory care, tertiary care, and nursing administration attended the conference, whose theme was "Celebrating Excellence in Nursing." For three days, speakers shared presentations describing examples of

nursing excellence and innovative practices to improve patient outcomes and the nurse work environment. In addition, there were more than 70 poster presentations demonstrating nursing research and a commitment to evidence-based management and nursing practices.

There are now 198 Magnet designated health care organizations in the United States and one in Australia. The chief nursing officer at University of Rochester/Strong Memorial Hospital described how staff and

patient satisfaction data allowed her to identify problems on a particular nursing unit. Nurses from the University of Colorado, the 2004 Magnet Prize winner, presented their groundbreaking work in the area of evidence-based practice. Nurses from Miami Valley Hospital in Dayton, Ohio, offered "Revitalizing a Shared Governance Model: Nurses in Clinical Decision Making." The outcome of the nurses' work produced a council structure that has unit-based councils, a collaborative practice council, and a professional practice council. They called the outcome of this triad of councils, the Power of Nursing.

Tim Porter O'Grady, RN, EdD, PhD, FAAN, a legendary nurse leader, closed the meeting with a stimulating presentation on health care transformation realities confronting health care workers. Magnet is a catalyst for such a transformation.

One mechanism for transformation is shared decision making. This allows nurses to participate in decisions that affect what they do and allows more control over their own practice as decisions are made at the point of care. O'Grady summed up his presentation by calling on nurses to have a

voice at the table, to take control over nursing practice, to dig deeper, to consider a different way of being, and to take risks and reconstruct the future.

The meeting was inspiring and energizing. Jennie-ann Dango, RN, ASN, staff nurse on 7 Central, stated that a theme of the meeting was, "Nurses discover better ways to care for patients through evidenced-based practice." Janet Habeshian, RN, BSN, nurse manager on 7 Central, returned from the meeting and observed, "Each nurse had a commitment to evidence-based practice as part of providing the best care for his or her patients."

Kelly Lorrey, RN, BSN, staff nurse, CT Surgery, had this reflection about the meeting, "Achieving Magnet status is a positive and essential step for nursing." Miryim Shortlidge, RN, BSN, AE-C, clinical leader, Allergy, commented after the meeting, "Striving for excellence in our nursing practice is a lifetime journey."

The journey to Magnet and beyond is about cultural transformation. Lahey Clinic nurses aim to deliver safe and superior patient care that leads to excellent patient outcomes. Please join us as we continue our cultural transformation and our journey to excellence.

There are now  
198 Magnet  
designated  
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United States...

## National Database of Nursing Quality Indicators

Once again, Nursing is participating in the National Database of Nursing Quality Indicators (NDNQI) RN Survey.

*June 5th through June 25th*

The survey is Web-based, completely confidential and anonymous. All responses are uploaded to NDNQI, which is located at the University of Kansas School of Nursing. The survey is an opportunity for nurses to have a positive impact on the environment in which they work so hard each day.

Join your colleagues!

Complete the survey!

Your contribution is valuable!

# Nursing Research Series

**O**n March 15, 2006, the Lahey Clinic Nursing Research Series was pleased to present the results of two nursing research studies. The first study presented was conducted by Roseann Barrett, PhD, RN, our visiting research scholar. Barrett presented the results of her study, *The Quality of Informed Consent: Measuring Understanding Among Participants in Oncology Clinical Trials*. This study examines clinical trial patients' understanding of their informed consent process. The results of this study indicate that therapeutic misconception remains the biggest threat to patient understanding of their informed consent for participation in experimental treatment. In addition, the results suggest that the role of the clinical trial nurse is essential in providing ongoing patient education and support throughout the patient's clinical trial enrollment.

The second study, entitled *Difficult Communication in Nursing*, was conducted by Barrett and her colleague Lisa Kennedy-Sheldon, ARNP, OCN. A focus-group design was used to define communication that nurses described as being difficult for them. The results suggest that the most commonly reported "difficult communications" involve issues of fetal demise, serious diagnoses and end of life issues, patient-family emotions, and nurse-physician-patient communication. The results also indicate that the nurses interviewed felt inadequately prepared for these types of difficult communication in their basic education programs but learned by experience in the clinical setting. Recommendations based on the results of this study include providing debriefing and support for nurses after difficult incidents and additional research to examine strategies for teaching nurses how to deal with difficult communication.

## EDUCATION CALENDAR

# June

M	T	W	TH	F
			Nursing Skills Fair Chemo & Bio Course *	ECCO Wkshp- Neuro & Nutrition
5	6 Tele II	7 ELNEC *	8 Chemo & Bio Course * BCLS (CPR) New Lic. Update N. Skills Fair	9 Nursing Grand Rounds *
12 ECCO Wkshp- Pharm.	13 All-Day Cont. Ed. * BCLS (CPR) - Peabody	14 VHA Leadership Series	15 Tele I	16
19	20	21 UAP	22 Newly Lic. Nurse Welcome Lunch	23
26 ACLS Part 1 & 2	27 ACLS Recert.	28 Practice Review Grp. BCLS (CPR)	29 Tele III	30

**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.

### 1 Nursing Skills Fair

Time: From 7:30 am on June 1 until 4 am on June 2

Place: Cafeteria Conference Room

■ All nurses must attend one skills fair in 2006.

### 1, 8 Chemotherapy & Biotherapy Course \*

Time: 9 am to 5 pm

Place: Gordon Building, Classroom A

## EBP Review Group

■ The Lahey Clinic Nursing Evidence-Based Practice Review Group continues to review research articles monthly in an open forum for all nurses and other interested health care professionals.

The past months have been busy. On February 23, Alison O'Brien, RN, BSN, and Michele Bettinelli, RN, BA, presented the article "Teaching By the Nurse: How Important Is It To Patients?"

(M. H. Oermann, et al, *Applied Nursing Research*, 2001). The article highlights that having RNs available for health care teaching and counseling may result in greater satisfaction with care and that health education by the nurse is important to all patients in ambulatory care.

On March 22, Nancy Butters, RN, MSN, and Maureen McLaughlin, RN, BSN, presented, "Effects of

Critical Care Nurses' Work Hours on Vigilance and Patients' Safety" (L. D. Scott, et al, *American Journal of Critical Care*). The article concludes that the risk of making an error almost doubled when nurses worked 12.5 or more hours and that limiting shifts to 12 hours will reduce errors and, in turn, improve patient safety.

On April 19, Debra Flynn, RN, MSN, and Nancy Rainier, RN, BA, led a discussion of "Managing Medication

Errors—A Qualitative Study" (P. Stetina, et al, *MEDSURG Nursing*, 2005). Medication errors continue to be a significant issue affecting patient safety, and the qualitative study presented in the article explores the understanding and management of medication errors by practicing nurses.

The EBP Review Group meets monthly and is open to all. Copies of the next article to be discussed are available in the Nursing Office.

**2 ECCO Workshop: Neuro & Nutrition**

Time: 9 am to 2 pm  
Place: 7 SE Conference Room

**6 Telemetry II**

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

**7 ELNEC \***

**End-of-Life Nursing Education Consortium**  
Time: 7:30 am to 5 pm  
Place: 31 Mall Road, HR Training Room

**8 BCLS (CPR)**

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

**8 Newly Licensed Nurse Update**

Time: 4 pm to 5 pm  
Place: Lobby Conference Room

**8 Nursing Skills Fair**

Time: 5 pm to 9 pm  
Place: Lahey Clinic North Shore, Conference Room A & B, 1st Floor  
■ All nurses must attend one skills fair in 2006.

**9 Nursing Grand Rounds \***

**Brain Attack**  
Time: Noon to 1 pm  
Place: Alumni Auditorium  
■ This class will be telecast to Lahey Clinic North Shore.

**12 ECCO Workshop: Pharmacology**

Time: 9 am to 1 pm  
Place: 4 West Simulation Lab

**13 All Day Continuing Education \***

**Communication and Conflict Resolution**, presented by Roseann Barrett, PhD, RN, and Lisa Kennedy Sheldon, MS, ARNP  
Time: 8 am to 4:30pm  
Place: Alumni Auditorium

**13 BCLS (CPR)—Peabody**

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

**14 VHA Leadership Series**

**Understanding & Managing Practitioners with Disruptive Behavior**  
Time: 12:30 to 1:30 pm  
Place: Alumni Auditorium

**15 Telemetry I**

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

**21 Unlicensed Assistive Personnel**

**Infection Control**, presented by Jane Eyre-Kelly, RN, CIC  
Time: 2 pm to 3 pm  
Place: 6K39

**22 Newly Licensed Nurse Welcome Lunch**

Time: 12:30 pm to 4 pm  
Place: Gordon Building, Room B

**26, 27 Advanced Cardiac Life Support (ACLS) Part I & Part II**

Time: 9 am to 5 pm on June 26; 9 am to 1 pm on June 27  
Place: Gordon Building, Training Room

**27 ACLS Recertification**

Time: 9 am to 1 pm  
Place: Gordon Building, Room B

**28 Evidence-Based Practice Review Group**

Time: Noon to 1 pm  
Place: Alumni Auditorium  
■ All are welcome. Pick up a copy of the article in the Nursing Office. This session will be telecast to Lahey Clinic North Shore.

**28 BCLS (CPR)**

Time: 5 pm to 7:30 pm  
Place: Gordon Building, Training Room  
■ Recertification only.

**29 Telemetry III**

Time: 9 am to 5 pm  
Place: 6K39



M	T	W	TH	F
3	4	5	6 Pacemaker Workshop *	7 Newly Lic. Nurse ECCO Wkshp-Cardiac
10 Tele I	11	12 VHA Leadership Series	13 BCLS (CPR)	14
17 ECCO Wkshp-Pulmonary	18 Tele II	19 Practice Review Group	20	21 Tele III
24	25	26	27 Newly Lic. Nurse Welcome Lunch	28
31				

**July**

**6 Pacemaker Workshop \***

Time: 3 pm to 7 pm  
Place: Gordon Building

**7 Newly Licensed Nurse**

Time: 8 to 9 am  
Place: Lobby Conference Room

**7 ECCO Workshop: Cardiac**

Time: 9 am to 1 pm  
Place: Simulation Lab, 1 West

**10 Telemetry I**

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

**12 VHA Leadership Series**

**Relationship-Based Nursing Care**  
Time: 12:30 to 1:30 pm  
Place: Alumni Auditorium

**13 BCLS (CPR)**

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

**17 ECCO Workshop: Pulmonary**

Time: 9 am to 1 pm  
Place: Simulation Lab, 1 West

**18 Telemetry II**

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

**19 Evidence-Based Practice Review Group**

Time: Noon to 1 pm  
Place: Alumni Auditorium  
■ All are welcome. Pick up a copy of the article in the Nursing Office. This session will be telecast to Lahey Clinic North Shore.

**21 Telemetry III**

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

**27 Newly Licensed Nurse Welcome Luncheon**

Time: 12:30 to 4 pm  
Place: Gordon Building, Room A

# Controlling MRSA in the Hospital Setting

Jane Eyre-Kelly, RN, CIC

**M**ethicillin-resistant *Staphylococcus aureus* (MRSA) is a leading cause of hospital-acquired infections worldwide. These strains of *Staph. aureus* have acquired resistance to many of the antibiotics previously used to treat this common infection. In fact, the rate of MRSA isolated in critical care units exceeds 50 percent in US hospitals.

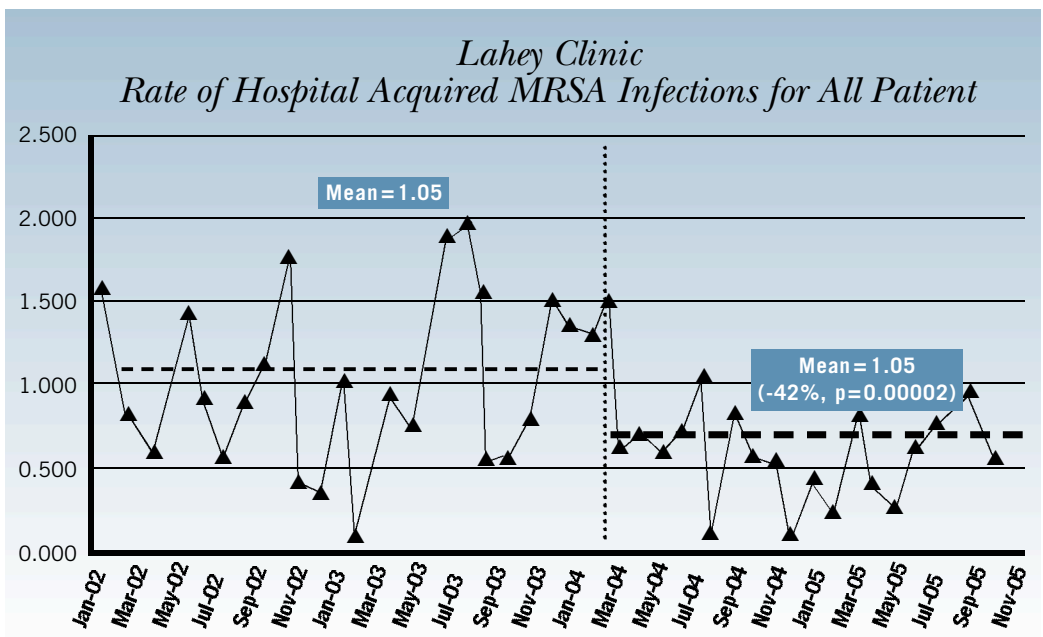
In hospitals, the most important reservoirs of MRSA are infected or colonized patients. The main mode of transmission is via the hands of health care workers, which may become contaminated by contact with colonized or infected patients, or devices, equipment and environmental surfaces contaminated with body fluids containing MRSA.

Traditionally, MRSA infections have been acquired almost exclusively in hospital and long-term care settings. However, recent reports of virulent and highly transmissible new strains of MRSA have been showing up in the community. Despite this local rise of MRSA infection and colonization in the community, MRSA infection at Lahey

Clinic has decreased by 42 percent over the past two years, an enormous accomplishment to everyone's credit. This has saved lives and reduced complications, length of stay, and costs.

Patients in the hospital identified as having MRSA infection or colonization are placed on Contact Isolation Precautions. In addition, the Infection Control Department maintains a database of patients with previous cultures positive for MRSA. At the time of admission, patients with a previous history of MRSA *must* be placed on Contact Isolation Precautions. Nursing personnel initiate these precautions when a "Y" is noted next to the words CONTACT ISOLATION on the patient's admission face sheet and the abbreviation "ISOL" is printed on the patient's wrist band.

Flagging MRSA patients for Contact Isolation Precautions on readmission is one of many measures Infection Control institutes to help control the spread of MRSA. Thank you for your efforts in implementing this effective strategy to reduce MRSA transmission at Lahey Clinic.



## Supply Chain Initiative

Cynthia Fiekers, RN, BSN  
Associate Chief, Informatics and Measurement

■ A cultural transformation around the handling of medical surgical supplies is occurring throughout many areas of the hospital. Pyxis SupplyStations automate the distribution management and control of sup-

plies. At the time of access to the SupplyStation, all information is electronically recorded for accounting, restocking and billing.

The system is dependent upon the user pressing the

"take" button when a supply is removed. By pressing the "take" button, the computer system notifies an offsite supply facility that an item needs to be replaced. Pressing the "take" button is a crucial step.

If the take button is not pressed, supplies will not be reordered or restocked. In the near future, Central Distribution will reduce its onsite inventory.

Many nursing units have

been using the Pyxis SupplyStations, and they should be operational in all hospital areas by the end of June. As with any new technology, the users often have valuable suggestions about how the technology could be made more user-friendly. Please send any of your ideas via e-mail to [Cynthia.L.Fiekers@Lahey.org](mailto:Cynthia.L.Fiekers@Lahey.org).

# Surgical Care Improvement Project

Maureen F. McLaughlin, RN, BSN, CPAN

**T**he Surgical Care Improvement Project (SCIP) is a national partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. One area that is targeted for improvement is the surgical infection rate. An estimated 2 percent to 5 percent of patients having operations will develop a surgical site infection (SSI), and an estimated 0.8 million to 2 million such infections occur annually. Costs related to these infections are estimated to be between \$130 million and \$845 million per year. An estimated 40 percent to 60 percent of these infections are preventable, and that is an area that SCIP aims to address. The overuse, underuse and improper timing of antibiotics are believed to play a large role in the incidence of SSIs.

The first element in the reduction of SSIs is the proper timing of preoperative antibiotics. The preoperative antibiotic should be given within one hour of the surgical incision. Another recommendation of SCIP is to limit prophylactic antibiotic use to 24 hours postoperatively (48 hours for cardiac surgery). There are often many ques-

tions related to the correct timing of postoperative antibiotics.

## *How do I know when the preoperative dose was given?*

Anesthesia staff administers the antibiotic in the operative room immediately prior to the beginning of surgery. The antibiotic is documented on the anesthesia record in the section for preoperative medications.

## *Why is there an entry on the single dose med sheet that lists the antibiotic and a note: "on call to OR"?*

■ The nurse in the preoperative area removes the antibiotic from Pyxis and prepares it for administration. He or she sends it into the operating room with the patient, with the intent that an anesthesia provider will administer the antibiotic immediately prior to incision.

## *How do I time the subsequent doses of antibiotics?*

■ The first step is to locate the administration time of the preoperative antibiotic on the front of the anesthesia record. Then refer to the postoperative orders for the

prescribed antibiotic and its frequency, for example, "cefazolin 1 gram IV every 8 hours for a total of 3 doses." The first dose (of the 3 doses) is due 8 hours after the time of the preoperative antibiotic. Thus, if the preoperative dose of cefazolin was given at 0800, then the next would be due 8 hours later, at 1600. The remaining 2 doses would then be due at 2400 the same day and again at 0800 the following morning. After the total of 3 postoperative doses have been administered, the antibiotic is discontinued. If a medication order is limited to a set number of doses, transcription of the order should include the identification of the correct time and dose number for each dose.

## *If the antibiotic is given in the PACU, does that count as the first postoperative dose, or is it timed from the time the patient arrives on the floor?*

■ The first postoperative dose is always the first time the antibiotic is given following surgery. If a dose is given in the PACU, then that dose is considered the first dose and remaining doses are timed from that dose.

## *When I checked Mr. C's medication administration record (MAR), I noted that he was due for his antibiotic*

*at 1600. The MAR also said that he was to receive a total of 3 doses of this antibiotic. There is no other notation of this medication being administered to Mr. C. How can I tell which dose this is? His first, second, or third?*

If you are unsure which doses are due:

- Check the Physician's Order sheet to see if the PACU specified the next dose due.
- Verify the medications listed on the STAT/single dose medication sheet to determine if and when it was given in the PACU.
- Review the anesthesia record for the time of the preoperative administration.
- If you are still unclear, call the PACU for clarification.
- A good rule of thumb when transcribing medications that are limited to a specific number of doses (e.g., "cefazolin one gram IV q 8 hours times 3 doses") is to include on the MAR the time and dose number for each dose that must be administered.

Careful adherence to appropriate antibiotic administration can reduce a patient's length of stay, save millions of dollars in unnecessary costs, and reduce the risk of surgical site infection.

# Journey to Lebanon

*Charla J. Scott, RN, MSM*

I was recently privileged to spend 10 days in Lebanon as a representative of the Emergency Nurses Association. My journey actually started last September, when a friend and I attended the International Emergency Medicine conference in Nice, France. It was the first year that an Emergency Nursing Track had been invited to the conference. Many countries were represented, including presenters and representatives from Lebanon. As emergency nurses do, we formed a bond with them and were informally invited to speak in Lebanon. Before we knew it, the discussion became an invitation to speak at an Emergency Nursing Conference at the American University of Beirut.

The AUB Hospital was established in 1902 with expansion to the modern medical center starting in 1970. AUB is a full service hospital that houses 420 inpatient beds (spanning the age continuum), a full service emergency unit (34 beds), a large outpatient facility (including medical/surgical specialties and a pedi-adult oncology unit) and research facilities. AUB is considered the major health care center in Lebanon—the “safety net” for the region. AUB has current applications for JCAHO accreditation and Magnet status. The hospital holds international affiliations that include John Hopkins and St. Jude’s.

The professional component of the trip included an ED

walk-through evaluation and two nursing conferences. The first day’s program was about current concepts in emergency nursing, the second on concepts of emergency preparedness. The response was overwhelming, and nurses traveled from all parts of Lebanon to attend the conferences. We received commendations from the Ministry of Health in Lebanon for our work.



The cultural experience surpassed all of my expectations. Travelers have been going to Lebanon since forever. From Byblos, the home of the Phoenicians in the eighth century BC (the alphabet was originally only 22 letters) to Baalbeck, the Roman town with temples and springs from 100AD, to the mountains that were separated by an earthquake, to parts that remain war torn, to a new Beirut that is modern and bustling, the country tells its own story of

where it has been and where it is going. The people reflect the same proud history and sense of being. Our hosts were welcoming, open, fun to be with, and by their hospitality told a story of a people and land that I felt privileged to get to know.

My travels have taught me a great truth about people that I knew little about and now consider friends: Lebanon is one of those rare places that you visit and bring back home with you.

## Notes on NURSING

Lahey Clinic  
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