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# Notes on NURSING

at Lahey

July/August 2004

## FROM THE CNO

### *Celebrating the Present, Focusing on the Future*

◆ Kathleen S. Jose, RN, MSN, CNO

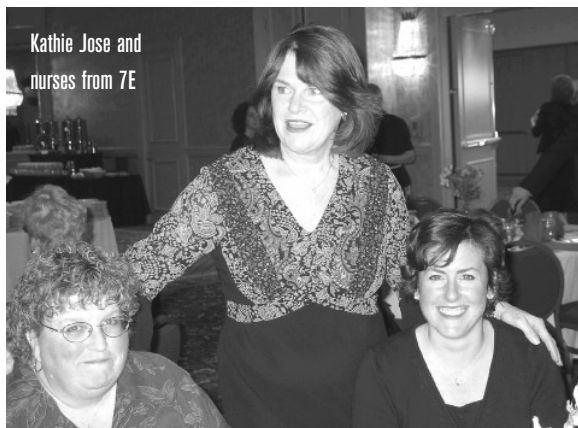
Let me first thank all of you who made our celebration of Nurses Week such a success. One of the week's highlights was a dinner celebration at the Marriott. This evening of camaraderie and commemoration highlighted the commitment of Lahey nurses to excellent patient care and the beginning of our Magnet Journey. I especially want to thank Gail Matthews and Christina Williamson, MD, for their inspirational talks and all of the presenters who shared their exemplars. Sanford Kurtz, MD, chief operating officer, and Joan Robbio and Joe Healy, senior vice presidents, told me how moved they were by your "Stories of Excellence," reminding us all that each of you touch so many patients' lives in ways that only a nurse can experience. Your compassion and your caring were truly evident in the stories that were told. Our program ended with the beautiful rendition of "Heart of the Human Heart" by Kristyn Mitchell, RN, from 7C.

The historical account of nursing at Lahey Clinic from 1923 to present was inspirational and captured the essence of professional nursing practice, excellence and positive spirit that we are surrounded by day in and day out. A team, lead by Alison O'Brien, senior education coordinator, and Gilberto Gamba, digital media specialist and

future nurse, prepared this documentary, which demonstrated the creativity and enthusiasm for which we are renowned.

The video on Magnet hospitals gave us an opportunity to begin our Magnet Journey and your response showed me how committed our nurses are to this Journey. (see

*Continued on page 2*



Kathie Jose and  
nurses from 7E

## NURSING COUNCILS

All of the nursing councils would like to have representation from all nursing areas. Important decisions are being made that affect your everyday practice. Please join a council and let your voice be heard.

### The Nursing Quality Safety Council

continues to look at

- Walking rounds
- Establishing high alert IV medications and 2RN documentation upon initiation, rate change and transfer of nursing care
- The new nursing Kardex
- The design of unit-specific pamphlets titled "Information for Families and Friends"
- Prohibited abbreviations in physicians' orders, medication administration record and all other documentation in the medical record
- Chain of command in escalating patient care issues

### The Nurse/Physician Partnership Council

is reviewing the chain of command issues and ways to improve communication. A "Covering MD" screen for the computer is in the works. This screen will be updated daily by the physicians

*Continued on page 3*

**Lahey**  
CLINIC

## From the CNO

Continued from page 1



(Left to right) Chris Cuneo, RN; Kathy McDermott, RN; Christopher Lee, RN; Dale Pelletier, RN; Susan Flanagan, RN

article on page 4) Our next step is the visit to Hackensack, New Jersey to meet with people who live the Magnet way. You will be hearing more about this in coming editions.

As we enjoy the sunshine of summer, we will be welcoming the new nursing graduates into our Lahey family, offering support and kindness as they begin their steps along the path to expertise. Our new graduate program will provide them with experiences for an effective transition and you, your nursing unit leadership team along with their preceptors and colleagues, will all be mentors to help them succeed.

We will also be welcoming JCAHO visitors during the summer.

As part of the revised accreditation process, a PPR (Periodic Performance Review) will include a site visit using "Tracer Methodology." This involves "the selection of charts at random by the surveyors at the beginning of the survey, followed by a series of visits to units, sites or departments in

the exact sequence experienced by the patient chosen. Staff in the various units will be interviewed with regard to specifics pertaining to the care of the patient under consideration, and relevant standards will be surveyed as applicable to the particular case" (JCAHO.org). One of the expectations is that staff nurses are familiar with the seven JCAHO 2004 National Patient Safety Goals. Please be sure that you are aware of these important goals.

I wish you all a wonderful summer and once again I would like to thank you for the honor of being the chief nursing officer for such an exemplary team of professional nurses.

*Kathleen S. Jones, RN, MSN*

## THE BUG STOP

# WHAP VAP! Ventilator-Associated Pneumonia

◆ Jane Eyre Kelly, RN, CIC

**P**neumonia ranks second in the United States as a cause of hospital-acquired infection and occurs most frequently in mechanically ventilated patients. Ventilator-associated pneumonia (VAP) results in excess mortality, prolonged lengths of hospitalization and increased costs of medical care. In critical care units, VAP is responsible for 60 percent of all deaths attributable to hospital-acquired infections. Recent studies have shown that an infection control program based on multidisciplinary interventions can be effective in reducing rates of VAP.

In general, two processes contribute to the development of (VAP): bacterial colonization of the oropharynx and tracheobronchial tract, followed by aspiration of contaminated secretions into the lower airways.

The primary intervention to prevent the transmission of any hospital-acquired infection is hand hygiene. Meticulous hand hygiene with soap and water or alcohol-based hand rub is essential before and after ventilator contact or patient suctioning. Additional strategies for reducing VAP focus on 1) interrupting transmission of microorganisms, e.g. proper cleaning and processing of respiratory therapy equipment; 2) modifying host risk of infection, e.g. preventing aspiration and encouraging appropriate vaccination of patients; and 3) interrupting person-to-person transmission of bacteria, e.g. use of personal protective equipment and following proper procedures during suctioning. Gloves should always be worn during any contact with the ventilator.

### Let's work together to WHAP VAP!

- Wean patient from the ventilator as soon as clinically indicated.
- Practice hand hygiene before and after contact with the patient or ventilator.
- Take aspiration precautions by elevating head of the bed 30 degrees unless contraindicated; Draining ventilator circuit condensate away from the patient before repositioning the patient; and avoiding gastric over distention.
- Prevent contamination of respiratory therapy equipment by wearing gloves when in contact with ventilator and practicing hand hygiene.

## Notes on NURSING at Lahey

July/August 2004

Published under the auspices of the Professional and Education Council, Gayle Gravlin, RN, EdD, chair.

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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.

## COUNCIL REPORTS

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and will be accessible to the nurses. It should help alleviate the problems related to who's covering this patient. The list of prohibited abbreviations has also been discussed with the group, and the importance of 100 percent compliance. This month we discussed the kick-off of our Magnet Journey, and the importance of collegiality.

**The Clinical Practice Council** is almost through reviewing all of the nursing practice guidelines and these will soon be available on MassNet with a user-friendly index.

**The Professional and Education Council** is involved with a number of current projects including:

- The use of ECCO (Essentials of Critical Care Orientation), an on-line teaching offering from the American Nurses Credentialing Center. ECCO would provide a current, standardized educational program for new and established nurses in critical care. In addition to this program, orientation to critical care would include a number of hands-on workshops in hemodynamics, respiratory, pharmacology and neurology.
- Competencies for all nurses in 2004 including a revised Temporary Pacemaker competency prepared by Chris Lee, clinical educator for 6E. A new Blood Transfusion competency for all areas that do not utilize the IV Team for hanging blood was also introduced, and a new IV Infusion competency for all RNs starting IVs was developed in cooperation with the IV Team and presented by Claire Eastwood, RN, clinical educator.
- An educational rollout for the new Infection Control policy identifying precautions based on transmission: contact, droplet, and airborne.

**The Research Committee** was delighted with the success of the First Annual Nursing Research Day at Lahey Clinic. (See article on page 5.)

**The Policy Coordination and Development Council** has changed its meeting time to 2:30 pm on the first Tuesday of the month to avoid overlap with other councils. The PC&D Council is reviewing all of the assessment tools in use, including the "T" system currently used in the ED. The council will be involved in all discussions regarding electronic record systems and as documentation changes are required, will assist in their development for an easier transition to the electronic medical record. A "Policy on Policies" has been approved by all appropriate committees to facilitate the passage of new or revised policies.

**The Informatics Committee** held a Technology Fair on May 25 in conjunction with Human Resources that highlighted the many technological advances available in nursing. On June 3, 2004, Bedtracking, a product of Teletracking, became a reality at Lahey Clinic. This computer-based system utilizes automatic paging and email to reduce the turnover time for discharge and room assignment of patients. Hospital nurses need to ensure that they have an up-to-date Meditech number. Meditech drives the Bedtracking software. The Pyxis PatientStation is being piloted on 7W and will begin on 7C starting in July. Further rollouts will continue during the summer. Currently, the PatientStation is for the patients' entertainment and Internet use, but eventually will also house the medication administration record.

The RN Satisfaction Survey held from June 7 - June 28 on certain in-patient units will be submitted to the

## Restoring a Sense of Self

*The following letter in recognition of Lahey's Donna Loehner, RN CWOCN, ran in the Boston Globe's 2nd Annual BostonWorks Salute to Nurses Section. Donna was touted for her generosity, kindness and caring.*

I write to you on behalf of my mother, who in the past six months has undergone an ordeal no person should have to suffer. In October 2003, she was admitted to the hospital for a bypass graft to help restore blood flow to her legs. After surgery, she had a heart attack. Once stabilized, she was sent to Lahey Clinic to have coronary bypass surgery. The pre-op testing showed my mom also had lung cancer and would need lung resection surgery as well. As a result of these three surgeries, Mom was in intensive care and we thought she would not come through. Some days later, Mom developed an ischemic colon. She had to choose to die or have still more surgery. In her already weakened and frail condition, operating was a gamble. When she awakened from her surgery, her one regret was the colostomy bag she now had to have. She was sent to a rehabilitation facility, and plans were made to have her see the ostomy nurse at the Colorectal Clinic at Lahey who had been following her since surgery. With the many surgeries and procedures my mom went through, it was amazing to me that she immediately said to the nurse: "I know you, your name is Donna." Through a haze of pain, medication and fear, this was the one nurse's name she remembered.

It was Donna's job to help Mom with the physical needs of her stoma and wound care for the extensive incision site through which all the previous surgeries had been done. We had ongoing crises with infection and another surgery for the wound itself, as it would not heal properly. Through all of this my mom's one concern was the colostomy. She could face the pain, fatigue and restricted mobility but could not deal with the bag. Donna worked with my mom to help her understand that the colostomy did not define her as a person. She encouraged her every step of the way to see herself as capable of dealing with its care.

Every few weeks we visit Lahey to have my mom's wound seen and the stoma checked. Over the past few weeks I have witnessed Donna's belief in my mom's ability to deal with anything come to fruition. Yes, it was Donna's job to treat the stoma and wound, but she saw beyond that to treat a 74-year-old frightened woman grappling with a private nightmare - to allay her fears and build her confidence that she was able to care for herself. That is real nursing skill.

—Nominated by Kathleen H.

NDNQI (the National Database of Nursing Quality Indicators). The results will be available in the fall. The imple-

mentation of email for every nurse continues. Please check with your unit's "super-user" for up-to-date information.

# Nurses Week Marriott Celebration



## EDUCATION CALENDAR

### JULY

#### 8 Pacemaker Workshop

*Time: 3:00 pm – 7:00 pm*

*Place: 31 Mall Road, room 184.*

◆ A “hands-on” workshop for nurses in any telemetry setting focusing on temporary pace-makers. Call to register at ext. 8725

#### 15 BCLS (CPR)

*Time: 1:15 pm to 3:15 pm*

*Place: Alumni Auditorium.*

◆ Call to register at ext. 8725.

#### 27 The New Graduate Program

begins July 27.

### AUGUST

#### 5 Advanced Telemetry Workshop

*Time: 11:00 am – 3:00 pm*

*Place: 31 Mall Road, room 184.*

◆ Join Chris Lee, clinical educator, for practice and discussion in case studies concerning patients requiring knowledgeable nurses in telemetry. Call to register at ext. 8725

#### 12 BCLS (CPR)

*Time: 1:15 pm to 3:15 pm*

*Place: Alumni Auditorium.*

◆ Call to register at ext. 8725.

(also held September 16)

## THE MAGNET JOURNEY

◆ Heather Kolnsberg, RN, MSN

■ Lahey Clinic is seeking Magnet recognition. It is the highest award given to a hospital by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association (ANA). The Magnet program recognizes excellence in nursing.

The Magnet ideal is that we deliver the best of quality in patient care. Organizations with Magnet characteristics enable themselves to better achieve that goal. Defining ourselves within Magnet standards keeps that goal in focus.

To achieve Magnet designation, we must adhere to specific standards as established by the ANCC. The measurement criteria are based on how the professional nurse practices and how the organization supports the develop-

ment of a professional practice environment. We, as nursing professionals, use the nursing process. We use evidence-based practice. We use quality improvement. We develop skills. We share knowledge. We team with other disciplines. We function as leaders. We are autonomous. We are collaborative. We have shared values. We seek common goals. We are focused on patient care.

The Magnet Journey can take several years from inception to actual designation. The four phases of the journey include preparation for application, submission of documents describing our professional nursing services, an on-site visit and the decision to award Magnet designation. We are in the beginning of our journey. Together, we will be charting the course to nursing excellence.

– Watch for this column in future editions of Notes on Nursing from the Magnet Steering Committee, Lahey Clinic –

# First Annual Nursing Research Day

◆ Marie Catman, RN, MSN

The grand finale for the 2004 National Nurses Week was our First Annual Nursing Research Day. Poster presentations were displayed in the Auditorium foyer and formal presentations took place in the Auditorium.

Six Lahey nurses presented their studies to an audience of their peers. Perhaps the most noticeable feature of the studies was the scope and reach of the questions asked. Nursing is as grounded in the social sciences as it is in medical science. The research questions ran from the exclusively qualitative experience of parents grieving over the death of a child to AIDS, to the outcomes of a qualitative experimental design comparing a control group to an experimental group participating in a 'prepare for surgery' program. The participants and



Kathie Jose, RN, MSN, chief nursing officer with Pat Hungler, PhD, a pioneer in nursing research and a member of Lahey's Nursing Research Committee

their studies included:

"Survived by: Examining the Experience of Parents Following the Death of an Adult Gay Child to AIDS"

Rick Ressijac, MSN, RN

"A Study of Inpatient Case Management Models: Nursing Unit-Based Case Management vs. Medical Service-Based Case Managers"

Linda Campbell, BSN, RN

"Family Visitation in the PACU"

Deborah Zarrella, BSN, RN

"Nursing Executive Report on the Use of Acuity Based Staffing Systems in Acute Care Hospitals in Massachusetts"

Debra O'Donnell, MSN, RN

"Quality of Life in Post Liver Transplant Patients"

Michelle Lavery, MSN, RN

"Efficacy of a Program to Reduce Anxiety and Facilitate Recovery in Surgical Patients"

Merrie Watters, MSN, RN

We look forward to our Second Annual Nursing Research Day next year and hope you will join us.



Deborah Zarrella, RN, with poster presentation

## I.V. Nurses Now Placing PICCs with Ultrasound

◆ Michael Lavoie, RN

Seeing I.V. nurses make their way through the halls of Lahey Clinic with a basket full of I.V. equipment is nothing new, but lately colleagues have been asking, "What's that strange looking machine they have in tow?" The device is called a Site~Rite 3 and is an ultrasound system used for finding veins in patients who need Peripherally Inserted Central Catheters (PICCs).

PICCs have revolutionized much of how patients receive long term I.V. therapy, whether for T.P.N., antibiotics or other I.V. medications. The I.V.

Department has been placing PICCs since 1992 and the demand for them is increasing. For many patients, a successful PICC placement is a requirement in order to leave the hospital for home or a skilled nursing facility. Meeting this need has been a significant challenge for the I.V. Department.

Like regular I.V. insertions, some PICCs are easy and some are very difficult. Until recently, many patients were unable to have PICCs placed because they lacked a vein of sufficient size or quality and these patients (sometimes 50 a

month) would then go to the Special Procedures Department to have a PICC placement under fluoroscopy.

Unfortunately, a trip to Special Procedures may be delayed, sometimes adding several days to a patient's stay. Over the last year - using a device called a Microintroducer combined with a procedure called MST (Modified Seldinger Technique) which allows an I.V. nurse to successfully place a PICC in patients with small veins - the success rate for "first try" placements at the bedside has increased. Still, for many patients who lack any visible, quality veins, this usually means a trip to Special Procedures.

In November of 2003, the I.V. Therapy Department began the process of inserting these

difficult PICCs with the Site~Rite Ultrasound System at the bedside. Using the Site~Rite, an I.V. nurse can "see" veins below the skin as well as their size, depth and quality. Although the learning curve to become independently proficient with ultrasound is somewhat steep, the I.V.

Department is making steady progress. To date, three I.V. nurses have been certified and they have placed over 250 PICCs using ultrasound. The results have shown a sharp decline in the number of Special Procedure referrals, and a rise in the number of patients discharged in a timely fashion. Eventually, many more I.V. nurses will be certified and PICCs placed with ultrasound will be a routine event.

# Medication Safety

◆ Maureen McLaughlin, RN, BSN, CPAN

Much has been reported in the literature regarding medication errors and the resulting initiatives aimed at enhancing patient safety. The Institute for Safe Medication Practices publishes monthly reports aimed at improving best practices and these reports are available at Lahey on MassNet. This Medication Safety column in *Notes on Nursing* evolved from a discussion between Pharmacy and Nursing on methods to improve the safe administration of medication.

Everyone would agree that a nurse never *intends* to make a medication error. Still, even if health care providers never *intend* to make an error, how is it that 98,000 patient deaths have been directly linked to medication errors? Are we that careless? Of course not! Current research done by MEDMARX, an anonymous medication error database, lists some common 'contributing factors' which tend to occur leading up to a medication error. By examining these factors, a practitioner can develop strategies to diminish his or her risk of committing an error.

Distractions were listed as the most frequently occurring factor linked to medication errors. Other factors include increased workload, inexperienced staff, shift change, no access to patient information, cross coverage, emergency situations, floating, lack of a 24-hour pharmacy and several others. Of the above list, there are some that as nurses we may be powerless to change. There will always be emergencies, busy days, shift changes, cross coverage and perhaps even floating. Often, we may not have enough access to patient information. We may be inexperienced or unfamiliar in the administration of a particular drug, and

there are always distractions in our jobs. The key is recognizing the potential impact these factors may have on our ability to practice safely and then taking extra steps to diminish the risks.

One of my colleagues became aware that she was most prone to making an error the last fifteen minutes of her 12-hour shift. She changed her practice to have another nurse double check her math or confirm the correct infusion rate of a medication, just to be safe. This was many years ago. Now, Lahey has developed a change in policy, which states that two RNs must

verify the infusion rate of any medication on an infusion pump. This should be done at the beginning of the infusion and during the change of shift walking rounds.

Currently, medication orders are verified by a nurse and a pharmacist prior to medication administration. While high alert medications, such as insulin

and heparin, are verified by two RNs, it would not be feasible to have two RNs verify every medication that is administered. Other measures to diminish the risk of committing an error are efforts to reduce distractions. Always use two of the patient identifiers (name, birthday, and Lahey Clinic number). Remain focused on the task at hand. Verify again and again the patient's allergies. Know your patient. Know their medications prior to arriving at Lahey. Use the resources at hand to look up any medication of which you are unsure. Always remember: if something doesn't seem right, it probably isn't. The time you took to question a medication order may make all the difference in safe medication administration.

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***Distractions were listed as the most frequently occurring factor linked to medication errors.***

## Notes on NURSING

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