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# Notes on NURSING

at Lahey

September/October 2004

## From the CNO

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

As you know, Lahey is seeking Magnet Recognition, a designation of nursing excellence awarded by the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association. As we begin this process – a journey that can take several years – we will be incorporating all the standards set forth by the ANCC. This will take time.

One of the steps we've already taken is to form a Magnet Steering Committee. The committee reviews the ANCC Standards and sets up subcommittees and task forces to meet the requirements of the Magnet program.

In June, many members of the Steering Committee, and some others in Lahey leadership, took a trip to Hackensack University Medical Center (HUMC) in New Jersey. HUMC was one of the first institutions to receive Magnet designation nearly ten years ago, and it has received this designation every four years since. The goal of our trip was to learn



Kathie Jose, RN, MSN

from HUMC and explore how they maintain a Magnet culture.

Our trip to Hackensack was both insightful and inspiring. We saw a large medical center, with nearly 700 beds, where the Magnet philosophy was well understood and incorporated into daily practice by nurses, physicians, ancillary departments and leadership. We learned that it didn't happen overnight but took years of working together towards the same goal. Each time HUMC went for redesignation, the Magnet ideals became more embedded in their organiza-

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*Continued on page 2*

## COUNCIL REPORTS

**The Clinical Practice Council** has finished the approval process for Nursing Guidelines, which should be published by October 1, 2004. Recently approved policies include revisions to the "Transcription of Orders" and to the "Medication Administration" policy. Revisions were made in response to the new JCAHO patient safety standards. Those revised policies are now online.

**The Policy Coordination and Development Council** continues open concurrent documentation audits in conjunction with JCAHO tracers and is editing the Initial Patient Assessment sheet to meet JCAHO requirements. The documentation team is working toward electronic versions of all documentation tools.

**The Professional and Education Council** is making plans to develop a "wall of honor" for those nurses who have attained certification. The council is also working on the development of a nursing education TV channel. Plans continue to implement ECCO (Essentials of Critical Care Orientation) this fall.

*Continued on page 2*

**Lahey**  
CLINIC

# From the CNO

Continued from page 1

tional and professional practices. It became a part of them.

It was exciting to see the level at which staff nurses participate in organized teams and committees, both nursing and interdisciplinary. We too will see continuing opportunities for staff to participate at different levels. Our nursing governance structure at Lahey is based on councils. It is an ideal setting to include direct-care nursing staff whose input is invaluable when setting policy.

As you know, staff are already being recruited to sit on different nursing councils here at Lahey. Unit champion roles are another important opportunity where staff will be able to share expertise in their professional practice and develop leadership skills. We will be developing Magnet ambassador roles over the next few months as well. These staff nurses will work with the Magnet program leadership at Lahey and will become the Magnet champions for their areas.

Each and every day we all strive to achieve the best in patient care and promote the highest level of professional practice. These ideals are consistent with the Magnet program standards.

*Kathleen S. Jozel, RN, MSN*

## Notes on NURSING at Lahey

September/October 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

Continued from page 1

### The Nurse/Physician Partnership Council

continues to address the "chain of command" issues and using the covering MD screen on the LCMC computer system. The council is also supporting the use of "walking rounds" as an interdisciplinary effort.

### Quality Safety Council

has been very involved with rolling out the policies and practices for high alert medications. This is a major effort to reduce medication errors. The council is starting to work on a medication reconciliation program that will affect the entire institution and will be part of the 2005 JCAHO patient safety goals.

# Homeopathic Medicines and Medication Safety

◆ Maureen McLaughlin, RN, BSN, CPAN

The use of alternative medicine has risen sharply in the past few years as people turn to antioxidants, vitamins, acupuncture and herbal supplements for relief. Herbalism is the therapeutic use of plants containing various chemicals for pain relief, hormone balance, relaxation, energy, sleep aid, stomach soothing and general tonics. Billions of dollars are spent annually on these herbal supplements. And many people have incorporated these products into their daily routines. *But is this safe? And who regulates the marketing of these remedies?*

The Dietary Supplement Health and Education Act of 1994 established new regulations for dietary supplements. As a result, dietary supplements are no longer subject to premarket safety evaluations and the consumer is reliant on the manufacturer for accuracy in the product's labeling.

Several of the supplements commonly used by the general public may have potential side effects when taken in conjunction with anesthesia, antidepressants or blood thinners. As health care professionals, nurses are used to asking patients what medicines they take at home. But how often are patients asked if they regularly take vitamins or use herbal supplements or any homeopathic remedies? This practice needs to become part of any assessment or interview.

**St. John's Wort** is a popular supplement reported to help with depression. However, potential harmful side effects include increased sedative effects of narcotics and anesthesia, and synergistic effects

with serotonin reuptake inhibitors.

**Ginseng** is often taken to improve the body's resistance to stress, to increase energy and/or to improve mood. Potential side effects include hypertension and tachycardia, as well as changes in blood sugar levels.

**Echinacea** is used extensively for the prophylaxis and treatment of viral, bacterial and fungal infections. It is reputed to enhance activation of cell-mediated immunity. However, its use should be limited to no longer than eight weeks and it should not be used with any hepatotoxic drugs or immunosuppressants. The use of echinacea may also cause transplant rejection.

Several homeopathic agents inhibit platelet aggregation, resulting in anticoagulation effects. These items include feverfew, garlic, ginger, ginkgo biloba, and ginseng. The use of these supplements must be discontinued at least two weeks prior to any operation.

The increased use of herbal supplements in mainstream America, the consumer's attitude that herbal products are natural and not harmful, and the likelihood that patients are not sharing their herbal intake with health care professionals all have a potential impact on patient safety. After asking patients what medications they take, further questioning should include their use of herbal supplements.

Prescribing physicians must be aware of supplement use as many items can interact or potentiate the effects of prescriptive medications. The use

Continued on page 5

September	M	T	W	TH	F
			1	2	3
	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	30	

### 13, 14, 20, 21, 29

#### Critical Care Course +

Time: 9:00 am – 5:00 pm  
Place: Various (6K39, 4W Conference, 5-301)

◆ Covers basic theories fundamental to critical care nursing. Each day may be taken as a single module or the series may be taken in its entirety. Open to any RN. Pre-registration is required ext. 8725

### 20

#### Unlicensed Assistive Personnel Education Series

EKG with Jeanne MacDonald  
Time: 2:30 pm – 3:30 pm  
Place: 6K39

◆ All nursing and clinic assistants and unit coordinators are invited.

### 22, 29

#### ONS Chemotherapy/Biotherapy Provider Course +

Time: 8:15 am – 5:15 pm  
Place: 7K39

◆ Pre-registration required at ext. 8725

### 14

#### BCLS (CPR) Lahey North

Time: 1:30 pm – 4 pm

◆ Pre-register at ext. 4501

### 23

#### Skills Fair – Lahey Northshore

Time: 4:30 pm – 9:00 pm  
Place: 1st floor Conference Room

◆ Every nurse must attend one skills fair during the calendar year.

### 15

#### Nursing Grand Rounds +

Presented by Ambulatory Surgery  
Time: 12:00 pm – 1:00 pm  
Place: 4 West Conference Room

### 27, 28

#### ACLS Two-day Certification

### 15

#### Pacemaker Workshop +

Time: 1:00 pm – 5:00pm  
Place: 6K39

◆ A “hands-on” introductory workshop on temporary pacemakers.  
◆ Pre-registration is required at ext. 8725

### 28

#### ACLS Recertification

Time: 7:30 am – 5:00 pm  
Place: Auditorium

◆ Pre-registration is required in person in Nursing Administration. For additional information call ext. 8725

## SEPTEMBER

### 10, 13, 17

#### Basic Dysrhythmia +

Time: 9:00 am – 12:30 pm (begins 8:30 on the 13th)  
Place: Room 184, 31 Mall Road  
◆ Intended to help beginning critical care/telemetry nurses develop an understanding of basic dysrhythmias. Open to any RN  
◆ Pre-registration is required at ext. 8725

Basic Dysrhythmia. A series of classes devoted to caring for the patient on telemetry. Includes Acute Coronary Syndrome, CHF, The Devices of Cardiology, and Care of the Surgical Telemetry Patient. Pre-registration is required at ext. 8725

### 10, 13, 17

#### Path to Expertise – Telemetry +

Time: 1:00 pm – 4:00 pm  
Place: Room 184, 31 Mall Road  
◆ Follows morning session of

### 13 – October 7

#### Re-Entry Program +

◆ A four-week intensive of classroom and clinical observation for nurses returning to practice.

October	M	T	W	TH	F	
						<b>1</b> Leadership Development
						Re-Entry Program
	<b>4</b> ACLS Recertification	<b>5</b> Preceptor Workshop+	<b>6</b>	<b>7</b> BCLS (CPR)	<b>8</b> 12 Lead EKG Interpretation Parts 1 & 2*	
	← Re-Entry Program →					
	<b>11</b> 12 Lead EKG Interpretation Parts 1 & 2*	<b>12</b> Medical/Surgical Crisis Workshop+ BCLS (CPR) Lahey North	<b>13</b> Nursing Grand Rounds+	<b>14</b>		<b>15</b>
	<b>18</b> Skills Fair	<b>19</b> Skills Fair	<b>20</b> Unlicensed Assist. Personnel Education Series	<b>21</b> Skills Fair - Lahey Northshore		<b>22</b>
	<b>25</b>	<b>26</b> Initial BCLS (CPR) Parts 1 & 2	<b>27</b> Pals Recertification	<b>28</b> All Day Cont. Education+		<b>29</b>

OCTOBER

**1**  
**Leadership Development KEYNOTE ADDRESS +**  
**Tim Porter-O'Grady, EdD, RN, CS, CNAA, FAAN**  
**Trends in Health Care and Nursing**  
Time: 9:00 am – 11:00 am  
Place: Alumni Auditorium  
◆ Dr. Porter-O'Grady is an internationally known speaker on health futures and innovative health service models.  
◆ ALL LEADERS AND ASPIRING LEADERS ARE WELCOME

**4**  
**ACLS Recertification**  
Time: 9:00 am – 5:00 pm  
Place: Alumni Auditorium  
◆ Pre-registration is required in person in Nursing Administration. For additional information call ext. 8725

**5**  
**Preceptor Workshop +**  
Time: 8 am – 4 pm  
Place: Room 184, 31 Mall Road  
◆ Designed to help new preceptors develop the skills needed to be an effective preceptor for new staff members. OPEN TO ANY DEPARTMENT  
◆ Pre-registration required at ext. 8725

**7**  
**BCLS (CPR)**  
Time: 1:15 pm – 3:15 pm  
Place: Auditorium  
◆ Re-certification only.  
◆ Space is limited and pre-registration is required. Call ext 8725 or 8552

**8, 11**  
**12 LEAD EKG Interpretation Parts I and II +**  
Time: 10:00 am – 2:30 pm  
Place: 31 Mall Road, Room 184  
◆ Provides basic information about identifying EKG signs of cardiac ischemia, injury and infarction.  
◆ Prerequisite: Completion of Basic Cardiac Dysrhythmia or demonstrated competency.  
◆ Pre-registration is required at ext. 8725

**12**  
**Medical/Surgical Crisis Workshop +**  
Time: 1:00 pm – 5:00 pm  
Place: Room 6K39, 31 Mall Road  
◆ What to do when the patient has taken a turn for the worse on a med/surg floor.  
OPEN TO ALL  
Pre-registration is required at ext. 8725

**12**  
**BCLS (CPR) Lahey North**  
Time: 1:30 pm – 4 pm  
Pre-register at ext. 4501

**13**  
**Nursing Grand Rounds +**  
Presented by 5 West Hospital  
Time: 11:00 am – 12:00 pm  
Place: 4W Conference Room

**18, 19**  
**Skills Fair - LAST SKILLS FAIR OF 2004**  
From 7 am on the 18th until 1 am on the 19th  
From 7 am - 11 am on the 19th  
Place: Cafeteria Conference Room  
◆ Every nurse must attend one skills fair during the calendar year.

**20**  
**Unlicensed Assistive Personnel Education Series**  
Precautions with Jane Eyre-Kelly  
Time: 2:30 pm – 3:30 pm  
Place: 6K39  
◆ All nursing and clinic assistants and unit coordinators are invited.

**21**  
**Skills Fair - Lahey Northshore**  
Time: 4:30 pm – 9:00 pm  
Place: Conference Room A  
◆ Every nurse must attend one skills fair during the calendar year.

**26, 27**  
**Initial BCLS (CPR) Parts I & II**  
Time: 1:30 pm – 5:30 pm  
Place: Alumni Auditorium  
◆ Pre-registration is required at ext. 8725, must attend both

**27**  
**PALS Recertification**  
Time: 7:45 am – 5:00 pm  
Place: HR Training Room, 31 Mall Road  
◆ Pre-registration required at ext. 8725

**28**  
**All Day Continuing Education + Oncology: Prevention & Detection**  
Time: 7:45 am – 3:30 pm  
Place: Alumni Auditorium  
◆ Pre-registration is requested at ext. 8725

## THE BUG STOP

# New 2004 Isolation Precaution Guidelines

◆ Jane Eyre Kelly, RN, CIC

Infection Control has revised our Isolation Precaution Policy, effective August 1, 2004. The new policy calls for revised categories of isolation to protect against infections spread by the **airborne, droplet, and contact** routes of transmission. The full text of the new policy can be found on MassNet under Infection Control Policies and Procedures. A summary of the policy follows.

**STANDARD PRECAUTIONS** continue to apply to all patients, regardless of their diagnosis or infection status. "Respiratory etiquette" has been added to the elements of Standard Precautions in order to prevent transmission of respiratory infections in the health care setting. Respiratory etiquette includes several elements:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Provide tissues to all patients who present with respiratory symptoms and encourage them to dispose of them in the wastebasket.
- Place patients with respiratory symptoms away from other patients, if possible.
- Patients who present with respiratory illness in ambulatory areas should be offered a mask to wear and instructed on its proper use and disposal.
- Health care workers should wear surgical masks during evaluation of patients with respiratory symptoms.
- Provide hand hygiene materials in waiting areas and encourage patients to wash their hands.

Respiratory precautions are now divided into **DROPLET** and **AIRBORNE** precautions to reflect the type of mask worn and room ventilation requirements.

**DROPLET PRECAUTIONS** (*blue precaution sign*) are used for patients infected by organisms transmitted by large droplets that can be generated by the patient during coughing, sneezing, or talking. A standard paper or surgical mask is worn when entering the patient's room. "Droplet" transmission is not true airborne transmission, because droplets do not remain suspended in the air. Special air handling and ventilation are not necessary. Examples of conditions to isolate on droplet precautions include

- Influenza
- Pertussis (whooping cough)
- Bacterial meningitis

**AIRBORNE PRECAUTIONS** (*orange precaution sign*) are used for patients known or suspected to be infected with organisms transmitted by tiny droplet nuclei that remain suspended in the air for long periods of time and can travel greater distances from the patient. The patient must be placed in a negative pressure isolation room and an N95 respirator (duck-bill) mask must be worn when entering the room. Examples of conditions to isolate on airborne precautions include

- Pulmonary tuberculosis
- SARS

**CONTACT PRECAUTIONS** (*yellow precaution sign*) continue to be used to reduce the risk of transmission of important organisms by direct or indirect contact with the patient or the patient's environment. All individuals who enter the patient's room wear gloves. Gowns are worn by all health care workers who enter the patient's room and by all visitors in critical care areas. A stethoscope is dedicated to the patient's room and a disposable thermometer is used. Examples of conditions to isolate on contact precautions include

- Infection or colonization with MRSA and VRE
- *C. difficile* gastroenteritis

**Hand hygiene with soap and water or an alcohol-based hand rub continues to be the single most effective measure to prevent transmission of infection. Please continue to encourage everyone to practice hand hygiene!**

## HOMEOPATHIC MEDICINES AND MEDICATION SAFETY

*Continued from page 2*

of any herbal supplements must also be carefully assessed in the patient preparing for surgery. Just as the consumer has become savvy in the use of alternative products, so must the health care professional become equally knowledgeable in the side effects and interactions of these supplements.

### References

- Flanagan, K. *Preoperative Assessment: Safety Considerations for Patients Taking Herbal Products*. 2001. *Journal of Perianesthesia Nursing*, pages 19-25.
- Burden, Nancy. *Ambulatory Surgical Nursing* 2000. Philadelphia: W.B. Saunders, Pages 581-583.

# Our Magnet Journey

◆ Heather Kolnsberg MBA, BSN, RN

The Magnet Recognition Program is all about excellence in nursing. It is the highest award given to organized nursing services by the ANCC (*American Nurses Credentialing Center*). The designation recognizes organizations that support and promote the best in professional nursing practice. As you know, Lahey is seeking Magnet recognition.

**What is a Magnet environment?** In the 1980s, extensive research demonstrated that certain health care organizations were able to recruit and retain high-quality nurses, which in turn impacted the organization as a whole and supported improved patient care outcomes. These particular organizations were found to have 14 characteristics that are known today as the *Fourteen Forces of Magnetism*. Such organizational cultures do not happen by accident. They are the result of specific practices within the organization. These practices are known as standards. The ANCC has defined specific standards that an organization can incorporate to become a Magnet culture. In the 1990s, the ANCC began the Magnet Recognition Program, awarding only those organizations with a Magnet environment the coveted Magnet designation. It is an award given to a health care organization recognizing excellence in nursing. At this time, less than 200 health care organizations across the country have achieved this status.

**What is meant by excellence in nursing?** Simply put, excellence means that we as a nursing service and as individual professionals are constantly trying to improve our standards of care and our professional practice. It is an ongoing self-improvement process, each step building on the previous one.

Excellence happens in a participative environment supported by the organization. Excellence is never static, but sees us always reaching towards higher goals.

**Where are we in our journey?** The process of seeking Magnet designation can take several years. We are in the beginning of our journey, well into the first phase. We have had consults, attended conferences and visited Magnet-designated facilities. We have formed a Magnet Leadership Steering Committee through which we will be incorporating the standards and requirements of the Magnet program. We are also encouraging staff involvement on councils and as unit champions. As we move forward, we will keep you informed as to how we are meeting the Magnet program standards.

**What are the benefits of achieving Magnet designation?** There are benefits associated with achieving designation. As stated by the ANCC, Magnet designation

- Is an important recognition of nurses' worth, especially in terms of delivery of care
- Is a major factor in nursing recruitment and retention
- Improves patient quality outcomes
- Attracts high-quality physicians and specialists in response to a high level of nursing care
- Reinforces collaborative relationships, bringing out the best in people
- Creates a Magnet culture throughout the organization
- Means a competitive advantage, with the public having more confidence in care
- Increases use of the health care organization by consumers

**Why take this journey?** According to the ANCC, Magnet designation recognizes the quality of an organization's nursing services, while demonstrating the importance of nurses to the success of the entire organization.

## Notes on NURSING

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