Lahey CLINIC

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Notes on NURSING at Lahey

November/December 2005

From the CNO

A Constant State of Readiness

Kathleen S. Jose, RN, MS, CNO

The ultimate goal of Lahey Clinic is to be a high reliability organization delivering care at levels of safety and quality never achieved before in health care. The safety of our patients is our foremost concern, and we have an expectation that our standards of care ensure safe, high-quality care. We want to meet and, when possible, surpass the requirements of accrediting and regulatory agencies. Part of our mission is to provide superior health care leading to the best possible outcome for every patient and to exceed our patients' high expectations for service.

Kathie Jose, RN, MSN, CNO

As you know, the Joint Commission on the Accreditation of Health Care Organizations will be conducting a site survey at Lahey Clinic from December 5 through 9. According to the JCAHO Web site, "The Joint Commission has been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital meets high performance standards. Our accreditation helps hospitals improve their performance, raise the level of patient care, and demonstrate accountability in the rapidly changing health care marketplace."

The on-site survey process uses a "tracer" methodology that allows surveyors to assess the operational systems through the actual experiences of selected patients. In other words, they will be "tracing" the patient throughout her or his hospital stay or ambulatory visit. In addition to reviewing the chart and all of the documentation, surveyors will be asking direct care providers specific questions about the delivery of care, such as: "Did a physician see this laboratory result?"; "What do you do if the result is abnormal?"; "Do you have a system to reconcile medications taken at home?"; "How were you oriented to your job?"; "How do you demonstrate annual competencies?" To review a complete list of sample questions, go to the JCAHO Web page on MassNet: **http://massnet/PDF/JCAHO/ConsolidatedMockTracerQuestions.pdf**

When a JCAHO surveyor questions you, remember that you know your practice, so feel confident when describing this to the surveyor. If the surveyor asks a

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NURSING COUNCILS

THE NURSE/PHYSICIAN PARTNERSHIP COUNCIL continues to work on improving communication within and among the nurse and physician groups. The council is currently working to have both groups on track regarding Documentum, Pyxis PatientStations, Universal Protocol, and preparation for the on-site JCAHO survey in December.

THE PROFESSIONAL AND EDUCATION COUNCIL has opened the Center for Clinical and Professional Development at the Gordon Building. Both BCLS and ACLS are being offered at this new facility, and the recent Re-Entry Program and Clinic Assistant Program were held there with great success. The Lahey Clinic / Middlesex Community College partnership has been established, and eight Lahey colleagues have been accepted into the nursing program as of September 2005. The Patient/Family Education Channel is available on the Pyxis PatientStation and the Staff

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Nursing Excellence

Evidence-Based Practice and Nursing Research

Patricia A. Conway, RN, MHA, CCTC
Debralee Quinn, RN, BA, CNN

In support of nursing excellence and patient outcomes, evidence-based practice (EBP) and nursing research must be part of nursing practice. In an AJN article from September 2004 by Diane Pravikoff, evidence-based practice was defined as a problem solving process using "the best evidence currently available for clinical decision making." Polit and Beck (2005) have described nursing research as "a systematic inquiry designed to develop new knowledge about issues of importance to nurses, including nursing practice, education, administration and informatics".

As our Magnet journey continues, Lahey Clinic continues to support staff nurse level involvement in evidence-based practice. Evidence-based practice is simply providing nursing care based on science and nursing research. The development and utilization of nursing research knowledge is essential for continued improvement in patient care.

The Nursing Research committee, a subcommittee of the Professional and Educational Council, has defined its purpose as promoting and facilitating a culture of EBP and integrating scholarly nursing research activities into professional development. The Nursing Research Committee is supporting EBP by creating internal expertise through the support of a hospital university research partnership with a visiting nurse research scholar. Roseann Barrett RN, PhD, is the current visiting nurse research scholar. Some methods that the research committee and Barrett will use to promote EBP and nursing research are:

- Provide education to professional nurses regarding the research process from protocol design through communications of findings.
- Develop an Evidence-Based Practice Awareness Campaign
- Support Evidence Based Practice by obtaining interdisciplinary clinician participation and identifying research champions throughout the organization.
- Advocate for and assure that resources are available to support EBP at Lahey Clinic.

A foundation of EBP is the formation of Journal Clubs. Debralee Quinn, RN, BA, CNN, central educator, started a journal club in the Nephrology Clinic with the support of Jeanette Douglas RN, BA, clinic manager. The monthly journal club involves review of an article that is relevant to nephrology nursing practice. Articles are distributed to staff in advance, so that the meeting time is used to discuss how or if the practice described effects nursing practice in the Nephrology Clinic.

The article that was presented at the second nephrology journal club meeting described the use of chlorhexidine during dressing changes on dialysis vascular access devices that lead to decreased infections (The article was selected by Quinn, who asked Jane Eyre-Kelly RN BSN and Sandra Willey MT from Infection Control. to critique the article for validity.) Based on the evidence, the Nephrology Clinic will make a practice change and use chlorhexidine instead of betadine when changing dialysis vascular dressings.

The development and utilization of nursing research knowledge is essential for continued improvement in patient care.

A nurse from the Rheumatology Clinic also attended the journal club meeting and was able to apply this research to her practice. The article started a discussion about possible changes in Rheumatology when prepping skin prior to a procedure. Reading and discussing this article led the nurses to think about making practice changes based on nursing research and evidence.

These examples are just a small sample of the changes that are made by nurses at all levels of the organization based on research that is discovered in professional journals and at professional meetings. The use of nursing research to change or improve nursing practice is essential to the continued improvement in patient care and patient outcomes.

Notes on NURSING at Lahey

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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, or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

From the CNO

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question that you do not understand, be sure to ask the surveyor to repeat it. You may be asked about the National Patient Safety Goals, including Universal Protocol, telephone orders, restraints, patient falls, or process improvement in your area. It is our expectation that every caregiver will be able to speak to these and many other issues with knowledge and confidence.

Much information has been provided to you during the past year in posters, e-mails, copies of revised policies, new documentation forms, and through staff meetings and assemblies. Changes have been made that impact your practice and help us in creating an environment of safety. We know that you provide quality care to your patients; the JCAHO site survey is an opportunity for all of us to demonstrate our commitment to excellence, to safety, and to our patients.

Kathleen S. Joel, RN, MSM

NURSING COUNCILS

Continued from page 1

Education Channel is in the final stage of development. The Nursing Research Committee has developed the evidence-based practice and research agenda for 2006 and welcomes Dr. Roseann Barrett, PhD, RN, as its visiting research scholar.

THE CLINICAL PRACTICE COUNCIL has been meeting twice a month to update the Policy and Procedure Manual through a review and revision of all policies. The revised policies are being uploaded onto MassNet and e-mailed to each nurse. The Council asks that you check your e-mail for policy updates. A system to upload the Nursing Practice Guidelines is in development and these will soon be available to you online. Representation from each clinical unit throughout the institution—including the Ambulatory Clinic — is needed on the council. If you are interested in participating, please notify your manager.

THE NURSING QUALITY AND SAFETY COUNCIL has, as part of JCAHO preparations, made cards with the 2005 Nation Patient Safety Goals available to all colleagues. The Insulin Task Force, an interdisciplinary group, is reviewing all aspects of insulin usage, from storage to ordering, documenting and administering. Programs are being developed to address the educational components of these activities.

THE POLICY COORDINATION AND DEVELOPMENT COUNCIL has been finalizing the initial patient assessment forms, the collaborative patient plan of care/education record, new flow sheets and the Restraint Policy. In addition, the council has been reviewing the Clinical and Administrative Manual policies that pertain to multiple disciplines. Work continues on the review and updating of job descriptions.

NEW TO LAHEY

Welcome to Roseann Barrett, PhD, RN

The Department of Nursing is delighted to welcome Roseann Barrett, PhD, RN, as our visiting nurse research scholar for 2005–2006.

Barrett is currently an assistant professor at Regis College and, as such, taught a graduate course in nursing theory at Lahey Clinic this past summer. She is also a research nurse at St. Joseph Hospital in Nashua, New Hampshire, and was very active in their process of attaining Magnet accreditation.

Barrett received her RN as a diploma graduate of Beth Israel School of Nursing in New York City, her BSN from Gwynedd-Mercy College in Pennsylvania, her MSN from Villanova University in Pennsylvania, and her PhD in Nursing from Boston College. She is a member of Sigma Theta Tau, the Academy of Medical Surgical Nursing and the Oncology Nursing Society, and has authored numerous articles in oncology publications.

Barrett recently presented a two-part series on Evidence-Based Practice for the nurses at Lahey Clinic and will be meeting with many of you throughout the coming year. According to Barrett, "I see my role at Lahey Clinic as introducing the concepts and processes of research utilization and evidence-based practice to the nurses and to help them understand how to use nursing research to improve the quality of patient care."

As we continue our Magnet journey and our goal of providing the best care possible, we are fortunate to have Roseann Barrett on-site (every Wednesday) and available to help all of us incorporate research into our daily practice.

EDUCATION CALENDAR

✱ = MARN contact hours applied for

November

M	T	W	TH	F
	1	2 Skills Fair-Burlington	3 Charge Nurse Workshop BCLS (CPR)	4 ECCO Workshop - Pharm. Tele II
7 ACLS → Tele III	8 ACLS ACLS Recert.	9 Nursing Gr. Rounds * UAP Education Series	10 All-Day Cont. Ed. *	11
14 Tele I	15	16	17	18 ECCO Workshop - Neuro
21 Tele III	22	23	24	25
28	29 Tele II	30		

December

M	T	W	TH	F
			1 BCLS (CPR)	2
5	6	7	8	9
12	13 Pacemaker Workshop *	14 Nursing Gr. Rounds * ELNEC Program *	15	16
19	20	21	22	23
26	27	28	29	30

Unless otherwise noted, preregistration is required and can be made by calling ext. 8725 from the Burlington or Peabody facilities or 781-744-8725 from other locations.

November

2 Skills Fair (Burlington)
Time: From 7am on the 2nd until 1am on the 3rd
Place: Auditorium Foyer
■ Every nurse must attend one Skills Fair during 2005

3 BCLS (CPR)
Time: 1:15 – 3:30 pm
Place: Gordon Building Training Rooms 1 & 2
■ *Recertification only.* Space is limited.

3 Charge Nurse Workshop
Time: 8 am – 4 pm
Place: Gordon Building, Classroom B

4 Critical Care Workshop (ECCO) *Pharmacology*
Time: 9 am – 1 pm
Place: Simulation Lab, 1 West

4 Pathway to Telemetry (Phase 2) Advanced Beginner
Time: 8 am – 4:30 pm
Place: 6K-39

7, 8 ACLS Two-Day Certification

8 ACLS Recertification
Time: 9 am – 5 pm
Place: Gordon Building, Training Room 1 & 2
■ Preregistration required in person at the Nursing Office.

7 Pathway to Telemetry (Phase 3) Intermediate
Time: 8 am – 4:30 pm
Place: 6K-39

9 Nursing Grand Rounds *
"The Power of Relaxation: A Holistic Approach", *Presented by Merrie Watters, MS, RN*
Time: 11:30 am – 12:30 pm
Place: 4 West Conference Room
■ ALL WELCOME

9 UAP Education Series
Time Management, *Presented by Debralee Quinn, RN, BA, CNN*
Time: 1 – 2 pm
Place: 6K39

10 All Day Continuing Education *
"With Our Compliments: A Look at the World of Alternative Medicine"
Time: 7:30 am – 4 pm
Place: Alumni Auditorium

14 Pathway to Telemetry (Phase 1) Beginner
Time: 8 am – 4:30 pm
Place: 6K-39

18 Critical Care Workshop (ECCO) *Neuro*
Time: 9 am – 1 pm
Place: Simulation Lab, 1 West

21 Pathway to Telemetry (Phase 3) Intermediate
Time: 8 am – 4:30 pm
Place: 6K-39

29 Pathway to Telemetry (Phase 2) Advanced Beginner
Time: 8 am – 4:30 pm
Place: 6K-39

December

1 BCLS (CPR)
Time: 1:15 – 3:30 pm
Place: Gordon Building Training Rooms 1 & 2
■ *Recertification only.* Space is limited.

13 Pacemaker Workshop *
Time: 11 am – 3 pm
Place: Gordon Building, Computer Lab
■ A "hands-on" introductory workshop on temporary pacemakers.

14 Nursing Grand Rounds *
Title: "Challenges of Post Operative Pain" *Presented by the PACU*
Time: Noon – 1 pm
Place: 4 West Conference Room
■ ALL WELCOME

14 ELNEC Program *
End-of-Life Nursing Education Consortium
Time: 7:30 am – 5:00 pm
Place: 31 Mall Road, HR Training Room

JCAHO Accreditation and Magnet Recognition:

Similar but Different

Patricia A. Conway, MHA, RN, CCTC

How does preparation for JCAHO relate to our journey toward Magnet recognition?

First, let's look at some definitions and distinctions. JCAHO accreditation is a designation that is awarded to an organization that adheres to the elements of performance of JCAHO standards. The mission of JCAHO as noted on the Web site is "to continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations." The American Nurses Credentialing Center Magnet Recognition is a designation that, as the application manual describes, "indicates the existence of a professional environment that supports growth and development of the nursing staff and excellence in nursing services." The Magnet Recognition Program sets forth several objectives:

- Recognize nursing services that use the Scope and Standards for Nurse Administrators (ANA, 2003) to build programs of nursing excellence for the delivery of nursing care to patients.
- Promote quality in a milieu that supports professional nursing practice.
- Provide a vehicle for the dissemination of successful nursing practices and strategies among health care organizations using the services of registered professional nurses.
- Promote positive patient outcomes.

What are the common threads in the mission of JCAHO and the objectives of Magnet recognition? One thread is standards. JCAHO and Magnet recognition standards are guidelines and goals for achieving excellence in caring for patients that have been recognized to have value based on research evidence. Another common thread is quality. JCAHO and Magnet recognition speak to quality of patient care and quality of professional nursing practice. A third thread, patient outcomes, is implied in the mission of JCAHO and is clearly stated in the objectives of Magnet recognition. It is clear from these examples that JCAHO and Magnet recognition have common themes and are not in opposition to each other.

Now let's look at some specifics of our JCAHO preparation and how they relate to our Magnet journey. Meeting National Patient Safety Goals is key to JCAHO accreditation. To receive Magnet recognition we must demonstrate and provide evidence that we meet all National Patient Safety Goals. All the hard work that goes into ensuring that our patients are safe will pay off a second time when we receive Magnet designation. JCAHO expects Lahey Clinic to assess the competence of all staff. There are organizational competencies that all staff need to meet job and unit-specific competencies for nurses and other health care workers. Clinical competence is one of the eight essential attributes of a Magnet organization. Kramer and Schmalenberg report that staff nurses want to work with other nurses who are clinically competent, and clinical competence is important for quality care.

How does Magnet recognition differ from JCAHO accreditation? Magnet designation is the highest level of recognition awarded to health care organizations that provide the services of registered professional nurses. It is an award given to organizations that support and exemplify nursing excellence. Nursing excellence will be measured by evidence that we submit to the American Nurses Credentialing Center proving that nurses at Lahey Clinic provide high quality patient care, have clinical autonomy and responsibility, participate in decision making, and have strong nurse leaders. Nursing excellence also means that nurses at all levels are encouraged to and are given the opportunity for professional development, there is effective use of staff and resources and nursing research, and evidence-based practice is carried out throughout the organization.

Our journey to JCAHO accreditation will lay some important groundwork that we will build on as we continue our journey to Magnet recognition. Remember: Magnet = Nursing Excellence + Patient Outcomes.

Reference:

Kramer, M., and Schmalenberg, C.: "Essentials of a Magnetic Work Environment, Part 1," in *Nursing 2004.* 34(6): 50-54.

Congratulations to the following on their new roles:

- **Janice Rodriguez, RN, BSN**
  Assistant Nurse Manager, 5W
- **Johnny Isenberger, RN, BSN**
  Off-Shift Clinical Educator
- **Mary Levesque, RN, BSN, MSN**
  Clinical Educator, Southeast Expansion
- **Lillian Turano, RN, BSN**
  Assistant Nurse Manager, Southeast Expansion
- **Allison Sansone, RN, BSN**
  Assistant Nurse Manager, Southeast Expansion
- **Margaret Bonds, RN, BSN**
  Assistant Nurse Manager, 6W
- **Joan Alosso, RN, ADN, CCRN**
  Assistant Nurse Manager, MICU/CCU
- **Meghan McManama, BA**
  Administrative Assistant to Associate Chief, Nursing Informatics & Measurement

MEDICATION SAFETY:

The 'SALAD' of Medication Safety

Maureen F. McLaughlin, RN, BSN, CPAN

Mr. C. was admitted to a hospital for pneumonia. His past medical history was unremarkable except for bipolar disorder, for which he took lithium. Upon admission, Mr. C. was ordered for antibiotics to treat his pneumonia. In addition, Librium 300mg was ordered. Librium, not Lithium, was ordered for Mr.C.! Two days after his admission, Mr. C. was found to be lethargic and the medication error was detected at that time. He had received 60 times the recommended dosage of a sedative, ordered erroneously instead of his usual anti-psychotic. He died four days after his admission.

Although this story is just an example, this scenario could actually happen. There are many medications available that are Sound Alike and Look Alike Drugs (SALAD). Lahey Clinic is aware of the risks associated with this and have put in place safety initiatives to reduce the risk of a patient receiving the incorrect medication.

"Tall Man Lettering" is one such effort. Pyxis—the automated medication-dispensing units in inpatient areas—will alert the user to the potential for error by the use of Tall Man Lettering when the drug name is entered into Pyxis. For example, hydromorphone displays "HYDROmorphone" to alert the user that it is hydromorphone, not the similarly-sounding morphine.

Other safety initiatives include "look-alike, sound-alike" labeling from the Pharmacy Department. For example, fentanyl and sufentanil will have labels placed on them that alert the user to the medication. Other medications that are similar are separated in the pharmacy or the Pyxis PatientStation. For example, clonidine and clonazepam look alike and sound alike. These medications are separated in the pharmacy, Pyxis uses Tall Man Lettering to alert the nurse prior to removal.

The safety initiatives alone, however, cannot ensure medication safety. Careful medication histories, medication preparation areas free of distractions, meticulous patient identification, and careful and cautious administration techniques will help ensure that our patients are safe from any preventable errors related to medication

Notes on NURSING
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