Lahey CLINIC

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Notes on NURSING at Lahey

January/February 2006

From the CNO

Congratulations on a Job Well Done

Kathleen S. Jose, RN, MSN

Congratulations to all of you. Our JCAHO survey was a success due to you and the care you provide to our patients. As Drs. Barrett and Kurtz stated on the last day of the JCAHO site visit, the surveyors "were very impressed with the talent, commitment and teamwork of the colleagues at Lahey Clinic. In the end, the caliber of the people at Lahey Clinic and the quality of your work demonstrated clearly to the surveyors that Lahey delivers safe, high quality health care."

Kathie Jose, RN, MSN, CNO

Our preparation for JCAHO involved many changes and improvements but placed a large burden on all of you to adapt your practices and documentation in a short time. In this you were most successful, and your cooperation and enthusiasm enabled the Nursing Department to succeed and validate my vision of nursing at Lahey Clinic*: Lahey nurses are renowned for their level of expertise in the delivery of patient-focused care by commitment to professional growth, work excitement and evidence-based practice.*

Mary Anna Sullivan, MD, who accompanied the physician surveyor throughout the week, was deeply affected by the quality of the nursing care and the way you spoke about your practice. According to Sullivan, "Watching nurses talk about what they did was an inspiration; their enthusiasm, passion and abiding wish to take the best care of the patient was evident in every area of Lahey Clinic."

With the New Year just beginning, we still have much work to do to maintain and increase our level of excellence. One of the first steps to ensuring quality is to enrich our governance structure and involve more staff nurses in our councils. Important decisions are made at these monthly meetings that directly affect the way you practice. We need your input to ensure that any changes made will improve the quality of patient care and enhance your ability to provide such care. There are also many committees that would welcome staff nurses in their membership. Your managers will be encouraging your participation in these important venues.

Thank you again for all of your hard work and commitment to excellent patient care.

Kathleen S. Jose, RN, MSN

SURVEY FINDINGS

Infection Prevention and Control

Jane Eyre-Kelly, RN, CIC

■ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) conducted a comprehensive survey of Lahey Clinic the week of December 5, 2005. Prevention of health-care-associated infections represents a major safety initiative and is one of JCAHO's National Patient Safety Goals. Throughout the week, the surveyor focused on infection control practices in all departments and asked questions of all levels of practitioners in the organization. The surveyor interviewed the infection control officers and the hospital epidemiologist on the final day of the survey and reviewed the findings.

The surveyor focused on all aspects of infection prevention

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Infection Prevention and Control

and control, including hand hygiene, cleaning and processing of devices and equipment, construction and renovation, and quality improvement activities. She inspected ceiling tiles for stains and looked at the integrity of mattresses and stretcher pads. She noted storage of sterile goods and supplies, refrigerator logs, under-sink storage, clean and dirty work areas, isolation rooms, expiration dates of solutions and medications and general cleanliness of the facility. She observed practices, for example, medication administration, isolation precautions and hand hygiene. She reviewed our infection surveillance data, including surgical site infections, ventilator-associated pneumonia, and catheter-related bloodstream infections. She asked about our plan for how we would manage a large number of infected patients presenting to the Emergency Department. No stone was left unturned!

After five days of patient tracers and touring the facility, the only recommendation related to infection control was to reduce the amount of Cidex used for high-level disinfection of instruments in some areas of the hospital and ambulatory areas. The Infection Control Committee will make this a priority for 2006.

Compliance with hand hygiene was excellent throughout the hospital. Isolation practices were adhered to routinely. The inpatient units, specialty areas and ambulatory clinics were neat, clean and organized. The nursing staff was extremely knowledgeable and confident when answering questions related to infection control.

After five days of patient tracers and touring the facility, the only recommendation related to infection control was to reduce the amount of Cidex used for high-level disinfection of instruments in some areas of the hospital and ambulatory areas.

By Friday of the survey week, it was abundantly clear that the Infection Control Program at Lahey Clinic is comprehensive and effective, and has the direct involvement of our employees as well as senior leadership. Thank you for your important contributions during the survey week and each and every day that you provide care to our patients!

SAVE THESE DATES!

Evidence-Based Practice Review Group

Roseann Barrett, PhD, RN, our visiting nurse research scholar, is beginning an evidence-based practice review group that will meet once a month on Wednesday at noon in Alumni Auditorium. The group's focus will be on learning skills that may be used to read and understand nursing research reports in order to support and improve nursing practice. Everyone is welcome to attend.

Save These Dates in 2006

WEDNESDAYS, NOON TO 1 PM

January 25	July 19
February 22	August 16
March 22	September 20
April 19	October 18
May 24	November 15
June 28	December 20

Notes on NURSING at Lahey

January/February 2006

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

A Staff Nurse's Perspective

Karyn Stremmenos, RN, BSN

In June 2005 I heard that Lahey Clinic was in the process of building two new inpatient floors that would be opening in the fall. At the time, I was working on a medical-surgical floor, but felt a need to explore the option of a change within Lahey. I was at a point in my career where I wanted to expand my knowledge base and learn a new specialty, and this appeared to be the perfect opportunity.

I met with Kate Scotti, RN, nurse manager of the Southeast units, and was immediately impressed by her vision. She envisioned one team of nurses for both units to emphasize the importance of teamwork, while incorporating evidence into our daily nursing practice as we continue our journey to obtain Magnet status. After our conversation I knew that the Southeast team would be a perfect fit for me.

I was happy to learn that we would have staff orientation for three days prior to opening the first unit. I looked at the orientation as a way to meet my new colleagues and to become familiar with the people with whom I would be sharing 36 hours a week. The staff was a blend of seasoned Lahey staff, nurses from other facilities, and new graduates, which made the staff very diverse and interesting.

I admit that I was mistaken to think that everything would be perfect on a brand new unit. I was blinded by the hardwood floors, cherry wood cabinets, and the pristine white walls. The transition would prove to be hard work and dedication, but I would learn that all of my efforts would pay back 10-fold in the end.

Preparing for opening day was a stressful time because we were starting with nothing and needed everything. The little things that are taken for granted on an established unit, such as a water machine, were not there for opening day. We needed to copy paperwork, order supplies, and orient numerous new staff members.

The new units have state-of-the-art nursing stations.

The 7 Southeast unit has now been opened for two months, and as I reflect on the last eight weeks, a few words come to mind: *stressful, excitement* and *friendship*. As with any new life experience, there have been ups and downs. It has been stressful at times trying to orient so many new staff members, but it is also very rewarding to see new nurses growing and developing their skills, all the while knowing that I, as part of the group, had an integral role in their experience.

Excitement comes to mind because I have learned at least 20 new things every day that I have worked on 7 Southeast and I am always meeting new people. Excitement is in every staff member's eyes, and I truly believe that it is for the same reason I joined the Southeast team—to be a part of a great team.

I have found that the most rewarding aspect of my move was the friendships that I have made in such a short time. I love the fact that everyone is new to the floor and many of us did not know each other prior to Southeast. I feel that it puts all of us on a level playing field and everyone feels like an equal. The Southeast team's vision is "Southeast Synergy" because we feel that teamwork is essential in providing excellent patient outcomes and creating a warm, cohesive working environment.

Overall, I would not change any of the events of the last eight weeks. Although there have been stressful and frustrating moments, I am a firm believer that all great experiences in life come with some baggage and that is what sets them apart from mediocre ones.

Some of the nurses who staff the new 6SE and 7SE units are (back row, from left) Beth Spengler, Pam Winn, Julie Sullivan, Mary Levesque, Cheryle Finn-Poole, Karyn Stremmenos; and (front, from left) Diane Brindle, Bharti Patel, and Diane Caputo.

EDUCATION CALENDAR

✱ = MARN contact hours applied for

February

M	T	W	TH	F
		1	2 Initial CPR, 1 & 2	3 Initial CPR, 1 & 2
6	7	8 Nursing Gr. Rounds * Tele I	9 BCLS (CPR)	10 Critical Care Wkshp.—Neuro
13 Pacemaker Workshop	14 All-Day Cont. Ed. * Tele II	15 Chemo & Biotherapy Course *	16	17
UAP 20 ECCO Wkshp. —Pharm. Practice Rev. Group	21	22 Chemo & Biotherapy Course *	23	24
27	28 Tele III			

March

M	T	W	TH	F
		1	2	3
Nursing Gr. Rounds 6 ECCO Workshop - Hemo.	7	8 Tele I	9 BCLS (CPR)	10
13	14 Tele II	15	16 All-Day Cont. Ed. *	17
20 ACLS, 1 & 2	21 ACLS, 1 & 2	22 Practice Rev. Group	23	24
27 ECCO Workshop - Pulmonary	28 BCLS (CPR)	29	30 Tele III	31

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.*

February

2, 3 Initial CPR, Parts I & II

Time: 1 to 5 pm
Place: Gordon Building, Training Rooms 1 & 2

8 Nursing Grand Rounds *

Ethics
Presented by: Nellee Fine, RN, OCN
Time: Noon to 1 pm
Place: 4 West Conference Room

8 Pathway to Telemetry—Phase I

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

9 BCLS (CPR)

Time: 1:15 to 3:30 pm
Place: Gordon Building, Training Rooms 1 & 2
■ Recertification only. Space is limited and preregistration is required.

10 Critical Care Workshop (ECCO)—Neuro

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

13 Pacemaker Workshop

Time: 11:00 am to 3 pm
Place: Gordon Building, Classroom B

14 All-Day Continuing Education *

Concepts in Contemporary Cardiology
Time: 7:30 am to 4 pm
Place: Alumni Auditorium Auditorium

14 Pathway to Telemetry—Phase II

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

15, 22 Chemotherapy and Biotherapy Course *

Time: 9 am to 5 pm
Place: Gordon Building, Classroom A

20 Critical Care Workshop (ECCO)

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

20 Unlicensed Assistive Personnel—De-Escalation

Time: 2 to 3 pm
Place: 6K-39

20 Evidence-Based Practice Review Group

Time: Noon to 1 pm
Place: Alumni Auditorium
All are welcome.

28 Pathway to Telemetry—Phase III

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

March

6 Nursing Grand Rounds

Challenges in Post-Op Pain
Presented by the PACU
Time: Noon to 1 pm
Place: 4 West Conference Room

6 Critical Care Workshop (ECCO)

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

8 Pathway to Telemetry—Phase I

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

9 BCLS (CPR)

Time: 1:15 to 3:30 pm
Place: Gordon Building, Training Rooms 1 & 2
■ Recertification only. Space is limited and preregistration is required.

14 Pathway to Telemetry—Phase II

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

MEDICATION SAFETY

A Year in Review

Maureen F. McLaughlin, RN, BSN, CPAN

As many of you know, Lahey Clinic completed the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey with very few recommendations for improvement. One element of the survey that traditionally receives close scrutiny is medication management. Lahey Clinic implemented many changes last year in the area of medication administration that enhanced our patient safety. Some of the key changes are highlighted below.

Patient identification: The use of two patient identifiers to correctly identify the patient was put into practice earlier this year to eliminate, among others things, the risk of the wrong medication being given to the wrong patient. Prior to any medication being administered, the patient must be identified by two methods: both name and medical record number in the hospital, or name and date of birth in the clinic. The patient's room number is not to be used as an identifier at any time.

Insulin management: Review of incident reports revealed that insulin was involved in many of the errors related to medication administration, errors varying from the administration of the wrong type of insulin to the wrong time of administration. A task force was established to review the process of insulin administration, and several recommendations were made. A special container with individual drawers for different types of insulin was successfully piloted on 5 West. A picture of the insulin vial was attached to the outside of the drawer for greater ease in recognizing the correct type of insulin.

Standardized medication administration times: Another frequent medication error was late or omitted administration of medications. The implementation of standardized administration times was begun in an effort to eliminate the possibility of missed dosages. When the unit coordinator or RN transcribes the medication onto the medication administration record (MAR), the times for oral medications are recorded as well and are universal throughout the hospital. A self-study module was also developed for nurses and unit coordinators focusing on the transcription of orders to ensure consistency and accuracy throughout the hospital.

Medication pass review: New this year at the skills fair was the station simulating the correct way to administer medications. The simulation involves taking a telephone order, transcribing the order, and administering the medication to a patient. In addition, the Nursing Education and Audiovisual departments created a video that demonstrated receiving a verbal order and a correct medication pass. Practice makes perfect!

Medication reconciliation: The medication history form is designed to ensure that a thoughtful review of the patient's medication history occurs at the time of the patient's hospital admission, and that the same review occurs at the time of discharge. This process is designed to eliminate inadvertent omission of medications being ordered or renewed. A National Patient Safety Goal for 2006, medication reconciliation will occur at admission, transfer and discharge.

The collaborative efforts of nurses, physicians and pharmacists led to changes in medication administration at Lahey Clinic and facilitated a successful JCAHO survey. More important, these measures ensure that patient safety remains Lahey Clinic's top priority.

EDUCATION CALENDAR

Continued from page 4

16 All-Day Continuing Education *
Trauma Symposium
Time: **7:30 am to 4 pm**
Place: **Alumni Auditorium**

20,21 Advanced Cardiac Life Support (ACLS), Part I & Part II
Time: **9 am to 5 pm**
Place: **Gordon Building, Training Rooms 1 & 2**

22 Evidence-Based Practice Review Group
Time: **Noon to 1 pm**
Place: **Alumni Auditorium**
All are welcome.

27 Critical Care Workshop (ECCO)
Pulmonary
Time: **9 am to 1 pm**
Place: **1 West Simulation Lab**

28 BCLS (CPR)
Time: **5 to 7:30 pm**
Place: **Gordon Building Training, Rooms 1 & 2**
■ **Recertification only. Space is limited and preregistration is required.**

30 Pathway to Telemetry—Phase III
Time: **9 am to 5:00 pm**
Place: **Gordon Building, Classroom A**

What Makes Nursing a Profession?

Patricia A. Conway, MHA, RN, CCTC

Florence Nightingale refers to nursing as a profession in her book, *Notes on Nursing*, published in 1859. What does profession mean? What makes the practice of nursing a *profession?*

Webster's dictionary defines profession as "a calling requiring specialized knowledge and often long and intensive academic preparation."

Ervin and Jones in the book, *Professional Practice of Nursing Administration,* describe the following as *essential* criteria of a profession:

- Provides practical services that are vital to human and social welfare
- Possesses a specialized body of knowledge and skills
- Educates its practitioners in institutions of higher education
- Attracts people who emphasize service over personal gain or self-interest and recognize their occupation as a long-term commitment
- Formulates and controls its own policies and activities and has practitioners who function relatively autonomously in the performance of functions and activities
- Has a code of ethics that is usually enforced by colleagues or through licensure examinations
- Has a professional association that promotes and ensures quality of practice

A profession is also a social concept. In 1976, Dr A. Donabedian, a noted expert on health care quality and outcomes, stated, "There is a 'social contract' between society and the professions. Under its terms, society grants the professions authority over functions vital to itself and permits them considerable autonomy in the conduct of their own affairs. In return, the professions are expected to act responsibly, always mindful of the public trust. Self-regulation to assure quality in performance is at the heart of this relationship. It is the authentic hallmark of a mature profession."

Nursing meets all the essential criteria to be called a profession: extended educational preparation; a well-defined body of knowledge; specialized skills, values, beliefs and ethics; practitioners who are expected to practice autonomously; and a strong identity with the role and its meaning in society.

The Massachusetts Board of Registration in Nursing, is authorized by law to regulate nursing practice and nursing education. The board has two goals as noted on its Web site:

- Ensure that persons licensed as nurses are qualified to provide the citizens of the Commonwealth with safe and effective nursing care
- Lead in state government and the public arena in the promotion of safe and effective nursing practice

Nursing has a professional organization (American Nurses Association, or ANA) that is responsible for developing standards of practice for its members and the public that it serves. Standards are defined by ANA as "authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable." Standards reflect the values and priorities for the profession as well as the direction for professional nursing practice.

Standards reflect the values and priorities for the profession as well as the direction for professional nursing practice.

ANA's six Standards of Nursing Practice describe "a competent level of nursing care as demonstrated by the critical thinking model that is known as the nursing process." The six Standards of Nursing Practice stem from the nursing process. They are assessment, diagnosis, outcomes identification, planning, implementation and evaluation. The nine Standards of Professional Performance describe a "competent level of behavior in the professional role—including activities related to quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization and leadership."

Nurses are at the patient's side in all areas of Lahey Clinic practicing their profession—their calling and specialized knowledge—by assisting and advocating for patients and family members to recovery and health and, if that is not possible, a dignified and peaceful death.

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Patricia Maguire, RN, MN, CNAA,

Associate Chief of Nursing Finance and Operations

We are delighted to welcome our new associate chief, "Pat" Maguire, to the leadership team of Lahey Clinic. She is a diploma graduate of Lawrence Memorial Hospital School of Nursing who went on to receive her bachelor of science degree from Boston College (magna cum laude). Maguire worked at Beth Israel and at Massachusetts General Hospital before heading northwest to pursue graduate studies and work at the Virginia Mason Medical Center in Seattle, Wash. Maguire received her master of nursing degree from the University of Washington with a major in nursing administration and a minor in business administration.

At VMMC she started in the oncology unit and then became clinical coordinator of a medical/surgical unit. She went on to become nursing financial director and assistant director of nursing services. In 1987 Maguire was appointed associate hospital administrator and vice president for nursing services. In 1993, when the ambulatory and inpatient services were integrated, Maguire was named vice president and chief nursing executive for Virginia Mason Medical Center. In 2002, she changed her focus and was named senior vice president for cancer and cardiovascular care.

VMMC is a large, multispecialty group practice of more than 390 physicians, a regional network of neighborhood clinics, and an acute care hospital licensed for 336 beds. Colleagues at VMMC referred to Maguire as "a nurse's nurse," one who "challenges the staff to reach beyond tomorrow."

Maguire has also worked in critical care, the ED, and as a supervisor and belongs to several professional organizations. She has been a frequent speaker and published author. A recent article, "Essentials of a Magnetic Work Environment" (*Nursing* 2004), was co-authored with Marlene Kramer and Claudia Schmalenberg.

In 2005, VMMC Continuing Nursing Education presented the 25th Annual Patricia Maguire Nursing Lectureship, a series that celebrates excellence in nursing practice and applauds the accomplishments of those individuals who have improved the quality of patient care. Maguire has never deviated from her basic philosophy that the patient comes first. She has inspired countless nurses and other caregivers to "keep the patient at the top of the pyramid."

After 24 years with VMMC, Maguire retired and moved back east. Fortunately for Lahey Clinic, after a well-deserved rest, Maguire is ready to take on the challenges of a new leadership position and to join with Kathie Jose, CNO, to continue improving the quality of nursing and the professional experience of nurses at Lahey Clinic.

When asked about joining the Lahey team Maguire said, "I'm thrilled to be part of such a distinguished organization. Every colleague I have spoken with has been so open and compassionate and has made me feel very welcome. I look forward to working with each member of the team as we provide superior health care to our patients and their families."

Patricia Maguire, RN, MN, CNAA

40th Anniversary of Nurse Practitioners

Marcia G. Chwalek, MSN, NP

Last year marked the 40th anniversary of the first nurse practitioner (NP) program, which was developed at the University of Colorado Health Sciences center in 1965 by Dr. Loretta Ford, a nurse educator, and the late pediatrician, Dr. Henry Silver. The program was implemented to offer additional education to registered nurses so they could provide health care services to underserved areas.

As we celebrate 40 years of our profession, the American College of Nurse Practitioners reports that there are now more than 115,000 NPs nationwide. Massachusetts ranks fifth nationally with 4,970 licensed NPs according to the state Department of Public Health (April 2004.)

Nurse practitioners are educated through programs that grant a master's degree. Upon completion of their degree programs, they are licensed by the state. There are currently 200 university and college programs available. Certification by the American Nurses Credentialing Center or a specialty nursing organization is also required. Recertification is done on a regular basis and may vary by state.

NPs obtain medical history, perform physical exams, diagnose and treat health problems, perform and interpret diagnostic studies and prescribe medications. A nurse practitioner provides high-quality, cost-effective and individualized care for the lifespan of patients' special needs. In addition to providing primary, specialty and acute health care, NPs collaborate with physicians and other health care providers and strive to empower patients to improve their health by providing health education and counseling. The core philosophy is individualized care, focusing on prevention, wellness and patient education.

There are currently 55 NPs at Lahey Clinic. The specialties they practice in are bariatric surgery, the Breast Center, cardiovascular medicine, cardiothoracic surgery, colorectal surgery, dermatology, endocrinology, family practice, general internal medicine, gynecology, hematology, hepatobiliary, interventional neuroradiology, neurology, neurosurgery, oncology, orthopedic surgery, rheumatology and urology. A directory will soon be available.

Lahey Clinic nurse practitioners are committed to the education and mentoring of all nurses wishing to pursue advanced education. The first NP fellowship program at Lahey Clinic began in 2003 in the Dermatology Department. There are two fellows per year, and four have graduated from the program. Two NP fellows are currently enrolled. Students from the following colleges and universities have also benefited from the clinical expertise of Lahey NPs: Boston College, Northeastern University, Simmons College, Regis College, Salem State and UMass Lowell.

As stated by Dr. Ford, "NPs have become embedded in every aspect of health care. In a great sense NPs have transformed the practice of nursing."

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