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January/February 2003

# Notes on NURSING

at Lahey

## Acceptable vs. Exceptional: Making the Decision

◆ Christopher Lee, RN, BSN, and Nancy Rainier RN, BA

It is possible to be an *acceptable* nurse, one who completes core responsibilities, provides safe care, and has appropriate work habits. In fact, this is the least that we expect of all nurses. But true job satisfaction and self-empowerment are not going to be found in minimal expectations. As the JCAHO White Paper pointed out in "Healthcare at the Crossroads," there is much to be changed in the nursing work environment to increase job satisfaction:

- Adopt the characteristics of 'magnet' hospitals to foster a workplace that empowers and is respectful of nursing staff.
- Provide management training, as well as support, to nurse executives.
- Positively transform nursing work through the use of information and ergonomic technologies.

***"We are what we repeatedly do. Excellence, then, is not an act, but a habit."***

—Aristotle

- Set staffing levels based on nurse competency and skill mix relative to patient mix and acuity.
- Adopt zero-tolerance policies for abusive behaviors by health care practitioners who work with nurses.
- Diversify the nursing workforce to broaden the base of potential caregivers."

But there is another

*Continued on page 4*

## WHY DO I STAY IN NURSING?

◆ Jim Lupo, LPN, GIM,  
Station 3

While trying to assess why I remain in nursing I realized I had never really thought about why I, or anyone for that matter, would become a nurse, let alone remain one in these times of shortages and cutbacks. I looked at all the traditional "perks" one would think of in assessing a career and found that, in a number of categories, nursing fell woefully short. So why do it? I was surprised to realize that, for me at least, it is "service." Service to the patients I work for, to make their lives a bit better emotionally or physically. Service to the doctors I work with, to provide them some of the tools they need to do the tremendous work they do each day. Service to my peers and coworkers, to impart to them anything I can to provide better care for our patients and take from them any skill, knowledge or trait to make me a better nurse and person. All this sounds very altruistic but I must really confess that I receive much more than I give.

*Continued on page 2*

**Lahey**  
CLINIC

### SPOTLIGHT

*Christopher S. Lee  
and Peggy Frazier*



Chris Lee, clinical educator, 6E, completed his BSN at the University of New Hampshire and started his nursing career at New England Rehab in Woburn. He came to Lahey as a staff nurse on 5W, then transferred to the SICU. Chris has also worked at the Brigham and Women's Cardiothoracic ICU and the Beth Israel Neurosurgical ICU.

Peggy Frazier received her BSN from the University of Massachusetts, Amherst, and worked at the Deaconess Hospital in Boston, originally in med/surg, then in the CCU. When Lahey opened in Burlington in 1980, Peggy joined the staff of the CCU and transferred to the SICU when it opened in 1990. Frazier says, "I have two Lladro figurines—one is a mother, the other is a nurse. Being a nurse at Lahey is not just a job for me. This is who I am."

# CNO Corner...

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

As we welcome the new year and establish a nursing vision and goals for 2003, I want to thank all of you for your professional participation in accomplishing the many Nursing Department goals for 2002.

Through your continued efforts we were successful in many areas:

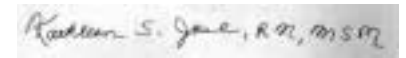
- Improved Professional Practice—We established a Tertiary Care Team Leadership role, created a re-entry program for medical/surgical nurses, began the Nurse/Physician Partnership Council, started publishing *Notes on Nursing*, and distributed the Nursing Community Calendar—a weekly e-mail.
- Improved Clinical Practice—We standardized education across surgical services and established another clinical education position, created an oncology clinical nurse specialist position, continued to refine the orientation process, and participated in the BU/DPH/Lahey diversion study.
- Articulated the Nursing Quality/Safety Plan by beginning the Nursing Peer Review Process.
- Redesigned Documentation—Through the Policy Coordination and Development Council, we implemented a new Initial Patient Assessment form and Patient Plan of Care utilizing interdisciplinary resources and we created new patient flow sheets for all areas of care.

- We opened the 6 West medical/surgical telemetry unit.
- We improved utilization and efficiency in surgical service methodology.
- We strengthened the Nursing Department governance structure.
- We worked in collaboration with our nursing community and Human Resources to develop strategies of retention and recruitment. We successfully recruited our targeted number of 130 RNs between April and August and, additionally, recruited 25 critical care RNs.

Our nursing vision for 2003 includes the following goals:

- Continue to establish a Professional Practice Model.
- Continue to improve clinical practice.
- Continue to implement a Nursing Quality Safety Plan.
- Ensure appropriate utilization of nursing resources.
- Strengthen the Nursing Department governance structure.
- Strategize appropriate patient flow/bed utilization and care delivery through a multidisciplinary approach.
- Continue to develop strategies of retention and recruitment.

In this New Year I ask you to become more involved, join a council or a committee, mentor a new colleague, and speak out for nursing at Lahey Clinic. I know you will continue to provide the highest standards of nursing excellence to your patients. Know that your efforts are appreciated by the institution, your patients, their families, and your peers.



## Notes on NURSING at Lahey

January/February 2003

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### DESIGN

Susan Dunne

*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.

## STAYING IN NURSING

*Continued from page 1*

Service these days seems to have become a dirty word with a lot of people. Many view it as demeaning and degrading. In a world where there seems at times to be so much hatred and anger, I derive a sense of peace and satisfaction that no amount of money could buy.

Having survived a life-threatening illness several years ago and making a midlife vocation change from a more lucrative engineering career, I know first hand the value of the personal satisfaction I obtain through service to others. How sad for some people that they may never experience this prize.

Don't get me wrong—when I go home at times tired, frustrated, and feeling unappreciat-

ed, I review my day and often agonize over things I could have done better. But tomorrow is another day, a day to try harder and to learn more. I say this not simply because this is what I do, but because this is who I am. I'm a nurse, and like legions of other nurses who dedicate their

lives to service, I believe that collectively we make the world a better place.

*This essay is one of three winning entries of the "Writer's Challenge" held during Nurses Week 2002. The two other winners were published in the July/August issue of Notes on Nursing.*

## SAVE THE DATE *Retention and Recognition Committee*

Tuesday January 28

2-3 pm, 6C Conference Room

Tuesday, February 5

2-3 pm 4W Conference Room

Open to All Nurses

- ◆ The R&R Committee, under the guidance of Ann Killilea, RN, nurse manager, 6 East, is looking for your opinions. Are there issues of colleague retention that you want addressed? Are you looking for a forum in which to get the issues "on the table." The R&R Committee wants to hear from you. Please join us at this open meeting. With enough interest, the committee will continue to meet the last Tuesday of every month.

# EDUCATION CALENDAR

See below for details

+ = MNA contact hours applied for

January	M	T	W	TH	F
			1	2	3
	6 P&E	7 Nursing Res. Committee CPC PC&D	8 PALS Basic Dysrhythmia+ Path to Expertise	9 BCLS (CPR)	10 Basic Dysrhythmia+ Path to Expertise
	13 Basic Dysrhythmia+ Path to Expertise	14 BCLS (CPR)- LCN	15	16 All-Day Cont. Ed.+ Q&S	17
	20 P&E	21 CPC PC&D	22	23	24
	27 New Grad Course	28 Critical Care Course+ Ret. and Rec. Committee	29	30	31

February	M	T	W	TH	F
	3 P&E	4 Nursing Res. Committee CPC PC&D	5 Preceptor Workshop+	6 BCLS (CPR)	7
	10	11 BCLS (CPR)-LCN Critical Care Course+	12 Nursing Research Series Critical Care Course+	13	14
	17 P&E	18 CPC PC&D Critical Care Course+	19 Critical Care Course+	20 Q&S	21
	24	25 All-Day Continuing Education+	26	27 Pacemaker Workshop	28

## JANUARY

**7** Nursing Research Committee  
Time: 10–11 am  
Place: 6K39, 6 East Conference Room  
◆ Open to all.

**8** PALS Recertification Class  
Time: 8 am–5 pm  
Place: HR Training Room, 31 Mall Road

**8, 10, 13** Basic Dysrhythmia Recognition Parts I, II, III+  
Time: 9:30 am–12:30 pm  
Place: Room 184, 31 Mall Road  
◆ Preregistration is required. Call ext. 8725.

**8, 10, 13** Path to Expertise–Telemetry  
Time: 1–4 pm  
Place: Room 184, 31 Mall Road  
Follows the morning session of Basic Dysrhythmias.  
◆ Preregistration is required. Call ext. 8725.

**9** BCLS (CPR)  
Time: 1:15–3:15 pm  
Place: Alumni Auditorium  
◆ Preregistration is required. Call ext. 8725.

**14** BCLS (CPR)–LCN  
Time: 1:30–4 pm  
Place: Lahey Clinic Northshore  
◆ Preregistration is required. Call ext. 4501.

**16** All-Day Continuing Education+  
Innovations in Cancer Care  
Time: 7:30 am–3:30 pm  
Place: Alumni Auditorium  
◆ Preregistration is requested. Call ext. 8725.

**27, 29, 30, 31** New Grad Course  
Time: 7:30 am–3 pm  
Place: Room 184, 31 Mall Road  
◆ Preregistration is required. Call ext. 8725.

**28** Critical Care Course+  
Time: 8 am–4 pm  
Place: Room 184, 31 Mall Road  
◆ Preregistration is required. Call ext. 8725.

## FEBRUARY

**4** Nursing Research Committee  
Time: 10–11 am  
Place: 6K39, 6 East Conference Room  
◆ Open to all.

**5** Preceptor Workshop+  
Time: 8 am–4 pm  
Place: 31 Mall Rd., Room 184  
◆ Preregistration is required, call ext. 8725.

**6** BCLS (CPR)  
Time: 1:15–3:15 pm  
Place: Alumni Auditorium  
◆ Preregistration is required. Call ext. 8725.

**11** BCLS (CPR)–LCN  
Time: 1:30–4 pm  
Place: Lahey Clinic Northshore  
◆ Preregistration is required. Call ext. 4501.

**11, 12, 18, 19** Critical Care Course+  
See January 28.

**12** Nursing Research Series  
Time: 4–5:30 pm  
Place: Alumni Conference Room  
Speaker: Anita Tucker, Harvard Business School, Results of Lahey nurses' survey  
◆ Open to all.

**25** All-Day Continuing Education+  
Heart Beats 2003  
Time: 7:30 am–3:30 pm  
Place: Alumni Auditorium  
◆ Preregistration is requested. Call ext. 8725.

**27** Pacemaker Workshop  
Time: 1–5 pm  
Place: Room 184, 31 Mall Road  
◆ A “hands-on” introductory workshop on temporary pacemakers. Preregistration is required. Call ext. 8725.

### NURSING COUNCILS MEETING SCHEDULE

**CPC:** Clinical Practice Council meets 1/7, 1/21, 2/4, 2/18 at noon, ED Conference Room.

**PC&D:** Policy Coordination & Development Council meets 1/7, 1/21, 2/4, 2/18 at 2 pm, Alumni Conference Room.

**Q&S:** Quality & Safety Council meets 1/16 and 2/20, ED Conference Room.

**P&E:** Professional & Education Council meets 1/6, 1/20, 2/3, 2/17 at 9 am, Lobby Conf. Room.

## ACCEPTABLE VS. EXCEPTIONAL

*Continued from page 1*

factor that we must bring to the table, and that is the striving for excellence in our practice, the desire to be an exceptional nurse. The nurse who continuously evaluates his or her own nursing practice and also promotes patient and nursing empowerment encourages newer nurses and regenerates the field.

What factors distinguish an acceptable nurse from an exceptional one? It starts with a personal commitment to the highest standards of professional nursing practice, a willingness to take additional steps toward advocacy, for both the patient and the nursing profession.

You can make the decision to become an *exceptional* nurse. The results will be apparent to your colleagues and, more important, to your patients. How can you do it?

- Take advantage of every learning opportunity available to you.
- Familiarize yourself with the current research recommendations regarding patient issues in your clinical area.
- Continuously evaluate the level of nursing care on your unit and ask yourself what you are doing to contribute to it.
- Collaborate with and question the medical team.
- Join a professional nursing organization

One example of exceptional nursing recently occurred in the Surgical Intensive Care Unit. A young man was admitted with a severe head injury following a motor vehicle crash. Every attempt was made to stabilize his rising intracranial pressure (ICP) without success. All the current medical therapies were utilized to no avail. Two exceptional nurses were caring for the patient over the period of several days. Both were concerned with the patient's increased risk of morbidity and mortality and spent an extended report time discussing any possible experimental interventions.

After researching current recommendations and research protocols for the treatment of the patient with severe head injury, the nurses recommended and implemented the additional strategy of lowering the patient's core body temperature with the use of cooling blankets. As a direct result, the patient's ICP stabilized, and there was a marked improvement in the patient's clinical picture. The patient was discharged to rehab and later walked in to the unit to say "thank you".

Both nurses were practicing exceptional nursing. Chris Lee, now the clinical educator on 6E, and Peggy Frazier, a Lahey colleague since 1980, went "above and beyond" in their care of the patient. According to Tracy Malone, nurse manager of the SICU/CT-PACU/6 East Step Down Unit, "Peggy has always been an exceptional nurse. She is willing to take additional steps to assure patient advocacy and the highest standards of care." She is often utilized as a resource and is both a preceptor and mentor to new colleagues in the CT-PACU and 6ESD. Frazier has made the decision to become an exceptional nurse, as her colleagues and the many patients whose lives she has touched will attest.

## PERITONEAL DIALYSIS ON YOUR UNIT

Peritoneal dialysis, or CAPD, is a treatment modality for patients who have chronic renal failure. The staff on 7E, 6W, 6E SD, and the critical care units have received in-service training on providing CAPD, and every effort will be made to admit these patients to these areas. However, there may be instances when this is not possible. The critical care floats, the rapid response nurses, the "super-users," and the staff on 6W and 7E have been designated to initiate CAPD and be available for the exchange procedure. They will not take over the care of the patient, but rather be responsible for the CAPD exchange. The Nursing Department of Education would like to thank Maura Finch, manager 7E, Mary Collins, manager of Nephrology, Ed Bortone of CPD, and the Gambro management team for their assistance during this transition.

## Notes on NURSING

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