

**INSIDE:**

**Council Reports**

**Professional Profile**

**JCAHO Safety Goals**

**Education Calendar**

**Medication Safety**

**The Bug Stop**

# Notes on NURSING

at Lahey

January/February 2004

## *Nursing 2004* Aligning Nursing Practice to Achieve Organizational Innovation

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

The year 2004 marks an exciting opportunity to implement the nursing department strategic goals as the hospital's strategic and operational goals are actualized. Nursing will continue to be an important component of the overall plan of expanding Lahey Clinic, developing professional leadership, moving toward a virtual electronic medical record, improving customer relations, enhancing our Web site, and expanding our OR, cancer, cardiovascular and diagnostic imaging services.

We are strengthening our governance structure by implementing unit-based councils, scheduling staff nurses to attend nursing council meetings, and establishing on-line policy access. Our nursing quality and safety plan includes tracking of pressure sores, infection, pain, patient identification, staffing effectiveness, falls and restraints, medication errors, and patient satisfaction. We will continue to maintain clinical excellence as evidenced by the results of the Picker and the NDNQI surveys. Additionally, we will be taking part in the NDNQI nurse satisfaction survey in February. Lahey is a high reliability organization (HRO), and unit-based dashboards will allow us to continue to track and trend our nursing quality outcomes.



Kathleen S. Jose

One of our comprehensive goals is to increase communication to and from staff nurses and provide staff development relative to communication. We want to enhance interdepartmental and external communication, focus on technology driven communication on all nursing units, and implement e-mail for all nursing staff.

As we increase our bed capacity, we will also increase our

*Continued on page 2*

### COUNCIL REPORTS

#### Quality and Safety Council

The Quality and Safety Nursing Council is working on, but is not limited to, the following:

■ **Falls/restraints:** Introducing chair alarms and magnetic yellow dots to increase identification of patients at risk.

■ **Flu and pneumonia immunization of the in-house patient:** Improving compliance and increasing the number of patients who are immunized.

■ **Narcotic reconciliation:** Reconciling narcotics delivered with documentation on the MAR for each unit, each period.

■ **Removal of drugs from Pyxis:** Drugs removed from Pyxis need to be removed on the correct patient. Documentation for medications will be transcribed electronically in the near future with the introduction of Pyxis Patient Stations at the bedside.

■ **Walking Rounds:** Exploring the feasibility of this practice to enhance patient care.

■ **Nursing Peer Review:** The process by which nursing peers are responsible for the review of adverse patient outcomes as they occur to determine whether

*Continued on page 2*

#### ALL NURSING ASSEMBLY

January 22, 2004

12:30 pm

Lahey Clinic Medical Center, Burlington, Alumni Auditorium

3 pm

Lahey Clinic Northshore, Conference Room

6:30 pm

Lahey Clinic Medical Center, Burlington, Alumni Auditorium

- ◆ Meet with Kathie Jose, RN, MSN, CNO
- ◆ Come and hear the exciting plans for implementing our strategic goals for nursing at Lahey Clinic.
- ◆ Bring your questions.

**Lahey**  
CLINIC

# Nurses 2004

Continued from page 1

"touch time" with patients through technology, improved documentation, education, and multidisciplinary teams. We will develop patient education online with the patient Pyxis station. By creating a multidisciplinary approach to ADT (admission, discharge, transfer), we will improve our systems and provide better access by implementing the virtual bed program, creating holding areas, and assessing the possibility of a discharge lounge. We are also looking at establishing an electronic bed board, and enhancing the "Lift Up" program.

Our nursing OR services will be enhanced by continuing to develop the Nursing Pods of Excellence Program, thus ensuring consistency, a high level of competence, and teamwork within the OR environment. By partnering with academic nursing centers and instituting perioperative training programs, Lahey will continue to attract new talent and encourage our nurses to travel on this Pathway to Expertise.

Another important area of focus is to work collaboratively with Human Resources to ensure that all our positions are filled with the finest and the most competent nurses within the profession. Our Clinical Advancement Model is currently being defined and will dovetail with our Pathways to Expertise Program. We will continue to develop and provide review courses such as the CCRN course for both our own nurses as well as for those nurses within our community. Strengthening our Nursing Research Program is also a goal,

and Lahey will continue to have a visiting research scholar to assist us. We will continue to offer on-site BSN and MSN courses through Regis College and Salem State College.

Attaining Magnet certification is in our vision and the journey has begun. The co-chairs of the steering committee will be in touch with all of you very soon.

There are many more strategies that you will hear about in the coming months. While the year 2004 is a challenging time to be a nurse, it is also an exciting time of change and improvement. Happy New Year! See you all at our nursing assemblies in January!

## Notes on NURSING at Lahey

January/February 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

such outcomes represent opportunities for quality improvement. The Nursing Peer Review Committee reports to the Nursing Quality and Safety Council and to Professional Affairs. Adverse outcomes reviewed at Nursing Peer Review may include deaths, falls, medication errors, complications due to deviation from standard nursing practice, events relating to the failure of the existing policies or systems, and complaints.

Overall, Q&S is committed to reviewing any potential quality concerns, improvement strategies, and nursing related system changes. The council will review any requests from the Nursing Department that could have the potential of impacting patient safety and/or quality of care as well as the safety of Lahey's nurses.

—Cynthia Fiekers, RN, and  
Carol Martel, RN

### Clinical Practice Council

The Clinical Practice Council will meet on the first and third Tuesdays of the month at Noon in the ED Conference Room. The Council is in the process of reviewing and approving all Nursing Practice Guidelines.

Also under review are policies on medication administration and transcribing orders. The council is working closely with the Medication Safety Task Force and the Nursing Quality/Safety Council to develop these policies.

The Council would like to welcome our newest member, Gini Belanger, RN, ED.

—Jean Brown, RN, and  
Janet Habeshian, RN

### Policy Coordination and Development Council

The Policy Coordination and Development Council reviews all policies that involve nursing

for the Clinical and Administrative Manual. The council is also reviewing the patient assessment forms and the nursing flow sheets used throughout Lahey Clinic. The use and responsiveness of acuity systems is also under discussion as are both the preoperative and preprocedure checklists. The council currently meets on the first and third Tuesday of the month at 2 pm, in the Alumni Conference Room.

—Sheila Cunniff, RN, and  
Carol Howland, RN

### Professional and Education Council

The Professional and Education Council meets the first Tuesday of the month in 6K39 at 9:30 am. The council has been reviewing the standards for Magnet recognition as well as reviewing all of the educational offerings for nurses provided by Lahey Clinic. Both the Research Committee and the Retention and Recognition Committee report to this council. Council members were delighted when both Martha A.Q. Curley, RN, PhD, FAAN, and Bernadette (Pat) Hungler, RN, PhD, spoke at a recent all-day continuing education program in the auditorium. Dr. Curley is the originator of the "Synergy" model in nursing, a way of looking at the characteristics of both nurses and patients in order to achieve better patient outcomes. Dr. Hungler, a member of our research committee, is co-author of *Nursing Research: Principles and Methods* and serves as an inspiration and mentor to nurses using research here at Lahey.

—Gayle Gravlin, RN

### Nurse Physician Partnership Council

The Nurse Physician Partnership Council meets on the second Thursday of each month from 9 to 10 am. The council is made up of representatives from each nursing unit and physicians from both the medical and surgical services.

Over the last few months, the council has looked at and given input into the new phlebotomy rounds, the revision of the MRI screening form, and the smooth transfer of stable patients from the ER to the floors, otherwise known as the “Lifting Up” process. The council has also been involved in communicating the importance of vaccinating patients, educating staff about the new Alcohol Withdrawal Syndrome Pathway, and the CAP Pathway.

This month Christina Larson and Andrew Warner, MD, will be attending our meeting to discuss the recent death of a patient at Children’s Hospital as it relates to Lahey Clinic. We will take this opportunity to look at “chain of command” issues and how we can improve communication and the care of our patients.

Many thanks to everyone who has been so committed to our council.

—Fran White, RN

## A Profile of Professional Development

◆ Linda Campbell, RN, C, CPHQ

Joan Gabriel started at Lahey Clinic in 1987, on 7 Central Hospital. She had just graduated from Southeastern Massachusetts University in Dartmouth with a BSN. Joan had taken the summer off and was a very enthusiastic new grad. She says that “7CH” was a great place to begin her nursing career.

“It gave me the organizational and assessment skills you need to develop as a nurse.”

And develop is what Joan has done at Lahey. After spending five years in medical/surgical nursing, Joan was ready for new challenges.

“I credit Janet Habeshian, my nurse manager, with guiding me toward other opportunities,” she says.

After some discussions about what would be a logical next career move, Joan left 7 Central and went to the ICU, where she spent the next eight years further developing her nursing skills. While she was practicing in the critical care setting, an opportunity arose to do some research with the Pulmonary Medicine Department, gathering patient data for a study they were conducting. Not being one to let an opportunity to grow and learn pass her by, Joan accepted the challenge and continued to work part time in the ICU and part time with the Pulmonary Medicine Department.

In 2000 Joan made a major change, from hospital to clinic nursing. It was not at all what she anticipated. She thought clinic nursing would be routine, with little variety in the day. This has not been the case at all. As an RN in the Pulmonary Medicine Department,



Joan Gabriel, RN, BSN

*“Within the walls of Lahey I’ve found all the experiences and opportunities I’ve wanted as a nurse.”*

Continued on page 5

# JCAHO 2004 National Patient Safety Goals

## 1) Improve the accuracy of patient identification.

Use at least two patient identifiers (neither to be the patient’s room number) whenever taking blood samples or administering medications or blood products. [Scored at Standard PC.5.10, EP #4]

Prior to the start of any surgical or invasive procedure, conduct a final verification process, such as a “time out,” to confirm the correct patient, procedure and site, using active—not passive—communication techniques. [Scored at Standard PC.13.20, EP #9]

## 2) Improve the effectiveness of communication among caregivers.

Implement a process for taking verbal or telephone orders or critical test results that requires a verification “read-back” of the complete order or test result by the person receiving the order or test result. [Scored at Standard IM.6.50, EP #4]

Standardize the abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols *not* to use. [Scored at Standard IM.3.10, EP #2]

## 3) Improve the safety of using high-alert medications.

Remove concentrated electrolytes (including, but not limited to, potassium chloride, potassium phosphate, sodium chloride >0.9%) from patient care units. [Scored at Standard MM.2.20, EP #9]

Standardize and limit the number of drug concentrations available in the organization. [Scored at Standard MM.2.20, EP #8]

## 4) Eliminate wrong-site, wrong-patient, wrong-procedure surgery.

Create and use a preoperative verification process, such as a checklist, to confirm that appropriate documents (e.g., medical records, imaging studies) are available.

Implement a process to mark the surgical site and involve the patient in the marking process.

## 5) Improve the safety of using infusion pumps.

Ensure free-flow protection on all general-use and PCA (patient controlled analgesia) intravenous infusion pumps used in the organization.

## 6) Improve the effectiveness of clinical alarm systems.

Implement regular preventive maintenance and testing of alarm systems.

Assure that alarms are activated with appropriate settings and are sufficiently audible with respect to distances and competing noise within the unit.

## 7) Reduce the risk of health care acquired infections.

Comply with current CDC hand hygiene guidelines.

Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

# EDUCATION CALENDAR

January	M	T	W	TH	F
					1
	5 Nursing Re-Entry+ (4 weeks, Jan. 5-29) Critical Care+	6	7	8	9 Preceptor Workshop+
	12 Critical Care+	13 All Day Cont. Ed.+ BCLS - LCN	14	15	16 New Grad ONS Course
	19 Critical Care+	20 Critical Care+	21	22 All Nursing Assembly	23 New Grad ONS Course
	26	27 Pacemaker Workshop+	28	29	30 New Grad

See below for details

+ = MARN contact hours applied for

February	M	T	W	TH	F
		2	3	4	5
	9 Basic Dysrhythmias+ Path to Expert. Critical Care	10 All Day Cont. Ed. BCLS - LCN	11	12 Advanced Telemetry Workshop+	13 Basic Dysrhythmias+ Path to Expert.
	16	17 Critical Care Re-Entry	18	19	20
	23 Critical Care Re-Entry	24	25	26	27 Medical/Surgical Crisis Workshop+

## JANUARY

### 5-29

#### Nursing Re-Entry Program +

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

### 5,6,12,19,20

#### Critical Care Course +

Time: 8:30 am-4:30 pm

Place: 6K39

◆ 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.

Preregistration is required, call ext. 8725.

### 7,9,16,23,30, Feb 6

#### New Grad Course

Time: 8 am-4 pm

Place: January 7: 6K39

others: Room 185, 31 Mall Road

### 8 BCLS (CPR)

Time: 1:15-3:15 pm

Place: Auditorium

◆ Recertification only. Space is limited and preregistration is required. Call ext 8725 or 8552.

### 9 Preceptor Workshop +

Time: 8 am-4 pm

Place: Room 184

◆ Preregistration is required, call ext. 8725. Designed to help new preceptors develop the skills needed to be an effective preceptor for new staff members. Open to any department.

### 13 BCLS (CPR)-LCN

Time: 1:30-4 pm

Place: Lahey Clinic Northshore,

Lobby Conference Room

◆ Preregistration required at ext. 4501.

### 13 All Day Continuing Ed. +

• Ethics

Time: 7:30 am-4 pm

Place: Auditorium

### 22

#### All Nursing Assembly

at 12:30, 3:00 (LCN), 6:30

### 27 Pacemaker Workshop +

Time: 8 am-Noon

Place: Room 184

◆ A "hands-on" introductory workshop on temporary pacemakers. Preregistration is required at ext. 8725.

## FEBRUARY

### 5 BCLS (CPR)

Time: 1:15-3:15 pm

Place: Auditorium

◆ Recertification only. Space is limited and preregistration is required. Call ext. 8725 or 8552.

### 6, 9, 13

#### Basic Dysrhythmias +

Time: 9:30 am-12:30 pm

Place: 6K39

◆ Intended to help beginning critical care/telemetry nurses develop an understanding of basic dysrhythmias. Open to any RN.

### 6, 9, 13

#### Path to Expertise-Telemetry

Time: 1-4 pm

Place: 6K39

◆ Follows the morning session of Basic Dysrhythmias. A series of classes devoted to caring for the patient on telemetry. Topics include acute coronary syndrome, CHF, the devices of cardiology, and care of the surgical telemetry patient.

### 9, 11, 12, 17, 18, 19, 23, 24, 25

#### Critical Care Re-Entry Program

◆ A three week intensive of classroom and clinical observation for nurses returning to critical care practice.

### 10 All Day Continuing Ed. +

• Organ Transplants

Time: 7:30 am-4 pm

Place: Auditorium

### 10 BCLS (CPR)-LCN

Time: 1:30-4 pm

Place: Lahey Clinic Northshore, Lobby Conference Room

### 12 Advanced Telemetry Workshop +

Time: 7 pm-11pm

Place: Alumni Conference Room

◆ Advanced telemetry concepts for nurses who have completed the Basic Dysrhythmia Course.

### 27 Medical/Surgical Crisis Workshop +

Time: 1-5 pm

Place: 6K39

◆ What to do when the patient has taken a turn for the worse on a med/surg floor. Open to all.

# Medication Safety

◆ Maureen McLaughlin, RN, BSN, and Martin J. Goldberg, RPh, MBA

Welcome to this new section of *Notes on Nursing*. Our goal is to share information with all nurses on the practice of safe medication administration.

There is a nationwide focus on the reduction of medical errors, which account for more than 44,000 patient deaths per year. Errors in medication administration are a component of this problem. A medication error can be defined as a “preventable event that may result in inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient or consumer” (*RN, 2003*). In a study done at 368 hospitals, there were more than 100,000 medication errors resulting in 2,500 injuries and 14 deaths.

**Research has shown that the majority of medication errors occur because of system failures, rather than individual failures.**

Lahey Clinic has made the safe administration of medications a priority. Activities at the Clinic that address this problem include

the Medication Safety Committee, the Standing Orders Committee, the Medication Administration Task Force, and a newly formed Pyxis Task Force. All of these committees involve close collaboration between nursing, pharmacy and the physicians.

The approach at Lahey Clinic is to review the medication distribution system and the medication administration process. Research has shown that the majority of medication errors occur because of system failures, rather than individual failures. The Clinic has established several tools to facilitate the dissemination of information regarding medications:

The IV Grid is available both in hard copy on your unit and

on line. The IV Grid must be checked before any IV medication is given.

Micromedex is an on-line drug reference manual and includes “CareNotes,” the patient education resource, and Drug REAX, a drug compatibility system.

ISMP (the Institute for Safe Medical Practice) for Nurses is distributed with the weekly calendar, and the Acute Care ISMP monthly report is available on line under “Publications.”

Lexi-com, a drug reference manual, is available on the Pyxis station.

*Pyxis Pieces*, a newsletter written by Marty Goldberg, is available both online and at the Pyxis station.

Through the committee work of several Lahey employees, recent system improvements include the implementation of Pyxis Connect (our new order scanner), the prohibition of selected abbreviations, and increased use of approved preprinted orders. Future plans call for the implementation of an electronic medication record.

Your feedback on these issues will be vital. We welcome your thoughts and suggestions. Please feel free to contact us at [Maureen\\_McLaughlin@lahey.org](mailto:Maureen_McLaughlin@lahey.org) and [Martin.J.Goldberg@lahey.org](mailto:Martin.J.Goldberg@lahey.org).

## MEDICATION SAFETY QUIZ

**Which of the following is an example of a medication error?**

- Patient X is due for an antibiotic at 10:00. The nurse is busy with another patient and the patient receives his medication at 12:00.
- Patient X receives an antibiotic ordered for patient Y.
- Patient X arrives from the PACU and is due for an antibiotic. He has just arrived and has not yet been added to the Pyxis. But patient Z was just discharged and is still in Pyxis. In an effort to administer the antibiotic on schedule, the nurse removes the antibiotic from patient Z's drawer and administers the antibiotic to patient X.
- Cefoxitin 2 grams IV is ordered for patient X. However, the patient receives 1 gram IV per the MAR.

(Answers: all of the above)

## PROFILE

*Continued from page 3*

Joan finds the best of both worlds, bringing together all the skills she has gathered along the way. She cites opportunities to do patient teaching with patients in the Asthma Clinic, to assist in bronchoscopy and thoracotomy procedures using critical care skills, and to continue to do more involved research, enrolling patients in studies and clinical trials.

According to Joan, every day is different and challenging. “Within the walls of Lahey I’ve found all the experiences and opportunities I’ve wanted as a nurse.”

Joan is currently expecting her first child in April—another new experience that she will surely meet with her usual enthusiasm.

The Pulmonary Medicine Department cares for many of our patients with respiratory illnesses. As a nurse in that department, Joan is involved in helping patients avoid the dangers of contracting pneumonia and influenza. Lahey Clinic has a standing order policy allowing nurses to assess and administer these vaccines to any eligible patient. All patients with pulmonary diseases and other chronic illnesses, or those who are immunocompromised, should receive the pneumonia vaccine. The “flu” vaccine is administered yearly and is recommended for all persons over 50 years of age, or between 6 months and 49 years of age if they have chronic pulmonary or cardiovascular system conditions, live in an institution or communal housing, are health care or school workers, or women in the second or third trimester of pregnancy.

For more information about assessing and administering flu and pneumococcal vaccines please contact Linda Campbell at ext. 3499 or [Linda.M.Campbell@Lahey.org](mailto:Linda.M.Campbell@Lahey.org).

## THE BUG STOP

# *Infection Prevention and Control ... Patient Safety First*

◆ Jane Eyre Kelly, RN, CIC

Within the past few decades a number of significant issues related to infection control have surfaced, including the AIDS epidemic, emergence of resistant organisms, threats of bioterrorism, and the problem of hospital-acquired infections. These developments, as well as the increasing awareness of the importance of infection prevention and control to the safety and quality of patient care, prompted the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to review their current standards. A panel of nationally recognized experts was convened to advise JCAHO in the reformulation of its Infection Control and Prevention Standards. Last July, the Joint Commission Board of Commissioners approved six national patient safety goals for 2004 and added a seventh goal focusing on reducing the risk of hospital-associated infections. The overall intent of the infection control standard revisions is to place greater emphasis on problem identification and active intervention in the health care setting. The revised standards place a high priority on compliance with the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

The CDC estimates that more than two million hospital-acquired infections occur each year in the United States, and

90,000 people die from these adverse events. More than one-third of hospital-acquired infections are preventable. An effective infection control program begins with creating an organizational culture and climate where infection prevention and control is considered a high priority and is part of the framework against which day-to-day tasks are performed.

Nurses contribute to prevention and control of infection on a daily basis. In ambulatory care settings, staff provide immediate treatment of patients with acute infections and prevent infections in patients undergoing tests and procedures. In hospital care areas, invasive procedures such as endoscopy, wound care, and nutrition support are commonplace. Devices such as urinary catheters, intravascular devices, surgical drains, and respiratory therapy devices are used extensively. All of these procedures and devices carry infection risks. Nursing personnel use systems, work practices, and personal protective equipment to minimize the risk of infection to their patients.

The Infection Control Program appreciates the many efforts of each member of the nursing department; you serve as key protectors against infectious invaders. It is your efforts that ensure positive outcomes for our patients.

## Notes on NURSING

Lahey Clinic  
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