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# Notes on NURSING

at Lahey

July/August 2003

## Massachusetts Center for Nursing

◆ Doree Pedersen, RN, BSN

In June 2002 a call was made to nurse leaders across Massachusetts to attend a summit. The purpose was to develop a plan to establish a center in Massachusetts dedicated to the ongoing recruitment and retention of registered nurses. Representatives from 35 nurse organizations and other interested stakeholders who attended the summit showed strong support for the idea. At the end of the day there were commitments of time, staff, meeting space and financial support. Those interested participants became part of the design team that would begin the work of building the center. Several design team members formed a steering committee, and with the expertise and guidance of a project management team, we have made major accomplishments in a short period of time.

The vision for the Massachusetts Center for Nursing is to shape a healthy future for the profession of nursing and for the people of Massachusetts



Diana Mockler, RN, BSN, staff nurse on 6 East, Doree Pedersen, RN, BSN, assistant nurse manager, Ambulatory Surgery, and Maureen McLaughlin, RN, BSN, CPAN, clinical educator in the PACU, are involved in the creation of the Massachusetts Center for Nursing.

through collaboration and innovation. The mission of the multifaceted center is to promote, advance and ensure the critical and integral role of professional nursing in improving the quality of health care in Massachusetts. During this first year of development, the design team has focused on three main goals:

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## CLINICAL TRIALS AND YOU

by Carmela Horlitz, RN, MS

◆ Many papers have been written about declining enrollment in clinical trials. Certainly each clinical trial has a very specific target group for enrollment, and fewer than half of the people eligible will actually volunteer to become subjects in a trial. The Patient Education and Craft Fair, held in April, provided an opportunity to expose a potential trial population to information—and even experience—with a clinical trial.

An educational brochure provided a definition of a clinical trial and included information about conduct of a trial, participation and consent, protection of personal information, and Web sites to research for additional information. A checklist of questions to ask before volunteering in a trial was also provided.

Though a demonstration of an actual randomized trial

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**Lahey**  
CLINIC

# CNO Corner

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

The basis of self-governance in nursing at Lahey Clinic is the nursing council structure. Established in the fall of 2000, the structure consists of five councils: the Clinical Practice Council, Quality and Safety Council, Policy Coordination and Development Council, Professional and Education Council, and Nurse/Physician Partnership Council. The chairs of these councils make up the membership of the Senior Leadership Council.

The essence of self-governance is that all nurses can be involved in decision making, determining the resolution of issues that affect their practice and work environment. As we begin the journey to magnet status, it is imperative that our council structure truly includes staff participation and that the self-governance structure begins at the unit level and continues throughout all levels of committees and councils.

I have been urging staff nurses to become involved in the councils since their inception. I am committed to providing whatever support is necessary to increase staff involvement, but the ultimate choice is up to you. Your participation is encouraged and welcomed; important decisions must be made, and your input is invaluable. Which nursing council is for you?

Jean Brown, manager of the ED, and Janet Habeshian, manager of 7C and 6W, chair the Clinical Practice Council. It is here that all nursing policies are approved and issues of nursing practice are discussed and determined. The Quality and Safety Council, chaired by Carol Martel, manager of 7W, and Cynthia Fiekers, manager of 5W, covers incident reports, quality data, patient and staff safety issues, and the nursing peer review process, which I chair. The Policy Coordination and Development Council, chaired by Sheila Cunniff, director of ambulatory nursing practice, and Carol Howland, director of finance and informatics, approves the nursing components of clinical and administrative policies, and reviews and develops nursing documentation tools.

The Professional and Education Council, chaired by Gayle Gravlin, director of education and clinical guidelines, facilitates building a strong nursing community and seeks ways to support professional growth. Fran White, manager of 6C, David J. Schoetz, Jr., MD, and I chair the Nurse/Physician Partnership Council, working to resolve shared practice issues and increase cooperation between nurses and physicians.

Please join your colleagues in the exciting and challenging work of self-governance here at Lahey Clinic.



## CLINICAL TRIALS AND YOU

*Continued from page 1*

would have been most effective, it was too time consuming for this program. What evolved was "A Blinded Study to Test the Preference in Taste Between Bottled Water and Filtered Water in a Random Population of Men and Women." The intent of the trial was to expose potential participants to the consent and research process in a nonthreatening and educational atmosphere.

As patients, staff and visitors passed the table, those who showed interest were invited to participate. Ten participants were quickly enrolled. Each subject had the trial explained through the consent process, with emphasis on protection of private health information. Eligibility was determined, then the taste test was conducted, and finally the subject questionnaires were distributed and filled out.

The results, though interesting, were certainly not conclusive. Of the 10 participants, 1 was undecided. Of the remaining 9, 44.5 percent (or 4) preferred bottled water, and 55.5 percent (or 5) preferred filtered water. Men preferred bottled water and women preferred filtered water (though only one man participated!).

The other information discovered was more interesting. Many participants wanted to bypass the consent process and the signing of forms. Men were more reluctant to show an interest in the brochure and, therefore, in the study. Several subjects wanted to discuss the water and the experience. Almost everyone asked where the results would be posted after the

trial was complete. Many patients asked about available clinical trials.

Certainly, this was no true clinical trial, yet these issues should be taken into consideration when approaching potential study subjects. The consent process, though time consuming, is vital for each subject. Researchers need to evaluate the openness, time commitment, and level of understanding of each potential subject.

Consideration of the subject's need to discuss the process must be built into the study visit, as often results are not available for years after completion of the trial. With further exploration, this information could prove helpful in facilitating the research recruitment process.

*Thanks to Sherry Heldt, RN, and Nancy Arbeene, MT, who edited and formatted the brochure, and several research associates who helped at the table.*

### Notes on NURSING at Lahey

July/August 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.

# Alcohol Withdrawal Syndrome Project

◆ Linda M. Campbell, RN, C CPHQ

In recent years, we have noted an increase in the number of patients experiencing alcohol withdrawal syndrome (AWS) during hospitalization. As a consequence, a team of Lahey physicians, nurses, pharmacists, dietitians and administrators has been developing a pathway for care of the AWS patient.

When a person abruptly stops regular intake of alcohol there is a risk of developing withdrawal symptoms. These symptoms can be mild to severe, depending on the patient's amount and frequency of alcohol intake. The care of these patients places an additional strain on the health care system as we strive to manage the condition and the patient's safety. Additional

staff in the form of "sitters" have been used, at great cost to the organization.

A better way to manage these patients is through early identification of those who are at risk of develop-

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***A better way to manage these patients is through early identification of those who are at risk of developing AWS.***

ing AWS, before there is a manifestation of moderate to severe symptoms. Severe symptoms, which we seek to prevent, are delirium tremens and seizures.

The Lahey Clinic AWS pathway is based on a risk assessment scale, the "Clinical Institute Withdrawal Assessment—Alcohol, revised" (CIWA-Ar), which assigns a score based on the signs and symptoms that a patient is exhibiting. The physician or nurse uses the score to determine the dose of lorazepam (the drug of choice in treatment of AWS) necessary to control the symptoms. The pathway also addresses IV hydration, other medications to be administered, and laboratory testing necessary for

the care of the AWS patient.

The pathway is being piloted on 6 West Hospital, as this nursing unit has had the greatest numbers of AWS patients in the recent past. The nursing staff will be educated about assessing patients using the CIWA-Ar scale as well as using a documentation tool that has been developed for use with the scale and pathway. The physician staff, including attending and house staff, will also be included in the education and roll-out. Once we have resolved

any problems associated with the education or systems, the pathway will be used organization-wide.

In addition, an AWS prophylactic order set has been developed for patients who are at risk of developing AWS but are not exhibiting symptoms.

It is hoped that with education and experience in using these new pathways we will be able to significantly decrease the numbers of patients who develop this syndrome and the severity of symptoms in those who do.

## QUICK QUIZ

### *Do You Know How to Calculate Percent Solutions?*

- A patient has an order for Lidocaine 1% 10ml. How many mg does this equal?
- A. 10mg
  - B. 100mg
  - C. 1000mg

If you picked B., 100mg, you are correct.

A 1% solution by USP definition = 1g/100ml.

1gm = 1000mg, therefore we have 1000mg/100ml

1000mg/100ml = 10mg/ml.

10mg/ml x 10ml = 100mg

therefore 10ml of a 1% solution of Lidocaine = 100mg Lidocaine.

- A patient has an order for Triamcinolone ointment 0.025%. How many mg of Triamcinolone are in 1 gram of ointment?
- A. 2.5mg
  - B. 0.25mg
  - C. 25mg

The correct answer again is B., 0.25mg.

This weight/weight calculation is as follows:

A 1% ointment by USP definition = 1g/100g

Therefore Triamcinolone 0.025% = 0.025g/100g

We must first convert to mg by knowing that 1000mg = 1gm

0.025g/100g x 1000mg/1g = 25mg/100g

Therefore we have 0.25mg of Triamcinolone in each gm of ointment

## Coming to Your Area...

By August 2003, all of the clinical areas will have Zoll biphasic defibrillators. This latest technology provides superior efficacy with lower energy current. The numbers to remember are 120 - 150 - 200. Educational in-service training will be held throughout Lahey Clinic during July and August. All nurses must attend one of these sessions.

# Introducing Our Visiting Research Scholar

◆ Gayle Gravlin, RN, EdD

The Nursing Research Committee is dedicated to supporting nursing research at Lahey Clinic. The committee's mandate has been to encourage participation in all areas of nursing research in the belief that research is essential to the improvement of patient care and the development of evidence-based nursing practice. Kathleen Jose, MSN, RN, chief nursing officer,

has demonstrated her commitment to nursing research at Lahey through our ongoing affiliation with Regis College and the recent appointment of Nancy Bittner, PhD, RN, CCRN, as our visiting research scholar.

During her year-long appointment, beginning in fall 2003, Bittner will be on site at Lahey on a weekly basis. She will help staff nurses develop ideas and

observations from their daily practice into research questions and clinical studies.

As part of our Nurses Week celebration, Bittner presented "Strategies for Solving Clinical Problems." This presentation was developed from her doctoral research, which explored how cardiac nurses use critical thinking and processing to solve problems in clinical practice.

Bittner is currently an assistant professor and curriculum coordinator for Regis College's Center for Health Sciences. In addition, she has extensive critical care practice experience and currently works as a staff nurse

in the cardiac catheterization lab and the cardiac rehabilitation program at Caritas Norwood Hospital. Her professional contributions include a number of presentations in both academic and practice settings. Bittner's article, "Critical Thinking: Strategies For Practice," was published in the *Journal for Nurses in Staff Development* (vol. 2, Dec. 1998).

We look forward to a very exciting year. We invite our nursing colleagues to consider joining the Nursing Research Committee, which meets on the first Tuesday of the month at 10 am in the 6 East Hospital Conference Room.

## CENTER FOR NURSING

*Continued from page 1*

- Develop funding mechanisms and the infrastructure to sustain the operations of an independent center for nursing in Massachusetts
- Establish a resource bank for information related to the profession of nursing in Massachusetts
- Develop processes that foster and strengthen the recruitment, retention and career advancement of nurses in Massachusetts

Two Lahey nurses are members of the design team. Maureen McLaughlin, RN, PACU, representing the Massachusetts Association of Perianesthesia Nurses, and Diana Mockler, RN, 6 East, representing the Massachusetts Student Nurses Association, have been involved with the developing center since the initial summit.

My involvement started last January, when I was seeking a clinical placement and preceptor for a health promotion class I was taking at Emmanuel College. With the nursing shortage predicted to reach 29 percent by 2020, promoting the profession of nursing seemed like a worthwhile endeavor.

I was fortunate to find not one, but three preceptors, members of the project management team for the center. Donna Mae Donahue, PhD, RN; Mary Manning, MN, RN; and Maureen Sroczynski, RN, MS, shared endless knowledge at meetings as bylaws were drafted, business plans were formed, and fund-raising efforts were discussed.

I learned about "Robert's Rules," 501(c)3 status (not for profit), and the structure of various nursing centers in the country (there are currently about 20). Organizing a database of contact information for participating nursing organizations and stakeholders has helped the team's ongoing communication efforts.

Researching foundations for potential funding will aid in the next step—program development. The center's program development will help carry the Massachusetts nursing profession into the future. Some programs may focus on career development and education. Others may involve development of a Web site with resource links, promoting positive work and practice environments, promoting recognition rewards and renewal of nurses, and educating the public about the importance of nursing and about the center.

As this issue went to press, Diana Mockler and I were scheduled to join others from the design team at the State House to give testimony before the Health Care Committee about the Massachusetts Center for Nursing. Continued intense work, collegiality and shared purpose will move the center towards incorporation, Web site development, and a physical space of its own. The Massachusetts Center for Nursing will lead to a brighter future for the profession of nursing and for the Commonwealth of Massachusetts.

*Doree Pedersen, RN, BSN, is assistant nurse manager in Ambulatory Surgery.*

# The Pathway to Expertise

◆ Kathy Pierce, RN, BSN, and Nancy Rainier, RN, BA

**H**ow do you acquire the skills needed to become an expert in what you do? What path will lead to your destination of experience, knowledge and competence?

Faced with an increasing need for critical care nurses and an immediate need to open a new telemetry unit, Kathleen Jose, RN, MSN, chief nursing officer, encouraged the Nursing Department of Education to develop a pathway for medical/surgical nurses using Benner's model of "Novice to Expert" (*From Novice to Expert: Excellence and Power in Clinical Nursing Practice*, Patricia Benner, RN, PhD, FAAN, Prentice Hall, 1984). Benner based her seminal research on the Dreyfus Model of Skill Acquisition and described the experience of nurses from Stage 1 (the novice) to Stage 5 (the expert). The novice with no experience follows inflexible universal rules. The expert operates from a deep understanding of the total situation, integrating knowledge and experience.

The Pathway to Expertise—Telemetry was designed to provide a comprehensive series of educational offerings for both new and experienced nurses hired for the opening of 6 West in March 2002. The hope was that we would be able to increase job satisfaction and retention, and build nurses' expertise to deal with the high acuity of our current medical market.

The pathway for telemetry starts with the Basic Dysrhythmia Recognition course. This series of three morning classes teaches the basics of reading the cardiac monitor tracing accurately. The afternoons offer a set of patient care classes. The topics covered include acute coronary syndrome, congestive heart failure, care of medical and surgical patients needing telemetry, and care of patients before and after cardiac interventions, including pacemakers and ICDs (implanted cardiac defibrillators). The specifics of cardiac devices are reviewed with MaryEllen Gray, PAC, from the pacemaker clinic; Nancy Todd, NP, from the CHF clinic, covers heart failure.

The combination of telemetry recognition and care of

the patient provides the nurse with the information needed to respond appropriately to the patient's symptoms and monitor information. The development of the nurse's response may evolve over six months to a year as the individual gains experience. It requires extensive on-the-job support from preceptors, educators, tertiary team leaders, ANMs and charge nurses, experienced colleagues and managers. In addition, the nurse on the pathway is offered the opportunity to visit the operating room and the cath lab. Finally, a day may be spent with experts in the Holter monitor reading room in order to put arrhythmias in perspective and discover that many healthy and active people have very different cardiac tracings.

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***The expert operates from a deep understanding of the total situation, integrating knowledge and experience.***

Over a one to two-year period the nurses who choose to travel the pathway will complete several self-study modules on pertinent cardiac topics while they are caring for patients with these cardiac diagnoses. Each nurse travels at her or his own rate; for some, the destination is becoming an experienced telemetry nurse able to mentor newer nurses. Others may wish to continue their education with additional course work. For example, on 6 West, about one-third of those who started on the pathway have taken

Reading 12-Lead EKGs and ACLS, and have started the Critical Care Course with the possible change to a more critical setting and the beginning of an even more challenging pathway.

With the success of the Pathway to Expertise—Telemetry, all of the critical care areas have developed their own pathways to expertise. Whether you want to journey into the step-down areas, the SICU, MICU, ED, CCU, PACU, become a rapid response nurse, or develop your expertise in oncology, there is a pathway for you to follow that provides education, mentoring, support and encouragement. Additional pathways are being developed for Med/Surg, OR, Cardiac Cath Lab, and Ambulatory Surgery. Speak to your manager or your clinical educator if you want more information to take the first step along the pathway to expertise.

# Community Acquired Pneumonia Project

◆ Linda M. Campbell, RN, C CPHQ

Lahey Clinic is currently participating in a statewide collaborative effort to improve the quality of care rendered to patients who have community acquired pneumonia (CAP) upon admission to the hospital. MassPRO, our state quality improvement organization for the Centers for Medicare and Medicaid Services, sponsors this collaborative.

We have been active participants in this project for two years. During that time we have made great strides in coordinating and improving the care we provide to CAP patients. Through development and use of the CAP pathway we have been able to

- Increase use of appropriate antibiotics
- Decrease time from hospital arrival to admin-

istration of the first dose of antibiotics

- Increase frequency of obtaining blood cultures prior to giving antibiotics
- Increase frequency of providing counseling for smoking cessation

The Lahey CAP team has been asked by the MassPRO Pneumonia and Immunization Project to assume a leadership role in the collaborative as “best practice” in Massachusetts. As this issue went to press, Claire Drummond, RN, BSN, staff nurse on 7 West, was scheduled to present Lahey’s journey through process improvement at the June 24 meeting of the collaborative.

A challenge we still face is the assessment and immunization of all our eligible inpatients. Toward this goal, we initiated and imple-

mented a process improvement plan to educate staff and patients about the need for pneumonia and influenza immunizations. Our immunization process improvement team consists of the staff of 7 West Hospital, led by Carol Martel, RN, and Debbie Ursino, RN; Gayle Gravlin, RN, EdD, and Nancy Rainier, RN, BA, from Nursing Education.

For PDSA cycle 1 we will attempt to have all CAP patients admitted to 7 West Hospital. The nursing staff will assess and immunize these patients, as appropriate. Data will be collected for this six-week period to determine the effectiveness of the program. Once we have resolved the challenges and barriers, the plan will be expanded to all units caring for CAP patients.

JULY 10 & AUGUST 14

## *BCLS (CPR) Recertification Class*

1:15 pm  
Alumni Auditorium  
Lahey Clinic Medical  
Center

JULY 14, 18, 21

## *Basic Dysrhythmia Recognition Parts I, II, III,*

9:30 to 12:30

## *The Pathway to Expertise—*

### *Telemetry*

1:00 to 4:00  
Room 184  
31 Mall Road  
Call ext. 8725 to  
register

*Look for the Education  
Calendar to return in the  
September issue of  
Notes on Nursing.*

## Notes on NURSING

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