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Notes on NURSING

at Lahey

March/April 2003

Nursing Education and Diabetes

◆ Marie Catman, RN, MSN

It is 6 pm on a hectic Friday evening when your 81-year-old patient's lab work comes back with a surprise blood glucose of 310. The patient is due for discharge on Saturday morning. There are orders for insulin to sliding scale, but the patient's vision is poor and she shows no interest in a discussion of diabetes, the use of an Accucheck, or the mechanics of insulin administration. To complicate matters, she lives alone and her adult children are living on the West Coast.

Before managed care and hospital stays of only 48 hours, this patient's discharge would be postponed to allow several days of diabetic teaching and glucose control. Today, this patient presents the nurse with a serious problem. Where should she start? How much can the patient absorb in just a few minutes? How can the nurse make sure that this woman is safe at home?

To answer these questions, *Notes on Nursing* approached Lahey's own experts, Roberta Mills and Gail DesRochers. The two registered nurses and certified dia-

betes educators (CDEs) see all diagnosed diabetes patients referred to Lahey's Diabetes Self Management Education (DSME), a program that has been recognized by the American Diabetes Association.

Mills states that immediate education for this patient should consist of survival skills. A nutrition consult prior to discharge should be requested, but if that cannot be arranged the

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SPOTLIGHT

*Roberta Mills and
Gail DesRochers*

Roberta Mills, RN, graduated from Faulkner hospital and joined the Lahey nursing staff in 1981. She worked on the inpatient care units for several years before becoming nationally certified as a diabetes educator in 1993. When asked, "Why do you do what you do?" Mills says her love of the work was the influence of a wonderful mentor who preceded her.

Gail DesRochers, RN, BS, also a certified diabetes educator, graduated from North Shore Community and Saint Joseph's Colleges. She has been at Lahey 15 years and came to her position after several years in the Emergency Department and the Dermatology clinic. A type 2 diabetes patient herself, DesRochers says that she became a diabetes educator after taking care of so many patients with complications that could have been prevented.



COUNCIL REPORTS

Clinical Practice Council

CPC completed and distributed the Nursing Policy and Procedure Manual with hopes to have it on the Intranet before the year is out.

Policy Coordination and Development Council

This council is working on new job descriptions and evaluations. The council is also evaluating the Spectralink Wireless Telephone System.

Quality and Safety Council

Q&S continues to evaluate and improve system issues for increased patient safety, including patient identification and falls. This council also oversees the peer review process to improve the quality of care delivery.

Professional and Education Council

P&E is beginning work on attaining "magnet" status and completing a proposal for a professional practice model.

The councils make up the governance structure of the Department of Nursing. We urge you to become involved. See the calendar on page 3 for meeting times.

Lahey
CLINIC

NURSING EDUCATION AND DIABETES

Continued from page 1

nurse should explain a few simple meal plan changes. Important consideration should be paid to portion control and to avoiding concentrated sweets in both food and drink. Unless medically contraindicated, the patient should be encouraged to drink water and other noncaloric beverages. When appropriate the patient should become physically active. Even simple activities such as chair exercises or walking around the home can be helpful.

If the patient requires insulin at discharge, a visiting nurse referral for insulin administration over the weekend is an option. Check on the possibility of a neighbor who would agree to check in on the patient over the weekend. Finally, a consult appointment for the following week with either DesRochers or Mills for more in-depth teaching should be arranged.

A 45-year-old construction worker fresh from the catheterization lab who has just learned about his CAD is perhaps more typical than the patient already described. When his routine blood work shows a blood sugar of 250, he needs to absorb the news that he has both heart disease and type 2 diabetes. A typical reaction is either outright denial or an overly relaxed, cavalier attitude. The

most likely treatment regimen for this man will be diet modification, an exercise program, routine glucose testing, and perhaps coverage by one or more oral agents. The advice from DesRochers and Mills is to start with written material from "Care Notes" while introducing the need for home blood glucose monitoring and the use of the glucometer. Most of the in-depth teaching will be done when the patient visits the diabetes educator as an outpatient.

The American Diabetes Association estimates that 20 percent (roughly seven million) of seniors over the age of 65 have diabetes, and fully one-third do not know it. Diabetes has become an American epidemic. Physicians continue to diagnose ever-increasing numbers of children and young adults. This aging-down of a once "old folks" disease often presents a problem. When young people learn they have diabetes, many of them think, "So what? Who cares? My grandfather had diabetes and lived to be 90!" What younger patients do not realize is that historically, diabetes was not diagnosed until patients were well into their 70s. While it may take many years for diabetes to kill a 70-year-old, consider the fate of the 20-year-old who refuses to take her diabetes seriously. Mills says that while she and DesRochers allow for some initial denial, eventually they tell patients that they need to take their disease seriously and assume responsibility for managing it. Those of us who have cared for patients with diabetes—who are blind, perhaps double-amputees on renal dialysis—can appreciate this critical message to reluctant patients.

One of the new projects from Nursing Education involves standardizing the inpatient diabetes teaching program. While these patients may all be very different, we still need to have some consistency of approach and content in our teaching. To this end, an ad hoc group from the Patient and Family Education Committee is taking on this issue. Although many nurses rely on "Care Notes," expect to see more written teaching material and practice guidelines appearing on the nursing units. Another idea is to put basic information about diabetes on the closed circuit television system that many hospitals find is the most efficient method of getting patients the best available information. Stay tuned.



NEWSFLASH

- ◆ The standard telephone answering script is now in effect. When answering the phone please say, "Good [morning, afternoon, evening], Lahey Clinic [and department name], This is [your name]. How can I help you?" This greeting is to be used for calls coming from both inside and outside the Clinic.
- ◆ The use of any e-mail system other than the Lahey Clinic Microsoft Outlook is not permitted. The use of any other e-mail system, desktop client, instant messaging product, or web-based e-mail product is not permitted. See the Clinical and Administrative Policy under "Information Services, E-mail Communication and Internet Use."
- ◆ As part of a national safety effort, two patient identifiers must be used prior to administering medications or blood products, taking blood samples, or performing procedures. You may use the patient's name and Lahey Clinic number, or the name and date of birth. The patient's room number is never to be used.
- ◆ When a patient needs lab results prior to discharge, enter the lab test and select "Labs for Discharge." Orders with this designation will be given high priority and should be used only for laboratory testing that will facilitate patient discharges.
- ◆ Before a medication is administered for the first time, two licensed nurses must verify the order and both initials must be shown in the "verified by" column on the MAR. (Exceptions: emergency and STAT)

Notes on NURSING at Lahey

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

EDUCATION CALENDAR

See below for details

+ = MNA contact hours applied for

March	M	T	W	TH	F
	P&E 3	CPC PC&D NR 4	5	BCLS (CPR) 6	7
	ACLS Two-day cert+ 10	BCLS (CPR)-LCN ACLS Recert 11	Nursing Research Series 12	Nursing Continuing Education+ 13	14
	P&E 17	Skills Fair PC&D 18	19	O&S 20	Basic Dysrhythmia+ Path to Expertise 21
	24	R&R 25	PALS Recert. Class 26	27	Basic Dysrhythmia+ Path to Expertise 28
	Basic Dysrhythmia+ Path to Expertise 31				

April	M	T	W	TH	F
		CPC PC&D NR 1	Preceptor Workshop+ PALS Two-day Certification+ 2	BCLS (CPR) 3	4
	P&E 7	BCLS (CPR)-LCN 8	PALS Two-day Certification+ Nursing Res. Series 9	10	11
	14	PC&D 15	Tertiary Care Team Leader Workshop 16	O&S 17	18
	P&E 21	22	23	24	25
	28	All Day Continuing Education+ R&R 29	30		

MARCH

6 BCLS (CPR)

Time: 1:15–3:15 pm
Place: Alumni Auditorium
◆ Recertification only. Space is limited. Preregistration is required. Call ext. 8725.

11 BCLS (CPR)-LCN

Time: 1:30–4:30
Place: LCN Lobby Conference Room
◆ Preregistration is required. Call ext. 4501

10, 11 ACLS certification+

Time: 7:30–3:30 pm
Place: Alumni Auditorium
◆ Preregistration is required in person in Nursing Administration. For additional information call ext. 8725.

12 Nursing Research Series

Time: 4–5:30 pm
Place: Alumni Conference Room
◆ Presenting original research findings. Open to all.

13 Nursing Continuing Education+ New Trends in Trauma Care

Time: 7:30–3:30 pm
Place: Alumni Auditorium
◆ Preregistration is requested. Call ext. 8725.

18, 19 Skills Fair

Time: 7 am March 18 through 9:30 am March 19
Place: Alumni Foyer
◆ All staff nurses must attend one of three yearly sessions to complete their mandatory competencies.

21, 28, 31 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

21, 28, 31 Path to Expertise-Telemetry

Time: 1–4 pm
Place: Room 184, 31 Mall Rd.
◆ Follows the morning session of Basic Dysrhythmias. Preregistration is required. Call ext. 8725.

26 PALS Recertification Class

Time: 8 am–5 pm
Place: HR Training Room, 31 Mall Rd.
◆ Preregistration is required. Call ext. 2943.

APRIL

2 Preceptor Workshop+

Time: 8 am–4 pm
Place: Room 184, 31 Mall Rd.
◆ Preregistration is required. Call ext. 8725.

2, 9 PALS Two-day Certification+

Time: 8 am–5 pm
Place: HR Training Room, 31 Mall Rd.
◆ Preregistration is required. Call ext. 2943.

3 BCLS (CPR)

◆ See March 6.

8 BCLS (CPR)-LCN

◆ See March 11.

9 Nursing Research Series

◆ Open to all. See March 12.

16 Tertiary Care Team Leader Workshop

Time: 8 am–4 pm
Place: Room 184, 31 Mall Rd.
◆ Preregistration is required. Call ext. 8725.

29 All Day Continuing Education+

Challenges in Critical Care
Time: 7:30 am–3:30 pm
Place: Alumni Auditorium
◆ Preregistration is required. Call ext. 8725.

NURSING COUNCIL AND COMMITTEE MEETING SCHEDULE

CPC: Clinical Practice Council meets 3/4, 4/1 at noon, ED Conference Room.
PC&D: Policy Coordination and Development Council meets 3/4, 3/18, 4/1, 4/15 at 2 pm, Alumni Conference Room.
O&S: Quality and Safety Council meets 3/20 and 4/17 at 11:30, ED Conference Room.
P&E: Professional and Education Council meets 3/3, 3/17, 4/7, 4/21 at 9:30 am, Lobby Conference Room.
NR: Nursing Research Committee meets 3/4, 4/1 at 10 am, 6E Conference Room.
R&R: Retention and Recognition Committee meets 3/25, 4/29 at 2 pm, 6C Conference Room.

CNO Corner

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

Let me congratulate all of you for our JCAHO survey. Preliminary results show that we have received one of the highest scores in our history with 95 percent compliance. Your efforts in direct care and documentation reflect the high caliber of your nursing practice at Lahey Clinic. I am so proud of all of you.

This will be an exciting year to be a nurse at Lahey. We have many projects and organizational changes to accomplish. One of our foremost goals is to attain Magnet Status, a designation from the American Nurses Credentialing Center that recognizes the quality of a nursing program. Magnet hospitals reveal a climate that reinforces collaborative working relationships and actively attempts to bring out the best in people. (*JONA*, February 1999)

Another goal is to improve the technology available to nurses. With input from the nursing staff, we hope to introduce the Spectralink Wireless Telephone System and use it for all tertiary care nurses. This will provide convenient telephone access for nurses working collaboratively with other members of the health care team.

Our recruitment efforts have shown wonderful results. We currently have a waiting list of nurses hoping to join us, and our re-entry program has gained national attention for bringing nurses back to the bedside. We continue to develop our Career Pathway program to provide education for both clinic and nursing assistants. A new clinical educator will increase educational support in the ambulatory setting.

Additional goals for the coming year include increasing our unit-based research with the assistance of adjunct faculty, continuing to improve the quality of the Interdisciplinary Plan of Care, and increasing the recognition of excellence in nursing practice at Lahey Clinic. I hope that more of you will become involved in our Nursing Council structure and take an active part in the ongoing changes for 2003.



EMPLOYEE HEALTH NURSE PRACTITIONER

■ Susan Wicks, RN, ANPC, recently joined Lahey Clinic as the employee health nurse. A graduate of New England Baptist Hospital, Wicks was one of the first nurses in the state to attend an experimental program sponsored by MGH and Harvard Continuing Education in 1972. This was the first NP program open to the public. She brings to Lahey many years of experience in private practice and, most recently, at North Shore Medical Center. Wicks sees her new position as having multiple foci, but primarily as an opportunity to advocate for both the employee and the employer.

HIPAA - WHAT IS IT?

The Health Insurance Portability and Accountability Act of 1996 is a government mandated health care reform that grew out of an effort to make it easier for individuals and small businesses to obtain and keep health insurance. Part of the effort was the encouragement of electronic transactions for administrative simplification. This gave rise to new regulations assuring the privacy and security of medical information. The new regulations set standards for privacy of medical records, electronic transactions, and the security of stored information. But it will affect more than information systems. The regulations concern all medical information—electronic, written and verbal.

The provisions go into effect April 14. Prior to that date, all colleagues must become informed about the new privacy regulations. One immediate impact will be on the use of log-on codes and accessing computers. You will soon become familiar with the terms “minimum necessary” and “protected health information” (PHI), and “Privacy Protects,” and how all of this will affect your work. For more details go to the Intranet at <http://massnet/HIPAA/>

Notes on NURSING

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