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Notes on NURSING

at Lahey

March/April 2004

From the CNO

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

As many of you know from attending the All Nursing Assemblies in January and February, this is a very busy time to be at Lahey Clinic. We are actively involved in finding space for patients, as preventing diversion of patients from the ED is one of our goals for Lahey Clinic during 2004. I have personally been making rounds with the Diversion Removal Response Team (DRRT) to help with the flow of patient admission and discharge.

The team consists of the admitting nurse administrator; Malcolm Creighton, MD; Jean Brown, RN; Sanford Kurtz, MD, chief operating officer; Jeff Doran; Caroline Gifford; Michael Entrup, MD; Deborah Zarella, RN; Richard Nesto, MD; John Beamis, MD; Ed Bortone; Karen Hayward; Jamie Long; Carol Howland; F. Denton Wertz, MD; Roger Jenkins, MD; and Frank St. Peter. Among other changes to facilitate our increasing patient load, we have added a Rapid Response nurse for the night shift, created a third shift in the ambulatory PACU, and relocated the infusion room.

One of my primary goals for 2004 is to strengthen our nursing governance structure. This is a process that will involve all of the nurses at Lahey Clinic. It will begin with the implementation of unit-based council structures. I want to improve the communication to, from and between staff nurses so that all of you are involved in making the decisions that affect your practice and your work environment. We need to work together to maintain the standard of excellence that we have set for ourselves and to ensure that our patients receive the highest level of care possible.

One method of communication is the development of nursing "dashboards" for your area. The dashboards will provide information on clinical, operational and financial indicators. The nursing clinical indicators include:

- Unit specific infection rate as measured by the Infection Control Committee
- Patient falls as reported by NDNQI
- Restraint use as reported to the hospital Quality Committee
- Pressure ulcers as reported to NDNQI
- Medication errors/adverse drug reactions as reported by the Medication Safety Committee



Kathleen S. Jose

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COUNCIL REPORTS

All of the councils are seeking increased participation from staff nurses. Please see your nurse manager or write directly to Kathleen S. Jose, RN, MSN, CNO, expressing your interest.

Policy Coordination and Development Council (PC&D)

We thank our current membership and would welcome additional staff nurses to our active council. Recently we developed a Policy on Policies, which stratifies the coordination of policy development. We have also evaluated the Patient Classification System and have made recommendations proposing a Patient Care Index focus so that data collected by staff nurses provides quality patient care outcomes based on the evaluation of data.

The council is currently evaluating and improving documentation tools for each specialty area and standardizing the documenting of allergies in the medical record.

*Chairs: Sheila Cunniff, RN,
and Carol Howland, RN*

Continued on page 5

Lahey
CLINIC

From the CNO

Continued from page 1

- Pain management as measured by H-CAHPS survey
- Documentation of patient care as reported by nursing audit data
- Patient identification as reported by audit data

The operational indicators include:

- Inpatient satisfaction as measured by H-CAHPS survey
- Ambulatory clinic patient satisfaction as measured by AMGA survey
- Nursing staff satisfaction as measured by NDNQI
- Unit/department turnover rates as provided by Human Resources data
- Unit/department vacancy rates as provided by Human Resources data

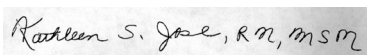
The financial indicators will include:

- Productivity and HCPPD/FTEs as measured by regional and national benchmarking
- Top three DRGs per unit as provided by the Case Management Department
- Unit orientation costs

The dashboards will provide an immediate feedback mechanism for you to gauge your successes and the areas needing improvement. With such information readily available to you, I hope you will join me in seeking ways to improve our delivery of the finest nursing care to our patients.

In addition to the use of dashboards, we will continue our spirit of "mindfulness," always being aware that the safety of our patients is paramount. Our nursing policies are now available on Massnet, making them easier to access. With e-mail for every nurse being implemented, we are providing a systematic method of communicating changes.

Using Benner's theoretical framework (*From Novice to Expert*), we are developing a clinical advancement program that will honor your increasing skills, educational development and ANCC certification. Whether your interests lie in clinical, educational or administrative advancement, I urge you to become involved in the many issues confronting us daily. Join your colleagues on a unit council, a committee or a governance council. There is much to be done, and your input and help is needed. Together we will create an atmosphere of caring and open communication that will increase work satisfaction and professional growth.



Code Cart Exchange

A new system for exchanging code carts was instituted during the week of January 12, 2004. The new Code Cart Maintenance Policy has been uploaded on Massnet, in the Clinical and Administrative Manual.

When the Code Cart in your area is used, call the Pharmacy at ext. 2342 to request a fully stocked, sealed code cart. (You can call at any time, during or after the code.) Just remember, that Pharmacy has up to one hour to deliver a new cart. If you call after the code is completed, the arrival time will be one hour after the call is made. When you have finished using the original cart, anything on the top of the cart, including the defibrillator, needs to go on top of the new cart. When ready, call Central Supply at ext.

2171 and they will pick up the used cart. Be sure to send back the oxygen tank, the oxygen regulator, the backboard, and the intubation tray. Record the new lock number on the code cart maintenance sheet and note the expiration dates of supplies and medications.

The Code Cart still needs to be checked every day. The defibrillator must be tested at 30 joules (be sure to test with the cable into the testing plug). After testing, plug the cable into the adult defibrillator pads. The defibrillator must also be plugged into a wall outlet when not in use. The printed testing strip must be mounted on the back of the maintenance sheet and the maintenance sheet must be signed (full signature) along with the lock number and expiration dates.

The new system for exchanging code carts is a collaborative effort on the part of Nursing, Pharmacy and Central Supply. Special thanks must be given to Tracy Malone, RN, nurse manager of the SICU, CT/PACU, and 6 East Step Down Unit, as well as Kathie Jose, CNO, Carol Howland, director of informatics, Mark Duro and Ed Bortone from Central Supply, and Pat Duca from Pharmacy.

Please be patient as we work out any issues or problems with the new system. Let your manager know of any problems, so the appropriate people can be notified.

.....
**Just remember, that
Pharmacy has up
to one hour to
deliver a new cart.**

Notes on NURSING at Lahey

March/April 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, 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

+ = MARN contact hours applied for

March	M	T	W	TH	F
	1	2	3	4	5
	12-Lead EKG Interp.+			All Day Cont. Ed.+	12-Lead EKG Interp.+
	8	9	10	11	12
	ACLS 2-day Cert.	ACLS Recert. BCLS (LCN)	New Grad	BCLS (CPR)	
	15	16	17	18	19
Critical Care+			Pacemaker Workshop+	New Grad	
22	23	24	25	26	
Critical Care+		PALS Cert. Course+			
		ONS Chemo/Bio Provider Course			
29	30	31			
	Critical Care+	PALS Cert. Course+			
		ONS Chemo/Bio Provider Course			

April	M	T	W	TH	F
				1	2
					New Grad
	5	6	7	8	9
	Basic Dysrhythmias+		Advanced Telemetry Work.+	Basic Dysrhythmias+	
	Path to Expert.-Telemetry+		PALS Recertification	Path to Expert.-Telemetry+	
12	13	14	15	16	
Basic Dysrhythmias+	Skills Fair	Skills Fair	BCLS (CPR)		
Path to Expert.+		Res. Series			
Preceptor Work.+					
19	20	21	22	23	
			All Day Cont. Ed.-Critical Care+		
26	27	28	29	30	
		Medical/Surgical Crisis Workshop+			

MARCH

1, 5 12-Lead EKG Interpretation, Parts I and II +

Time: 10 am to 2:30 pm
Place: 31 Mall Road, Room 184
◆ Provides basic information about identifying EKG signs of cardiac ischemia, injury and infarction. Prerequisite: Completion of Basic Cardiac Dysrhythmia or demonstrated competency. Preregistration is required. Call ext. 8725.

4 All-Day Continuing Education—Trauma +

Time: 7:30 am to 4 pm
Place: Alumni Auditorium
◆ Preregistration is requested at ext. 8725.

8, 9 ACLS Two-day Certification 9 ACLS Recertification

Time: 7:30 am to 5 pm
Place: Alumni Auditorium
◆ Preregistration is required in person in Nursing Administration. For additional information call ext. 8725.

9, April 13 BCLS (CPR)—LCN

Time: 1:30 to 4 pm
◆ Preregister at ext. 4501.

10, 19, April 2 New Graduate Program

Time: 8 am to 4 pm
Place: Room 184/185, 31 Mall Rd
◆ Preregistration required at ext. 8725.

11 BCLS (CPR)

Time: 1:15 to 3:15 pm
Place: Alumni Auditorium
◆ Recertification only. Space is limited and preregistration is required at ext 8725 or 8552.

15, 16, 22, 23, 30 Critical Care Course +

Time: 8 am to 4 pm
Place: Various (6K39, 4W Conference, 7K39)
◆ 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 at ext. 8725.

18 Pacemaker Workshop +

Time: 7 to 11 pm
Place: Alumni Conference Room
◆ A “hands-on” introductory workshop on temporary pacemakers. Preregistration is required at ext. 8725.

24, 31 ONS Chemotherapy/Biotherapy Provider Course

Time: 8:15 am to 5:15 pm
Place: 4 West Conference Room
◆ Preregistration required at ext. 8725.

24, 31 PALS Certification Course +

Time: 8 am to 5 pm
Place: HR Training Room, 31 Mall Road
◆ Preregistration required at ext. 8725. Registration form must be completed.

◆ For additional information call the Nursing Department of Education at ext. 8725.

You may also register for these courses at the Nursing Education Hotline, ext. 8708.

APRIL

5, 8, 12 Basic Dysrhythmias +

Time: 9 am to 12:30 pm
Place: 6K39
◆ Intended to help beginning critical care/telemetry nurses develop an understanding of basic dysrhythmias. Open to any RN. Preregistration is required at ext. 8725.

5, 8, 12 Path to Expertise—Telemetry +

Time: 1 to 4 pm
Place: 6K39
◆ Follows morning session of Basic Dysrhythmia. A series of classes devoted to caring for the patient on telemetry. Includes acute coronary syndrome, CHF, the devices of cardiology, and care of the surgical telemetry patient. Preregistration is required at ext. 8725.

7 Advanced Telemetry Workshop +

Time: 8 am to Noon
Place: Room 184, 31 Mall Road
◆ Advanced telemetry concepts for nurses who have completed the Basic Dysrhythmia Course. Preregistration is required at ext. 8725.

7 PALS Recertification

Time: 8 am to 5 pm

Place: HR Training Room,
31 Mall Road

◆ Preregistration is required at ext. 8725. Registration form must be completed.

12 Preceptor Workshop +

Time: 8 am to 4 pm

Place: Room 184, 31 Mall Road

◆ Preregistration required at 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, 14 SKILLS FAIR

Time: 7 am on the 7th
until 9:30 am on the 8th

Place: Auditorium Foyer

◆ All inpatient staff nurses must attend one of three yearly sessions to complete their mandatory competencies.

14 Research Series: Sandra Creamer, RN, PhD, NP, OCN

Time: 4 pm to 5:30 pm

Place: 5-301

◆ All are welcome.

15 BCLS (CPR)

Time: 1:15 to 3:15 pm

Place: Alumni Auditorium

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

22 All-Day Continuing Education—Critical Care +

Time: 7:30 am to 4 pm

Place: Alumni Auditorium

◆ Preregistration is requested at ext. 8725.

28 Medical/Surgical Crisis Workshop +

Time: 7 to 11 pm

Place: Alumni Conference Room

◆ What to do when the patient has taken a turn for the worse on a med/surg floor. Open to all. Preregistration required at ext. 8725.

Medication Safety Corner

◆ Maureen McLaughlin, RN, BSN, CPAN

According to a recent publication issued from the Advisory Board, five high-alert drugs continue to top the list of medications linked to hospital errors. They are insulin, morphine, potassium chloride, heparin and warfarin. In 2002, the United States Pharmacopeia received nearly 193,000 medication error reports. Of these, 19,500 involved the above mentioned high-alert drugs. In total, 3,193 errors were considered to be harmful and 20 deaths were attributed to them.

Insulin administration continues to top the list of frequently cited medication errors. Primary or secondary diabetes affects up to 30 percent of all hospitalized patients. While not all of these patients require insulin, nurses and other health care professionals must be knowledgeable and up to date regarding the management of this particular group of patients. There is little margin for error in this arena. Any diabetic medication error, whether by omission, dosing error or administration time error, may have deleterious consequences.

Areas of concern for insulin administration:

- **TIMING** of insulin administration following blood glucose monitoring.
- **SIMILAR NAMES** of two common types of insulin: Humalog and humulin insulin clearly have very similar names but very different properties. Humalog insulin is very rapid acting with an onset time of 15 minutes. On the other hand, humulin insulin refers to human recombinant insulin and comes with different preparations to meet the patient's needs, i.e., regular or NPH.
- **SPECIFIC COLOR** associated with different types of insulin: Short-acting insulin was clear in color, whereas the longer-acting insulins were cloudy. This has changed as well. Glargine is a clear but long-acting insulin. In fact, it lasts 24 hours! So color alone cannot be relied upon to determine the type of insulin.
- **ACUTELY ILL DIABETIC PATIENT:** Infection, stress, renal changes and any acute process may

adversely affect the hospitalized diabetic patient. Care must also be used with the diabetic patient on continuous enteral tube feedings. Often during testing, the tube feedings are held. Remember to monitor the glucose levels just as though the patient were NPO.

- **“U” is an unacceptable abbreviation for units and will not be accepted as an order or a correct transcription.**

Lahey Clinic has developed some changes in the insulin administration practices to enhance patient safety. There are now standing orders on Lahey Massnet for continuous insulin infusions for inpatient areas.

Committees are also meeting to develop standardized insulin administration guidelines to diminish any confusion regarding administration times and dosages. Becky Bradley, MS, RD, CDE, of our Nutrition Department, is working with a team implementing a change to the administration of glucose tablets in the treatment of low glucose levels. Ann Marie Gill, M.S.M.T. (ASCP) of Lahey's Laboratory Medicine Department has worked tirelessly to ensure the safety of our practice of “waive” testing glucose levels. As part of a project improvement process, she audits the interventions performed based on the recorded abnormal blood glucose level.

Thus, while acknowledging that insulin remains at the top of the list for medication errors, several initiatives are under way to ensure the safety of patients hospitalized at Lahey Clinic.

References

1. Modic, M.B., and Palec, D., “Insulin Administration,” *Cleveland Clinic Foundation Publication*, Fall 2003.
2. Cohen, M. “Medication Errors,” *Nursing*, 2003, vol. 33, no. 12, p. 18.
3. *The Advisory Board*, “Nursing Executive Watch,” December 12, 2003, p. 8.

COUNCIL REPORTS

Continued from page 1

The Informatics Committee

The Informatics Committee reports to the PC&D Council and is involved in the implementation of the PyxisStation. The committee continues its efforts for the staff e-mail rollout and is evaluating telemetry devices and a call bell system. We are also conducting trials and evaluating communication devices including Vocera and Cisco/Spectralink.

Chairs: Carol Howland, RN, and Cynthia Fiekers, RN

Nurse/Physician Partnership Council (NPPC)

Our council is looking at "chain of command" issues with the help of Christina Larson and Andrew Warner, MD. The goal is to eliminate problems related to determining physician coverage for patients. We are working with the Quality and Safety Council to design a "read back" sticker for verbal and telephone orders. This is one of the 2004 JCAHO safety initiatives. We are also collaborating with Phlebotomy to implement third-shift rounds and working toward standardizing the location of paperwork in each area for both physicians and nurses.

Chairs: Kathleen S Jose, RN, MSN, CNO; Fran White, RN, and Paresh Shah, MD

Clinical Practice Council (CPC)

The CPC continues to review and approve Nursing Practice Guidelines. We are defining the process for communication of new or revised policies and reviewing policies in compliance with regulatory guidelines. Our goal is to ensure that our policies and procedures meet best practice standards and are consistent across our nursing organization.

Chairs: Jean Brown, RN, and Janet Habeshian, RN

Quality and Safety Council (Q&S)

The nursing Quality and Safety Council is reviewing both medication reconciliation and medication transcription. We are also formulating systems to ensure the safe administration of high-alert medications as listed in the 2004 JCAHO safety goals and working with the Nurse/Physician Partnership Council on verbal and telephone orders. Working with a number of both nursing and hospital-wide committees, we have developed new fall assessment criteria and policies for

the post-fall management of patients. Supporting Lahey Clinic's commitment to a restraint-free environment whenever possible, we are implementing a 100 percent concurrent audit of restraint use and documentation.

Chairs: Carol Martel, RN, and Cynthia Fiekers, RN

Professional and Education Council (P&E)

The P&E Council is delighted to announce the implementation of Nursing Grand Rounds as well as a monthly education program for nursing

assistants (see page 6). One hundred of our colleagues have attended information sessions on our career coaching initiatives presented by the Private Industry Council and Higher Education Information Center. We are also hosting the National Youth Leadership Forum in February and March, encouraging nursing as a career choice for many of the country's best students. We continue to develop the Nursing Department Web site and our professional advancement model.

Our collaborations with Regis College and Salem State College provide on-site advanced nursing courses in education and nursing administration. More than 30 of our colleagues are currently pursuing advanced degrees and certifications. With increased advertising for our many educational offerings, we are generating revenue through our Nurse Re-Entry Program, our ACLS, BLS, chemotherapy and biotherapy courses, and our all-day continuing education programs. We continue to track the educational classroom hours we provide (October 2003: 480 hours; November: 376 hours).

Chair: Gayle Gravlin, EdD, RN

The Research Committee

The Research Committee reports to the P&E Council and is currently planning for the Lahey Clinic Department of Nursing first annual Nursing Research Day on May 14, 2004. We continue to offer the Nursing Research Series with six presentations a year. Nancy Bittner, our visiting research scholar, has supported our nursing staff in the development of a number of research studies. Please plan to join us on May 14 for their presentations and poster sessions.

Chair: Gayle Gravlin, EdD, RN

PYXIS PATIENTSTATION

by Carol Howland, RN, MSN

■ Lahey Clinic Medical Center will soon be one of a few institutions nationwide using Pyxis PatientStation. PatientStation is a bedside information technology system, a personal computer with a virtual keyboard that allows patients to go online, check e-mail, watch television and listen to the radio.

The system consists of a 15-inch, flat touch-screen attached to a movable metallic arm mounted to the floor. Patients can touch the screen to tune into local TV channels, learn about the hospital, or watch educational videos. The PatientStation is made by Pyxis, a San Diego based company. Detroit Medical Center was the first to use the device in late 2002. Doctors and nurses may soon be able to access clinical applications via the system, saving time and paperwork. At a later time, we will use it to verify medication administration in an effort to help reduce medication errors.

PUBLIC PERCEPTION OF NURSES

Public continues to perceive nurses as most honest, ethical professionals

Dec. 12—Nurses topped the list of ethical professionals for the third year in a row. Based on a CNN/USA Today/Gallup telephone survey of 1,004 randomly selected adults across the United States, 83 percent of respondents rated nurses "high" or "very high" in response to the following question: "Please tell me how you would rate the honesty and ethical standards of people in these different fields—very high, high, average, low, or very low?" With the exception of 2001, when the public ranked firefighters the most ethical professionals, nurses have been ranked higher than any other professionals the past four out of five times they have been included in the poll.

12/12/2003 Source: Carroll, Gallup News Service, 12/1/03, Advisory.com

Open to Everyone Nursing Grand Rounds

In January 2004, the Nursing Department presented the first in a series of Nursing Grand Rounds. The primary purpose of Nursing Grand Rounds is to present evidence-based information on patient care. In addition, the series will promote professional nursing at Lahey Clinic by presenting our nurses as vital resources and knowledgeable caregivers, sharing their expertise with colleagues.

Donna Loehner and Kerri Casey, enterostomal therapists, presented a wonderful review of the prevention and treatment of pressure sores. In February, Irene Wilkenson, RN, and Susan Bussey, RN, represented the Endoscopy Department and highlighted innovative care of the patient undergoing colonoscopy and diagnosis of the colon. In March, Mary Beth Moran, RN, MMin, chaplain, will discuss spirituality in nursing including honoring the body through a collaborative practice.

Nursing Grand Rounds will be held once a month. Starting in April we will feature nurses from different areas: 6 East Hospital (April), the MICU/CCU (May), the Emergency Department (June), 7 East Hospital (July), Ambulatory Surgery (August), 7 Central Hospital (September), 5 West Hospital (October), Nursing Informatics (November), and the Allergy-Ambulatory Clinic (December).

Please watch for specific dates and times. We urge you to join us and support your colleagues.

FOR UNLICENSED ASSISTIVE PERSONNEL

- The Nursing Department of Education is presenting a series of educational offerings for nursing assistants, medical assistants, clinic assistants, and unit coordinators beginning in March. Each presentation will be one hour in length and discuss a specific area of patient care. Please see the flyer on your unit for complete details.

March 11	Diabetic Management
April 14	Hand Hygiene
May 12	Pressure Ulcers
June 9	Restraints
July 14	Communications
August 16	Falls
September 20	EKG
October 20	Precautions
November 17	Body Mechanics
December 13	Domestic Violence

Notes on NURSING

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