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# Notes on NURSING

at Lahey

May/June 2004

## FROM THE CNO

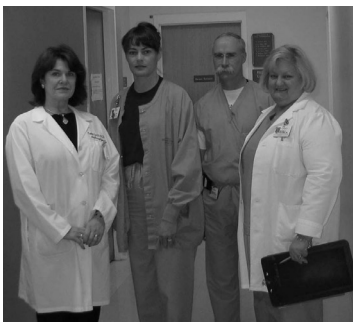
### *Celebrating Nursing*

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

The theme of National Nurses Week this year is "Nurses: Your Voice, Your Health, Your Life." There are 2.7 million registered nurses in the United States who will be celebrated during National Nurses Week, which begins on May 6—"RN Recognition Day"—and ends on May 12—the birthday of Florence Nightingale, founder of nursing as a modern profession. Nurses make up the largest health care profession and they practice in virtually every health care setting

"Nursing is the pivotal health care profession, highly valued for its specialized knowledge, skill and caring in improving the health status of the public and ensuring safe, effective, quality care. The profession mirrors the diverse population it serves and provides leadership to create positive changes in health policy and delivery systems. Individuals choose nursing as a career, and remain in the profession, because of the opportunities for personal and professional growth, supportive work environments and compensation commensurate with roles and responsibilities (*Nursing's Agenda for the Future*, 2002, American Nurses Foundation).

At Lahey Clinic, we have more than one thousand nurses providing excellent care and advocacy for our patients. In the ambulatory clinics, the OR, the ED, the intensive care units, the PACU, the medical surgical units, research, and many other areas, our nurses represent the finest examples of compassionate caregivers: knowledgeable, skilled and responsive. We will continually strive to increase our "touch-time" with patients, and I am committed to providing technological improvements in the work environment to allow nurses to spend more time with patients.



Chief Nursing Officer Kathleen S. Jose, RN, MSN, with members of Lahey's Rapid Response Team. From left: Jose, Tracey Batakis, RN, CEN, Rick Ressijac, RN, and Beverly McCabe, RN, nurse manager. See the article about Lahey's Rapid Response Team on page 5.

## COUNCIL REPORTS

**The Policy Coordination and Development Council** is working with the Finance Department to develop patient care indexing. Acuties are no longer being done. An Open/Closed Medical Record Subcommittee has been established to review documentation.

**The Informatics Committee** reports that the Pyxis Patient Stations are being installed, and training will continue through May.

**The Nursing Quality and Safety Council** is exploring requiring two nurses to verify "high-alert IV medications" upon initiation of the drug and again at change of shift.

**The Clinical Practice Council** continues to review the Nursing Practice Guidelines. When this task is completed, the guidelines will be placed on-line.

**The Nurse/Physician Partnership Council** continues to review the "read back" sticker process for verbal/telephone orders. The

*Continued on page 3*

**Lahey**  
CLINIC

*Continued on page 2*

## From the CNO

Continued from page 1

While we celebrate the professional lives of nurses, I would like to encourage each of you to obtain certification in your specialty. A study conducted by the Nursing Credentialing Research Coalition found that certification has a dramatic impact on the personal, professional and practice outcomes of certified nurses. Overall, nurses in the study stated that certification enabled them to experience *fewer adverse events* and *errors* in patient care than before they were certified.

Additional results revealed that certified nurses

- Expressed more confidence in detecting early signs of complications
- Reported more personal growth and job satisfaction
- Believed they were viewed as credible providers
- Received high patient satisfaction ratings
- Reported more effective communication and collaboration with other health care providers
- Experienced fewer disciplinary events and work-related injuries

Whether you obtain certification through the ANC or through your specialty organization, the process alone will provide you with a sense of commitment to yourself and your

professional life. I receive so many letters from patients who have recognized our nurses for treating them right physically and emotionally. To attain this formal validation of your proficiency will give our patients an even greater sense of being cared for in an environment that ensures them a safe passage to wellness.

I wish all of you a happy Nurses Week. Please know how honored I am to be your chief. You are all truly heroes in every sense of the word.

*Kathleen S. Joel, RN, MSN*

### Notes on NURSING at Lahey

May/June 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.

## THE BUG STOP

# Preventing Needlestick Injuries: Sharpen Your Awareness

◆ Jane Eyre Kelly, RN, CIC

Health care workers are exposed to a wide range of hazards in the workplace, including the risk of injury from needlesticks and other sharp devices. While exact numbers are not known, the Centers for Disease Control and Prevention (CDC) estimates that more than 385,000 health care workers in hospital settings have occupational exposures each year. Injuries from needles and other sharp devices have been associated with occupational transmission of pathogens such as hepatitis B virus, hepatitis C virus, and HIV.

While nurses are the predominant occupational group who sustain injuries from needles and other sharp devices, they also represent the largest segment of the hospital workforce. According to the Exposure Prevention Information Network (EPINet), the majority of injuries occur on inpatient units, in operating rooms, and in critical care areas. Disposable syringes with attached needles account for most injuries followed by suture needles and scalpel blades. Suture needles account for up to 43 percent of injuries in operating rooms.

According to the CDC, up to 86 percent of needlestick injuries can be prevented by using safety needle devices and adhering to safe work practices. Lahey Clinic's Sharps Injury Prevention Program includes the following components:

- Promoting a culture of safety in the work environment
- Reducing the use of needles and other sharp devices and using safe and effective alternatives whenever possible
- Modifying work practices that pose a sharps injury hazard to make them safer
- Ensuring that health care workers are properly trained in the safe use and disposal of needles and sharps, as well as safety sharp devices

After an occupational exposure, it is important to report immediately to the Employee Health Department, during business hours, or the Emergency Department at all other times. Timing is critical. The CDC's postexposure prophylaxis guidelines call for initiating treatment of high risk exposures with appropriate antiviral therapy "within a few hours" following the exposure.

Remember, most needlestick and sharps injuries are preventable. Make needle safety a priority in your daily practice. We must all work together to achieve the goal of preventing occupational injuries from these hazardous devices.

## COUNCIL REPORTS

Continued from page 1

council designed a questionnaire to obtain feedback from the physician group regarding the Alcohol Withdrawal Syndrome Pathway.

**The Professional and Education Council** hosted the National Youth Leadership Forum in February and March, and continues with the Career Coaching initiatives for those colleagues interested in becoming nurses.

**The Research Committee** is making preparations for the first annual Research Day to be held May 14 as part of our Nurses Week celebration.

### 2004 NURSES WEEK CELEBRATION

#### Monday, May 10

Nursing Grand Rounds: Xigris—  
Treatment of Septic Shock  
Auditorium  
11 am to 12 noon

#### Tuesday, May 11

Nursing Education Fair  
Auditorium Foyer  
12:30 pm and 6:30 pm

#### Wednesday, May 12

All Colleague Cookout  
1 to 3 am  
11:15 am to 2 pm  
4:30 pm to 6:45 pm

#### Thursday, May 13

All Day Continuing Education  
“Take Time to Dance”  
Auditorium

Dinner Celebration  
4:30 to 6:30 pm or  
7:30 to 9:30 pm  
Marriott Burlington

#### Friday, May 14

First Annual Nursing  
Research Day  
9:30 am, Alumni Auditorium

## A Mission in India

◆ Darlene Bourgeois, RN, BSN

Last winter I was privileged to go on a medical mission to India. It was part of my community practicum for the graduate program I am matriculated in at Salem State College and the fulfillment of a lifelong dream.

My adventure began with the challenge of developing a community program for the following semester. Through my church I met a couple who were making plans to start a clinic in the central India village where the husband had grown up. Immediately I knew that this was a divine appointment and the answer to my dilemma.

I began making plans and preparing for my trip, both excited and apprehensive. I wanted to take a suitcase full of medical supplies to donate to the mission. At first, I was not very successful at obtaining donations. Finally, one week before I was scheduled to leave, I spoke with Kathy Malewicki, RN, from the EP lab, who has been on numerous missions. She suggested I ask Central Supply. They were able to supply me with boxes of expired and nearly expired supplies. I ended up taking two suitcases chock-full of “stuff.”

India was somewhat as I expected it to be after talking with Kathy and the couple with whom I was traveling. What I didn't expect was how wonderful the people were to us. They met us at the airport and put wreaths of flowers around our necks. We ate in their homes every day, and they made their best dishes and served us lavishly even though they had very little.

The clinic was set up like an outpatient service. As soon as I arrived in the morning, people would start lining up outside my door. I would examine and treat them until I had finished—without even a bathroom break. It really wasn't intentional; I just got so absorbed in what I was doing, I forgot. I would obtain a history, do an assessment and physical exam, and

then give out what medicines or vitamins I had or write a “prescription” on a scrap of paper.

All medicines are OTC in India except for narcotics, so I was functioning in an advanced practice role. Of course if I saw anything that I was unfamiliar with or anything that couldn't be treated with vitamins, Tylenol, ibuprofen or antibiotics, I referred the patient to the physician at the mission hospital, about 20 minutes



Darlene Bourgeois, RN, at the clinic in India where she worked.

away. Most people were suffering from arthritis because of the intense physical work they do. I treated respiratory infections, one case of lice, and a few rashes. One patient that I referred to the physician complained of abdominal pain and had a liver that was so enlarged I barely had to palpate it to feel the edges.

I toured the mission hospital on a day when they had done 175 cataract operations with a team of doctors from the US. Patients were lying on primitive cots and on the floor on blankets. I was so moved when I saw this that I asked the doctor if I could work in his hospital on my next trip. I couldn't believe that I was already talking about going back.

The trip was a life-changing experience. The country and its people have become a part of me. I think that I have the heart to be a missionary and I'm looking forward to my next trip.

May	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
	3	4	5	6	7
	Re-Entry Course Pacemaker Workshop <sup>†</sup>	ACLS Recert.		BCLS (CPR) Nurses Week	
	10	11	12	13	14
	Nursing Grand Rounds	Nursing Education Fair BCLS-LCN	Hand Hygiene All-Colleague Cookout	All Day Cont. Ed. <sup>†</sup> Celebrating Nursing at Lahey	First Annual Nursing Research Day <sup>†</sup>
	17	18	19	20	21
	ACLS Instructor Course	ONS Chemo./Bio. Provider Course <sup>†</sup>		12-Lead EKG Interp. <sup>†</sup>	
24	25	26	27	28	
12-Lead EKG Interp. <sup>†</sup>		ONS Chemo./Bio. Provider Course <sup>†</sup>			
31					

June	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
		1	2	3	4
				Skills Fair	
	7	8	9	10	11
	Critical Care Course <sup>†</sup>	BCLS-LCN	Preceptor Workshop <sup>†</sup> "Restraints"	BCLS (CPR) Med/Surg Crisis Work. <sup>†</sup>	Basic Dysrhythmias <sup>†</sup> Path to Expert. <sup>†</sup>
	14	15	16	17	18
Critical Care Course <sup>†</sup> Basic Dysrhythmias <sup>†</sup> Path to Expert. <sup>†</sup>		ONS Chemo./Bio. Course <sup>†</sup> "Pressure Ulcers"	Advanced Telemetry Workshop <sup>†</sup>	Basic Dysrhythmias <sup>†</sup> Path to Expert. <sup>†</sup>	
21	22	23	24	25	
ACLS 2-day Certification <sup>†</sup>	Critical Care Course <sup>†</sup> ACLS Recert. <sup>†</sup>	ONS Chemo./Bio. Provider Course <sup>†</sup>			
28	29	30			
Initial BCLS					

**M A Y**

**3 Pacemaker Workshop +**  
Time: 9:00 – 1:00  
Place: Room 184, 31 Mall Road

**4 ACLS Recertification**  
Time: 9 am to 5 pm  
Place: Alumni Auditorium

**6 BCLS (CPR)**  
Time: 1:15 to 3:15 pm  
Place: Alumni Auditorium

**10 Nursing Grand Rounds:**  
"Xigris—Treatment of Septic Shock," presented by the MICU.  
Time: 11 am to 12 noon  
Place: Alumni Auditorium

**11 Nursing Education Fair**  
Time: 12:30 to 6:30 pm  
Place: Alumni Auditorium

**11 BCLS-LCN**  
Time: 1:30 to 4 pm  
♦ Call ext. 4501 to preregister.

**12 Unlicensed Assistive Personnel**  
♦ "Hand Hygiene"  
Time: 2:30 to 3:30 pm  
Place: 7E Conference Room

**13 All-Day Continuing Education: Take Time to Dance+**  
Time: 7:30 am to 4 pm  
Place: Alumni Auditorium

**13 Celebrating Nursing at Lahey Clinic**  
♦ An Evening Dinner and Program for the Nurses at Lahey  
Time: 4:30 to 6:30 pm or 7:30 to 9:30 pm  
Place: Marriott Hotel in Burlington

**14 First Annual Nursing Research Day +**  
Time: 9:30 am to 2:30 pm  
Place: Alumni Auditorium and Auditorium Foyer

**18 ACLS Instructor Course**  
Time: 9 am to 5 pm  
Place: Room 184, 31 Mall Road  
♦ Preregistration is required, call ext. 5038.

**19, 26 ONS Chemotherapy/Biotherapy Provider Course +**  
Time: 8:15 am to 5:15 pm  
Place: 7K39  
♦ Preregistration is required, call ext. 8725.

**21, 24 12-Lead EKG Interpretation +**  
Time: 10 am to 2:30 pm  
Place: 5-301 (5 Central Clinic)

**J U N E**

**3, 4 Skills Fair**  
Time: 7 am on June 3 through 9:30 am on June 4.  
Place: Cafeteria Conference Room

**7, 8, 14, 15, 22 Critical Care Course +**  
Time: 8 am to 4 pm  
Place: Varies, see flyer.

**8 BCLS-LCN**  
Time: 1:30 to 4 pm  
♦ Call ext. 4501 to preregister.

**9 Preceptor Workshop +**  
Time: 8 am to 4 pm  
Place: Room 184, 31 Mall Road

**9 Unlicensed Assistive Personnel**  
♦ "Restraints"  
Time: 2:30 – 3:30  
Place: 6K39

**10 BCLS (CPR)**  
Time: 1:15 to 3:15 pm  
Place: Alumni Auditorium

**10 Med/Surg Crisis +**  
Time: 9 am to 1 pm  
Place: Room 184, 31 Mall Road

**11, 14, 18 Basic Dysrhythmia Recognition +**  
Time: 9 am to 12:30 pm  
Place: Room 184, 31 Mall Road

**11, 14, 18 Path to Expertise: Telemetry +**  
Time: 1 to 4 pm  
Place: Room 184, 31 Mall Road

**16 Unlicensed Assistive Personnel**  
♦ "Pressure Ulcers"  
Time: 2:30 to 3:30 pm  
Place: Cafeteria Conference Room

**16, 23 ONS Chemo/Biotherapy Provider Course +**  
Time: 8:15 am to 5:15 pm  
Place: 4W Conference Room  
♦ Preregistration required, call ext. 8725.

**17 Advanced Telemetry+**  
Time: 7 pm to 11 pm  
Place: Alumni Conference Room

**21, 22 Two-Day ACLS Certification**  
**22 ACLS Recertification**  
Time: 7:30 am to 4 pm  
Place: Alumni Auditorium

**28, 29 Initial BCLS**  
Time: 12 noon to 5 pm  
Place: Alumni Auditorium  
♦ Preregistration required, call ext. 8725.

# The Rapid Response Team

◆ Joanne Giugno, RN, BSN

As the population ages, and medical science and technology continue to advance, the demand for critical care beds frequently exceeds the availability. One solution to this dilemma at Lahey Clinic was the formation of the Rapid Response Team.

The Rapid Response Team is made up of a group of experienced critical care nurses. We must maintain certifications in BLS, ACLS, PALS and TNCC. As the name implies, the Rapid Response Team is available 24 hours a day, seven days a week to “rapidly” respond and assist with the evaluation and treatment of unstable patients. We are the eyes, ears and hands of the nursing administrative supervisor. Often we deal with patients who decompensate unexpectedly in a noncritical care setting. The Rapid Response Team provides the immediate availability of critical care interventions in any setting. We create a “virtual” ICU bed.

Our purpose is to assist with the stabilization of patients and continue to provide necessary critical-care-level interventions until a critical care unit can accommodate the patient. This may take several hours. The Rapid Response Team responds to all traumas and is able to care for trauma patients in unconventional settings, such as the Post-Anesthesia Care Unit when there are no Surgical Intensive Care Unit beds available.

The importance of the rapid response nurse’s role is twofold. It assures that trauma and critical care patients receive care from critical care and trauma certified nurses. In addition, the 24/7 availability of a Rapid Response Team alleviates the need for the Emergency Department to initiate “diversion.” This is extremely important as many hospitals in the area are forced to close to ambulance traffic, thereby causing trauma patients to travel longer distances for treatment. This is a concern as minutes can make a difference during the “golden hour” that immediately follows the traumatic event.

There is no “typical” day in the life of a rapid response nurse. This is not a position for nurses who prefer controlled environments and predictable routines. Rapid response nurses must continually prioritize requests for assistance. When there are no requests for service, we make rounds throughout the hospital. This enables the staff to become familiar with the team. It also alerts the Rapid Response Team to any patients with the potential for requiring intervention.

In one shift, the team could be called to a trauma in the Emergency Department, a cardiac arrest on a medical/surgical floor, a patient with sudden onset of rapid “A-fib,” chest pain, hypotension, respiratory distress or a change in mental status. We encourage staff to call any time they feel our collaboration would be helpful.

When time permits, we assist in the transport of monitored or unstable patients to diagnostic tests. Our most frequent destination is CT scan. The team often tallies the number of “cats we scan” during a busy shift.

Another facet of the position is to act as educational resources. The Rapid Response Team augments the efforts of our talented nurse educators available on each unit and on the off shifts. To complement the Nursing Department of Education, the team is an available resource 24/7. We consider this one of the most vital and rewarding aspects of our jobs.

The Rapid Response Team does not assume primary care of unstable patients. We work in collaboration with the primary care nurses, administrative supervisors, physicians, respiratory therapists and other members of the health care team. We function as *part* of the team and together we devise an appropriate plan of care for each patient. The primary care nurse has the advantage of knowing the patient’s history and baseline assessment. The rapid response nurse’s initial encounter often occurs during a crisis and after a period of decompensation. It is the primary nurse who provides the essential background information that allows the health care team to accurately evaluate and develop an appropriate plan of care.

Our team encourages staff to page us at any time. Whether the need is for stabilization of a patient, assisting with EKG or telemetry strip interpretation, or helping a new nurse deal with the needs of a dying patient and the patient’s family for the first time in his or her career, we are glad to offer support. Sharing our critical care knowledge as well as drawing on and learning from the staff nurses’ knowledge allows all of us to broaden our ability to offer patients excellent care in every area. It is the sharing of information that allows constant professional growth, which is of the utmost importance at a time where we see increased patient acuity on the inpatient units.

Constantly responding to and dealing with a wide variety of situations can be stressful. Fortunately, one trait shared by every member of the Rapid Response Team is the passion for challenges and change. We thrive on crisis intervention, as well as on sharing our knowledge with colleagues. No two shifts are alike, and it is a very satisfying job. We feel appreciated and respected, and are honored to collaborate with the health care team. Our combined efforts ensure that patients receive the highest quality care available.

The development of the Rapid Response Team has provided Lahey Clinic with more flexibility in the delivery of critical care. It is an honor and privilege to collaborate with such a dedicated and knowledgeable group of professionals.

## THE RAPID RESPONSE TEAM consists

of Beverly McCabe RN, nurse manager,

Marlene Barrett, RN, Tracey Batakis, RN,

Nancy Bergin, RN, Melissa Dunford, RN,

Justine Fargo, RN, Joanne Giugno, RN, Kristen

Keefe, RN, Tania Mangahas, RN, Kathleen

O’donoghue, RN, Richard Ressijac, RN,

Juliane Wentzel, RN, and Mary Wright, RN.

# Medication Safety

◆ Maureen McLaughlin, RN, BSN, CPAN

*“Errors in high-alert medications continue to cause disproportionate harm in hospital patients.” (Nursing 2003)*

**E**noxaparin (Lovenox) is one of these 10 high-alert medications. Lovenox is classified as a low-molecular weight heparin, which means that it is composed of fragments of unfractionated heparin. This medication is used in a variety of settings to alter the clotting cascade.

The body's ability to bandage injuries with clots (coagulation) and then disassemble the clots when their job is done (lysis) protects the body against both hemorrhage and catastrophic clotting. Both these systems must be in place to maintain balance within the body. Anticoagulants and antiplatelet drugs can interfere with these mechanisms at various points and for a variety of clinical situations.

In the past, practitioners had few agents at their disposal to assist in anticoagulation: Coumadin and Heparin. Coumadin is still a popular drug of choice; it is given orally, rapidly absorbed from the GI tract, and acceptable for use in renal-impaired patients. Heparin also remains quite popular. The disadvantages

of both are that they require blood tests to evaluate their efficacy and their effects on patients can be varied. Lovenox evolved as an alternative treatment.

Lovenox is administered by a subcutaneous injection in the lower abdomen once or twice daily. It has a predictable patient response and thus regular blood work is unnecessary. It can be used on an outpatient basis, making it a drug of choice for patients arriving to the Emergency Department with a chief complaint of a deep vein thrombosis not requiring hospitalization.

Perhaps the very ease with which Lovenox can be used has led to the listing of Lovenox as a high-alert medication. This medication is not without risk. It has been associated with heparin-induced thrombocytopenia, thrombocytopenic purpura, and epidural hematomas. Lovenox, like heparin, is absolutely *contraindicated* in patients with in-dwelling epidural catheters. It is also contraindicated in patients with history of hemophilia or patients who are actively bleeding. It is never a medication to be used casually, although the lack of daily blood work and its route of administration may predispose the novice practitioner to considerate it harmless.

Lovenox must also be used with caution in the patient with renal impairment. New dosing recommendations may allow its safe use in these patients in the future.

#### References:

*Nursing 2003*, vol. 33, no. 3, pg. 37-42.

*RN*, February 2004, pg 88.

## Notes on NURSING

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