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at Lahey

May/June 2003

The Other Side of the Bed

◆ June Williams, RN, BSN

"You need coronary bypass surgery." Hearing those words, I was shocked as I lay on the table in the catheterization lab at Lahey Clinic on August 20, 2002. I was certain the stent in my left anterior descending artery would just be replaced, and I would be back to my career as an Emergency Department nurse in a few weeks.

Pain in my left arm had awakened me the day before. Scared and worried, I went to the ED and was greeted by my nursing colleagues. Efficiently, Terri Nicolosi, RN, started my IV. Jen Fox, RN, rubbed my arm and reassured me while she assessed the cardiac monitor. Theo Kalemba, RN, organized my care with her kind, soft professionalism.

I watched as the nurses listened to my lungs, performed phlebotomy, and monitored my pain status. Appreciating how hard it is to take care of one of your own colleagues, I was aware of their concern as they kept up their diligence with humor and kindness.

Before I knew it, I was in the CT-PACU after a CABG (coronary artery bypass graft). My stomach and throat hurt. Sue Zarella, RN, explained that I had two chest tubes, and a cool mist face mask was continued for my sore throat. In fact, I had a cordis in my left neck with a Swan Ganz catheter, a pacing wire, arterial line, chest

tubes, and IVs. It felt like a bad dream! We talked about nursing as she gave me a bed bath.

Boy, did that bath feel good! I told her I had to make it to my daughter's wedding in two years. She assured me that I would be there, dancing. My son and daughter both commented on how kind she was to them when they came to visit. I mentioned there was

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June Williams, RN, (far left), with fellow Emergency Department nurses who assisted in her recovery: (from left) Sue Zarella, RN; Terri Nicolosi, RN; Theo Kalemba, RN; and Jennifer Fox, RN.

INVITATION

You are cordially invited to attend a special nursing event:

May 15, 2003

7:30 am – 3:30 pm

Alumni Auditorium

■ Phyllis Beck Kritek, RN, PhD, FAAN, will present an all-day continuing education program entitled *Celebrate Nursing 2003*. Dr. Kritek is a nationally and internationally known nurse scholar, sought as a speaker and consultant on conflict resolution, organizational development, gender and communication, healing processes and nursing philosophy. She is a prolific writer and author of *Negotiating at an Uneven Table: Developing Moral Courage in Resolving Our Conflicts* (2nd edition, 2001) and editor of and contributor to the book *Reflections on Healing: A Central Nursing Construct*. Join your nursing colleagues for a wonderful day of insight and discussion.

Lahey
CLINIC

CNO Corner

◆ Kathie Jose, RN, MSN, Chief Nursing Officer

Congratulations to all of you as we celebrate Nurses Week 2003 (May 5 –9), “Nurses lifting spirits, touching lives.” I hope you are proud of yourselves for the continued quality of care you provide to patients, touching their lives as, indeed, you lift their spirits. I also hope you are proud of being a part of the nursing profession. All of us at Lahey are committed to raising the bar of excellence, both for our patients’ care and for ourselves.

Progress is being made as we work to reach our goals for 2003. We continue to improve clinical practice through research, outcomes data, the development of pathways, and interdisciplinary planning. Our quality safety plan includes establishing a culture of “mindfulness”— a combination of high alertness, flexibility, and adaptability, one of the indicators of a High Reliability Organization. We will continue to ensure the appropriate utilization of nursing resources as we streamline the discharge process, decrease the use of sitters, and increase the effectiveness of the Nurse/Physician Partnership Council. The journey toward becoming a member of the Magnet Nursing Services Recognition Program is a goal. As we begin to articulate how we meet the magnet standards, the excellence of the nursing services that we provide at Lahey will be very apparent to us all.

I encourage you to become part of the nursing governance structure by joining a nursing council. We invite staff participation in discussion and decision-making. Nationally, health care faces a nursing shortage, but with our career pathing programs, our recruitment and retention efforts, and our priority of attaining Magnet status, the nursing department of Lahey Clinic is facing the future with confidence and energy. We will maintain our dedication to enriching the professional lives of nurses by seeking ways to enhance work satisfaction and professional development. Nurses are the heart of Lahey Clinic and our finest asset. Congratulations to all of you.



NEW FACES IN NURSING LEADERSHIP

Director of Education

■ **Gayle Gravlin**, EdD, RN, CNAA, has joined the Lahey Clinic Nursing Department as **director of education and clinical guidelines**. A gradu-

ate of the Memorial Hospital School of Nursing in Worcester, Massachusetts, Gayle received her BSN from Boston College, her MS from Yale University, and her doc-

torate from Teachers College, Columbia University. Prior to joining Lahey, Gayle was the liaison between the Nursing Department and the Information Systems Department at St. Elizabeth’s Medical Center. Previously, Gayle was an assistant visiting professor at Regis College and was one of the faculty who taught at Lahey when the on-site Regis College program was started in 2000. She has an extensive background in nursing leadership. Among her previous posts, she was vice president of nursing at Fairlawn Rehabilitation Hospital and clinical director of psychiatric nursing at the Mount Sinai Medical Center in New York.

Nursing Director of Finance and Informatics

■ **Carol Howland**, RN, MS, CNA, has joined Lahey Clinic as the **nursing director of finance and informatics** from St. Vincent’s at Worcester Medical Center, where she was director of nursing. Previously, Carol was the director of critical care/medical/surgical nursing at Newton-Wellesley Hospital and the nursing director of medical cardiology at the Robert Wood Johnson University Hospital in New Jersey. Carol received her BSN from the University of Rhode Island and a master of science in nursing administration from the University of Pennsylvania. She also attended the Wharton School of Business, with a concentration in health care management.

Nurse Manager – MICU and CCU

■ **Doris McConnell**, RN, MSN, CCRN, is the **nurse manager of the MICU and CCU**. She comes to Lahey Clinic from Heywood Hospital, where she was clinical nurse specialist in acute care. Previously, Doris was the clinical leader of the Surgical

Intensive Care Unit at the University of Massachusetts Memorial Health Care. Doris started as a diploma graduate of the Montefiore Hospital in Pennsylvania, then went on to receive her BSN from Atlantic Union College and her MSN from the University of Massachusetts.

Nurse Manager – Cath Lab and EP Lab

■ **Jennifer McCarthy**, RN, MSN, is the **nurse manager of the cardiac catheterization laboratory and the electrophysiology lab**. Previously the nurse manager of the cath lab and EP lab at St. Vincent’s Hospital, Jennifer is a diploma graduate of the St. Vincent Hospital School of Nursing. She received her BSN from Worcester State College and her MSN from the University of Massachusetts Graduate School of Nursing in Worcester, Mass.

Notes on NURSING at Lahey

May/June 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.

Nursing Research: Alive and Well in the Pre-Op Center

◆ Merrie Watters, RN, MS, CNOR

A study is currently under way to evaluate a program used to help patients relax and feel calm before surgery. *Prepare for Surgery, Heal Faster* (Angel River Press, 1996), developed by Peggy Huddleston, MTS, has gained popularity nationwide as an effective model for preoperative stress reduction. The randomized clinical trial at Lahey is comparing select colon-rectal surgery patients who use this program along with standard preoperative teaching to patients who receive only the standard preoperative teaching instructions. The outcomes to be measured include length of stay, use of pain and nausea medication, level of calmness before and after surgery, and patient satisfaction with care. The study is due to be completed in the fall.

This is a great opportunity to integrate research into the practice setting, and everyone in the Pre-Op Center has been an important part of this experience. The research process is becoming a part of our everyday practice.

Co-investigators Penny Abrams, RN, and Cindy Goy, RN, assist with screening, consenting and enrolling patients. Along with co-investigators Judith Feldman, MD, and David Schoetz, Jr., MD, they provide ongoing evaluation and consultation for the study.

"This has certainly been a learning experience for me," says Goy. "Until I was asked to participate in this project, I never realized what goes into a research study. If we can help a patient prepare for surgery by reducing their anxiety level and produce more favorable outcomes, then I am proud to do my part."

Abrams adds, "We all manage stress in different ways, and this is evident in the patients we meet in the Pre-Op Center. Being involved in this study gives us the opportunity to offer select patients a tool that may positively affect the stressors associated with surgery. This is an exciting research project that could impact on our practice with all surgical patients in the future."

Patty Goodwin, RN, assistant nurse manager of the Pre-op Center, has found this study to be a positive experience for staff and surgical patients. "It is wonderful to see the letters that patients write about this program and how much it has helped them to prepare themselves mentally for surgery," she says.

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IMPORTANT GUIDELINES ON RELEASING PATIENT INFORMATION

■ When the media or others inquire about a patient's condition, who at Lahey Clinic takes the call, and what is the proper way of handling the situation?

To answer media inquires regarding patient conditions, a representative from the Department of Communications and Marketing is available 24 hours a day, seven days a week. When an inquiry about a patient's condition is received, the Communications and Marketing representative acts as the liaison between the person making the inquiry and the hospital department—inpatient, outpatient, or emergency—where the patient is located.

According to the Health

Insurance Portability and Accountability Act of 1996 (HIPAA), inquiries about patient information must contain the patient's name. Only members of the clergy are exempted from this rule. In addition, under American Hospital Association guidelines, only the following one-word condition descriptions can be released if the patient has not requested that his or her information be withheld:

- **Undetermined:** Patient awaiting physician and assessment.
- **Good:** Vital signs are stable and within normal limits. Patient is conscious and comfortable. *Indicators are excellent.*
- **Fair:** Vital signs are stable and

within normal limits. Patient is conscious, but may be uncomfortable.

Indicators are favorable.

- **Serious:** Vital signs may be unstable and not within normal limits. Patient is acutely ill. *Indicators are questionable.*
- **Critical:** Vital signs are unstable and not within normal limits. Patient may be unconscious. *Indicators are unfavorable.*

Please note: Terms cannot be combined, and "stable" is not a permissible patient condition description. Under HIPAA, it is acceptable to report that a patient has been treated and released.

Under HIPAA, releasing patient information beyond the one-word condition and location requires written authorization from the patient. In the case of providing condition

information to a patient's family or friends, patient authorization is also required. Of course, nurses routinely interact with family members in emergency situations. In such cases, nurses should use their own discretion.

A patient's location within the hospital is included in directory information to assist visiting family and friends, and facilitate the delivery of gifts to patients. Location information is provided unless the patient has elected to have it withheld. Although the media are not prohibited from receiving a patient's location, HIPAA recommends that hospitals do not provide the media with a patient's location unless he or she first grants permission.

For further information on HIPAA, visit <http://massnet/HIPAA/>.

Deborah Zarrella, RN, director of surgical services, adds, "What is very gratifying to me is the collaborative effort the nursing staff is making, not just in the Pre-Op Center, but in Admissions, Surgical Booking, Ambulatory Surgery, the operating rooms, the PACU, and the inpatient units. This is what teamwork is really all about."

Merrie Watters, RN, is co-investigator of this study. She will present her findings at a Nursing Research lecture in the fall.

The Nursing Research Committee is looking for new members. Please contact Marie Catman at ext. 2313. Meeting times are flexible.

NURSES WEEK • MAY 5-9

Nurses: Lifting Spirits, Touching Lives

Please join your colleagues for a week of special events and activities:

- Nursing Recognition Breakfast
- Nurse Stories: Voices of Excellence
- Tea and Dessert for the Soul
- Schools of Nursing Information Session
- Search for Excellence: The Magnet Journey
- Research Presentations
- Colleague Appreciation Cookout on May 8 (rain date May 9)
- Celebrate Nursing 2003 (May 15 CE offering)

See the posters in your area for specific days and times.

THE IV GRID— NOW AVAILABLE ON MASSNET!

■ Lahey Clinic's IV grid, the most widely used resource for administering intravenous medications at Lahey, is now available on Massnet. From the Massnet home page, the IV grid can be accessed from either "Clinical Resources" (under "Nursing @ Lahey") or "Lahey Tools." The grid itself is very similar in format to the printed copies located at each nursing station. Within the Intranet version are links to detail sheets and extravasation guidelines. It is very exciting to have reached our goal of making the IV grid available on the Intranet.

The IV Grid Committee is made up of dedicated phar-

macists, nursing clinical educators, and nurse managers from all areas of the hospital. The committee is co-chaired by Cynthia Fiekers, RN, and Karen Ross, RPh, and meets on a monthly basis to discuss issues related to IV medications administered at Lahey. Any changes to be made are brought to the Pharmacy & Therapeutics Committee and, once approved, are incorporated into the grid. There are currently more than 225 medications listed in the IV grid, and the list continues to grow!

The IV grid—both the Intranet and printed versions—will continue to be updated monthly. The table and detail sheets can be printed from the Intranet at any time. Make sure you take the time to check it out!

THE OTHER SIDE OF THE BED

Continued from page 1

a TV show I liked, and I was amazed that she took the time to write a note to the night nurse to make sure she put it on for me. She not only anticipated my every critical need, she also took care of simple needs, all with intelligence and humor.

The next day, Peggy Frazier, RN, was my nurse, and got me out of bed for the first time. Her reassurance that I would be better in the chair gave me the confidence to believe it! Rearranging all the tubes like a veteran, she assisted me and then she washed my back—AHH! I can't tell you how good that felt. Then she stated, "I have a treat for you!" She returned quickly with slush! How good is slush after you've been intubated? Nothing better, and Peggy knew!

My son had just arrived to visit me and looked so handsome in his suit. I will never forget the look of relief on his face as he said, "Oh, Mom, you look good!" Peggy was right: Sitting felt better. These two nurses made a horrendous experience tolerable. Their expertise was expected, but I will never forget their kindness and tender loving care.

I was transferred to 6 East, and the next day Christine Ortiz and Melissa Achilles, nurses' aides, decided to wash my hair—even with a pacing wire, IV, telemetry, and a cordis in my neck. Not an easy feat. Can I tell you how good it feels to have your hair washed after three days? Heaven! My nurse manager, Jean Brown, RN, and educator, Nancy Butters, RN, decided to visit during this event. Christine said, "Sorry, you can't come in right now." I remember her worrying that she was "going to get in trouble" for not letting a manager in to visit, and responded, "As far as I'm concerned, you can be the CEO after washing my hair, don't worry!" I laughed for the first time since the surgery.

Many of my nursing colleagues at Lahey visited, sent cards or flowers, or called. Tony Church, RN, told me he would have a bowl of bacon for me, and we both laughed. Alicia Gallagher, RN, and Barbara Marullo, RN, brought me a chair for the shower. One of my best friends, Carol Cirone, RN, took a day off from work and cleaned my house. Nurses not only care, but also anticipate what you need.

After 22 years as an ED nurse, I have often said, "Nursing affects patients lives." I love nursing. Never before, though, have I been prouder to be a nurse. I want to thank the nurses who contributed to my speedy recovery, although not all are mentioned here by name.

I am convinced nurses see the "whole" patient and recognize the importance a patient's family has in his or her recovery. I'm here to say, "Stay a nurse; patients need you!" Without nurses, the patient's recovery would never happen. So on those "rough" days when you want to leave and never come back, remember the patient who thanked you for the wonderful care you gave. To all of the nurses at Lahey Clinic, thank you.

EDUCATION CALENDAR

See below for details

✦ = MNA contact hours applied for

	M	T	W	TH	F	
MAY				1	2	
	Basic Dysrhythmia ✦ Path to Expertise &E	Search for Excellence PC&D, CPC	Preceptor Workshop ✦ PCL	BCLS (CPR) ✦ N/PPC	Basic Dysrhythmia ✦ Path to Expertise	
	Basic Dysrhythmia ✦ Path to Expertise		Pacemaker Workshop ✦	All Day Cont. Ed. ✦ Q&S		
	P&E	PC&D	PCL	Trauma Nursing Core Course		
		R&R	Critical Care Course- Cardiac ✦	Trauma Nursing Core Course		

	M	T	W	TH	F
JUNE	Critical Care Course ✦ P&E	12 Lead EKG Interp. ✦ PC&D, CPC & NR	Critical Care Course ✦ Ethics Lecture PCL		12 Lead EKG Interp.
	Critical Care Course ✦	Critical Care Course ✦ All Day Cont. Education ✦	Preceptor Update ✦	N/PPC	
	P&E	PC&D	Pacemaker Workshop ✦ PCL	Q&S	
	ACLS Two-day Certification ✦	ACLS Re-cert. R&R			

MAY

5, 9, 12 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.

5, 9, 12 Path to Expertise – Telemetry
Time: 1 – 4 pm
Place: Room 184, 31 Mall Road
◆ Preregistration is required. Call ext. 8725.

6 Search for Excellence: The Magnet Journey
Maureen Sroczyński, RN, MS
Time: 9 am – 12 pm
Place: Alumni Auditorium

7 Preceptor Workshop ✦
Time: 8 am – 4 pm
Place: Room 184, 31 Mall Road
◆ Preregistration is required. Call ext. 8725.

8 BCLS (CPR)
Time: 1:15 pm – 3:15 pm
Place: Alumni Auditorium
◆ Recertification only. Preregistration is required. Call ext. 8725.

14 Pacemaker Workshop ✦
Time: 1 – 5 pm
Place: Room 184, 31 Mall Road
◆ Preregistration is required. Call ext. 8725.

15 All Day Continuing Ed. ✦
Celebrate Nursing 2003 with Phyllis Beck Kritek, author of *Negotiating at an Uneven Table*.
Time: 7:30 am – 3:30 pm
Place: Alumni Auditorium
◆ Preregistration is requested. Call ext. 8725.

22, 29 Trauma Nursing Core Course
Time: 7:30 am – 5 pm
Place:
◆ Preregistration is required. Call ext. 8725.

28 Critical Care Course–Cardiac ✦
Time: 8 am – 4 pm
Place: Room 184, 31 Mall Road
◆ Preregistration is required. Call ext. 8725.

JUNE

2, 4, 9, 10 Critical Care Course ✦
Time: 8 am – 4 pm
Place: 31 Mall Road, Room 184
◆ For schedule and preregistration, call ext. 8725.

3, 6 12 Lead EKG Interpretation, Part I & II ✦
Time: 10 am – 2:30 pm
Place: Room 184, 31 Mall Road
◆ Preregistration is required. Call ext. 8725.

10 All Day Continuing Ed. ✦
Advances in Transplant Care
Time: 7:30 am – 3:30 pm
Place: Alumni Auditorium
◆ Preregistration is requested. Call ext. 8725.

11 Preceptor Update ✦
Conflict Resolution
Times: 8 – 9:30 am, 9:30 – 11 am, 1 – 2:30 pm
Place: Cafeteria Conference Room
◆ Preregistration is required. Call ext. 8725.

18 Pacemaker Workshop ✦
Time: 7 – 11 pm
Place: 4W Conference Room
◆ Preregistration is required. Call ext. 8725.

23, 24 ACLS Two-day Certification ✦
24 ACLS Re-certification
Time: 7:30 – 3:30 pm
Place: Alumni Auditorium
◆ Preregistration is required in person in Nursing Administration. For information call ext. 8725.

Nursing Council Meeting Schedule

PC&D: Policy Coordination & Development Council meets 5/6, 5/20, 6/3, 6/17 at 2 pm, Alumni Conference Room

PCL: Patient Care Leadership Council meets 5/7, 5/21, 6/4, 6/18 at 1:30 pm, Lobby Conference Room

P&E: Professional & Education Council meets 5/5, 5/19, 6/2, 6/16 at 9:30 am, Lobby Conference Room

Q&S: Quality & Safety Council meets 5/15, 6/19 at 11:30 am, ED Conference Room

CPC: Clinical Practice Council meets 5/6, 6/3 at noon, ED Conference Room

N/PPC: Nurse/Physician Partnership Council meets 5/8, 6/12 at 9 am, 7E Conference Room

NR: Nursing Research Committee meets 5/6, 6/3 at 10 am, 6E Conference Room

R&R: Retention & Recognition meets 5/27, 6/24 at 2 pm, 6C Conference Room

Magnet Status

◆ Marie Catman, RN, MSN

The year was 1983, and more than just a few of us remember the last nursing shortage, when countless nurses decided that the benefits of working in acute care no longer outweighed the costs. As hospitals began to close entire nursing units, the American Nurses Association commissioned a national study to find out why so many nurses were leaving the bedside to take up careers in law, real estate, and computer science.

ANA's study found that while staffing shortages and constant turnover plagued most hospitals, a small group of others actually had waiting lists for nursing positions. The data from this landmark study showed that those few hospitals having low RN turnover and high levels of job satisfaction all shared a unique set of core features. These organizational features were dubbed as "magnets" because nursing's best and brightest were drawn to these rare institutions. Not only did the nurses come; they stayed.

The magnets that both attracted and held nurses in these hospitals were not what you might expect. Job satisfaction had no systematic relationship to salary, permanent day shifts, or staffing. Instead, these hospitals had built nursing cultures that were both preoccupied with and organized around the caliber of their leadership, nursing autonomy, management style, career development, sophistication in nursing process, professional relations, and quality nursing indicators.

In light of the present looming crisis, the American Hospital Association has just repeated the

old "magnet" study. The more recent study not only confirmed the original findings, but also showed that these hospitals reported a mortality rate 4.6 percent lower than non-magnet hospitals, and that AIDS patient were 60 percent more likely to leave the hospital alive. Magnet hospitals report higher patient and staff satisfaction than their non-magnet counterparts.

To date, only 60 of the nation's 6,200 hospitals (fewer than 1 percent) are officially recognized as magnet hospitals. But as the nursing shortage deepens, the idea of the magnet hospital has been getting more than just a little press. A recent Joint Commission white paper addressing the looming crisis in health care suggests more hospitals need to commit themselves to the ideals of the magnet institutions if they are serious about creating an environment that attracts and retains nurses.

To this end, Lahey Clinic, under the leadership of Kathleen Jose, RN, MSN, chief nursing officer, will begin to articulate those magnet standards that are already in place at the Clinic. For instance our council structure will serve us well as will our new alliance for nursing research with Regis College.

On March 26, Kathleen Stoltzenberg and five staff nurses from Middlesex Hospital in Connecticut came to Lahey to relate their own journey to magnet designation. On May 6, Maureen Sroczynski will be here from 9 am until noon to present "A Search for Excellence: The Magnet Journey." This session is open to all, and the hope is that many of our staff nurses will attend.

We will start mapping our strategy soon. Watch for future issues of *Notes on Nursing* to spell out more of the details of this project of a lifetime.

NURSES' STORIES: VOICES OF EXCELLENCE

■ You are invited to write a nursing "story" that holds special meaning to you. It can be a story that captures the essence of your practice or shows how your nursing intervention made a difference in a patient's outcome. Share the stories you hold in your heart, and together we will create a Treasure Chest of nursing experiences at Lahey Clinic.

Notes on NURSING

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