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# Notes on NURSING

at Lahey

November/December 2002

## Lifelong Learning

◆ Nancy Rainier, RN, BA

The American Nursing Association (ANA) defines nursing professional development as "the lifelong process of active participation in learning activities to enhance professional practice" (American Nurses Association, 1994, Standards for Nursing Professional Development.) Our world and our technologies change quickly, and all of us need lifelong learning to keep up with the changes.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) addressed the continuing education of nurses in a recent white paper entitled, "Health Care at the Crossroads—Strategies for Addressing the Evolving Nursing Crises." The paper contends that "The empowerment of staff nurses, in turn, acknowledges their role in making real-time, critical decisions at the point of care." A tactic they recommend for retention and empowerment is to "provide fast-track, low-cost opportunities for nurses to achieve higher levels of education."

A number of Lahey nurses named Debbie Zarella, RN, as an example of someone working here and continuing in school. Her commitment to education has paralleled her career at Lahey Clinic.

Zarella graduated from Shepard Gill as an LPN and went to work at New England Baptist Hospital. When Lahey Clinic opened in November 1980, she joined the staff on 6 West working nights, with Penny Abrams as the nurse manager. While continuing

to work per diem, Zarella went to school at Middlesex Community College, full-time days, to obtain her ADN and become an RN. After graduating in 1985, she worked in the Colon-Rectal Surgery Clinic and in Colonoscopy, and then full time in Endoscopy for six years. She worked in "Hold and  
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### SPOTLIGHT

*Deborah Zarella*

Deborah Zarella, RN, BSN, started her nursing career as a nurse's aide and continued as an LPN, then an RN. "Continuing my education has given me the opportunity to move within the organization. It has also allowed me to network and share experiences with others nurses and bring back to Lahey what I have learned. To quote Marian Wright Edelman from *A Letter to My Child and Yours* (1992), 'Education is for improving the lives of others and for leaving your community and world better than you found it.'"



## COUNCIL REPORTS

### Policy Coordination and Development Council

The major project tackled by the council has been the revision of the initial patient assessment forms and the nursing practice guidelines to work with them. New flow sheets have been in use on the medical/surgical units since May 13. Other flow sheets have been initiated in Ambulatory Surgery, the Critical Care areas, and the PACU. Changes recommended during the mock JCAHO survey were incorporated into all of the new flow sheets along with staff suggestions. As the sheets are finalized, self-study guides are being developed to facilitate implementation.

Along with this, an intra-departmental transfer sheet was presented to facilitate admissions from the clinics to the hospital. This is currently being beta tested and will be implemented this fall. The Code Cart Policy has been completed and approved. The PC&D Council is chaired by Sheila Cuniff and Deborah O'Donnell.

—C. Horlitz, RN  
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**Lahey**  
CLINIC

# CNO Corner

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

By now I hope that all of you have heard how we have accomplished our strategic goals for 2002 as presented at the Nursing Assembly held in October. We will continue to provide high-quality, compassionate care while improving the work environment for all nurses at Lahey Clinic.

I do want to take this opportunity to once again tell you how proud I am of all of you. Many new colleagues have joined us this fall, and everyone has demonstrated to them the team approach that makes Lahey such a special place. We will continue to provide adequate staffing by supporting the new graduates and the re-entry nurses with mentoring and education and by striving to retain the many colleagues who have maintained the highest levels of standards over the years. You are the reason Lahey is renowned for its excellent patient care.

In the midst of this holiday season, we will be having our tri-annual JCAHO site visit. Everyone has been working incredibly hard to prepare for this and meet all of the requirements. You have heard the expression "management by measuring," and the nursing department has been actively measuring our progress in many areas. By measuring our outcomes, we have seen many improvements in documentation, compliance, and the use of restraints. Thank you for all of your efforts—happy holidays to all.

## Notes on NURSING at Lahey

November/December 2002

### ADVISORY BOARD

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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.

## COUNCIL REPORTS

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### Quality and Safety Council

The Quality and Safety Council is actively working with the process of peer review. Department-level peer review is our most effective means of assessing patient care processes and outcomes to ensure that our patients are receiving care that is of the highest quality. The council members discuss cases brought to them by the incident reporting process at the monthly Q&S meeting. This allows us to review and amend systems issues to assist the nurses in providing safe, quality nursing care. The more incident reports you fill out, the greater our chance of identifying those systems

## LIFELONG LEARNING

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Prep" on the second floor for two years before becoming the nurse manager in Ambulatory Surgery. At the same time she enrolled at Emmanuel College, where she took two courses a semester and completed her BSN in 1995. She now sits on the Emmanuel College Advisory Board.

During the following years, Zarella's role changed multiple times, including work in Ambulatory Surgery, the main Recovery Room, and the OR. Three years ago she became director of surgical services.

Two years ago Regis College and Lahey Clinic offered a graduate course at the Clinic, and Zarella enrolled, beginning work on her MSN on a part-time basis. She continues in the program. "Regis offered the combination of nursing and business. As a nursing director, I am responsible for a large budget

with expansion of both the Burlington site and Lahey Clinic Northshore. In order to take part in decision making, to "sit at the table," to write the proposals, I needed to have advanced education in both nursing and in business." Says Zarella, "I am taking one course at a time—right now it's Financial Accounting—and I will finish in two years."

Regis College has numerous tracks for nurses, including a master's degree for RNs with a bachelor's degree and an RN-to-BS-to-MS "Upward Mobility" track for registered nurses with associate's degrees or diplomas in nursing. According to Antoinette Hays, Ph.D., the center director for nursing at Regis, "Regis offers a program without walls tailored to the needs of adult learners. Lahey nurses enrich the classroom with their wealth of life and professional experience."

The benefits of continuing education while working are

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problems that impact on your care of patients. The council is seeking additional members from among the staff. If you are interested in being a part of this dynamic council, please call either of the co-chairs: Cynthia Fiekers, ext. 8758, or Carol Martel, ext. 8519.

—M. Catman, RN

### Clinical Practice Council

The Clinical Practice Council, co-chaired by Jean Brown and Janet Habeshian, has been editing and revising all of the nursing policies. They have been meeting once a week since this summer to finish this massive project. An entire set of Nursing Policies and

Procedures should be available on your unit soon. Within one year we hope to have all of these available on the Intranet.

—N. Rainier, RN

### Professional and Education Council

The P&E council has a number of projects under way—but we need more nurses to help us in our endeavors! Please consider joining us as we present a detailed professional practice model and begin work on attaining "magnet" hospital status. If you are interested in advancing the practice and education of nurses, please call the council chair, Nancy Rainier, ext. 3649.

—N. Rainier, RN

# EDUCATION CALENDAR

See below for details

✦ = MNA contact hours applied for

November	M	T	W	TH	F
					1 EKG Interpretation Part 1 <sup>+</sup>
	4 P&E	5 PC&D Nursing Res. Preceptor Workshop <sup>+</sup>	6 PALS Two-Day Cert. <sup>+</sup>	7 EKG Interpretation Part 2 <sup>+</sup> BCLS (CPR)	8
	11 ACLS <sup>+</sup>	12 CPC ACLS Recert. BCLS LCN	13 PALS Two-Day Cert. <sup>+</sup> PALS Recert. Nursing Res.	14 All Day Continuing Education <sup>+</sup>	15
	18 P&E	19 PC&D	20	21 Q&S	22
	25	26 CPC	27	28	29

December	M	T	W	TH	F
	2 P&E	3 PC&D Nursing Res. Comm.	4	5 BCLS (CPR)	6
	9	10 CPC BCLS (CPR) LCN	11	12	13
	16 P&E	17 PC&D	18	19 Q&S	20
	23	24	25	26	27
	30	31			

## NOVEMBER

### 1 12-Lead EKG Interpretation Part I <sup>+</sup>

Time: 10 am–2:30 pm  
Place: 31 Mall Road, Room 185  
Preregistration is required, call ext.8725. Provides basic information about identifying EKG signs of cardiac ischemia, injury and infarction. Prerequisite: Completion of Basic Cardiac Dysrhythmias or demonstrated competency.

5  
**Nursing Research Committee**  
Time: 9:30–10:30 am  
Place: 6 East Conference Room  
Open to all.

5  
**Preceptor Workshop <sup>+</sup>**  
Time: 8 am–3:30 pm  
Place: 6K39,  
6 East Conference Room  
Preregistration is required, call ext. 8725. Designed to help new preceptors develop the skills needed to be an effective preceptor to new staff members. Open to any department.

### 6, 13 PALS Two-Day Certification<sup>+</sup> 13 PALS Recertification

Time: 7 am–5 pm  
Place: 31 Mall Road,  
HR Training Room  
Preregistration is required, call ext.8725.

7  
**12-Lead EKG Interpretation Part II <sup>+</sup>**  
Time: 10 am–2:30 pm  
Place: 7K39,  
7 East Conference Room  
Preregistration is required, call ext.8725. (See November 1.)

7  
**BCLS (CPR)**  
Recertification only  
Time: 1:15–3:15 pm  
Place: Alumni Auditorium  
Preregistration is required, call ext. 8725.

11, 12  
**ACLS <sup>+</sup>**  
12  
**ACLS Recertification**  
Time: 7:30–4 pm  
Place: Alumni Auditorium  
Preregistration is required, call ext.8725.

12  
**BCLS (CPR) LCN**  
Time: 1:30–4 pm  
Place: Lahey Clinic Northshore, Main Cafeteria  
Preregistration is required, call ext.4501.

13  
**Nursing Research Series**  
Time: 4–5:30 pm  
Place: Alumni Conference Room  
All are invited. Merrie Watters, RN, MSN, will present.

14  
**All Day Continuing Education<sup>+</sup>**  
Complementary Healing Strategies  
Time: 7:30 am–3:30 pm  
Place: Alumni Auditorium  
Preregistration is requested. Call ext.8725.

## DECEMBER

3  
**Nursing Research Committee**  
Time: 9:30–10:30 am  
Place: 6 East Conference Room  
Open to all.

5  
**BCLS (CPR)**  
Time: 1:15–3:15 pm  
Place: Alumni Auditorium  
Preregistration is required, call ext. 8725.

10  
**BCLS (CPR) LCN**  
Time: 1:30–4 pm  
Place: Lahey Clinic, Northshore, Main Cafeteria  
Preregistration is required, call ext.4501.

### Nursing Councils Meeting Schedule

- CPC:** Clinical Practice Council meets 11/12, 11/26, 12/10 at noon, ED Conference Room.
- PC&D:** Policy Coordination & Development Council meets 11/5, 11/19, 12/3, 12/17 at 2 pm, Alumni Conference Room.
- Q&S:** Quality and Safety Council meets 11/21, 12/19 at 11:30 am, ED Conference Room.
- P&E:** Professional & Education Council meets 11/4, 11/18, 12/2, 12/16 at 9:00 am in the Lobby Conference Room.

# The Patient Plan of Care

◆ Nancy Rainier, RN

Most of us learned about “care plans” in nursing school. They were long, repetitive medical models of nursing interventions appropriate to a specific disease condition. Today the purpose of the Patient Plan of Care is to “maintain a record of the interdisciplinary collaborative manner in which qualified professionals provide care within the Lahey Clinic.” The plan of care doesn’t “belong” to nursing—it is an individualized, interdisciplinary, immediate documentation of the problems, expected outcomes, and specific interventions for this particular patient.

Generic formulations of nursing interventions are best served by the Nursing Practice Guidelines being assembled by the clinical educators. There are also “care guides” associated with clinical pathways that serve a similar function, that is, describing the usual care given a patient with a specific condition.

One of the best descriptions of the Patient Plan of Care is “the sign that goes over the bed.” What is it that you

need the members of the care team to know? What is specific about this patient that is or could be a problem? What can we do about the problem, and what do you expect the outcome to be?

For example, “safety” is not a specific problem. A specific problem might be, “The patient is confused, disoriented” or “The patient is unsteady getting up unassisted.” Your expected outcome may be that the patient is maintained in a safe environment: “Patient will not fall.” Your interventions specific to this patient are listed in the plan of care.

While nursing will identify many of the problems (after all, we spend the most time with the patient), all of the care providers contribute to the plan of care.

The Patient Plan of Care begins with the initial patient assessment. Many areas of concern (problems or potential problems) are identified at this stage. It is the responsibility of the nurse completing the assessment to check off or

“flag” these areas of concern on the Initial Patient Assessment form, and then for that nurse, or the next, to incorporate them into the Patient Plan of Care. If a consult is needed, ordered, or required, whoever identifies this will put the date (“consult initiated”) on the plan of care.

When the consult is answered, the consulting provider will date and initial “done” on the Patient Plan of Care. It is expected that any consult initiated will generate an entry into the plan of care. This may be a new problem or additions to the interventions of a previously identified problem.



The plan of care should be brief (telegraphic in style) and should be kept with the Nursing Flow Sheet at or near the patient’s bedside. This will keep it accessible to all of the care team and provide nursing with input from other disciplines in their care of the patient.

If you have any questions, please talk to your clinical educator or call Nancy Rainier, RN, ext.3649.

## LIFELONG LEARNING

*Continued from page 2*

numerous, but it is not always easy. According to Zarella, “I’ve had wonderful support from my entire family, including my husband and six children, and yes, you have to give up some things to do this, but it’s had a very positive impact on my children’s lives. They have been through this with me, and now one has finished graduate school and two of the others are in graduate school.

“I’ve also had the support of Lahey throughout this process. [Chief Nursing Officer] Kathie Jose has been wonderful in encouraging me to balance my life and continue my educational goals. The staff and managers have been incredibly supportive. There is a definite commitment to education here. We have tuition assistance and a loan forgiveness program, but more than that is an attitude: ‘What do you need? We’ll help. We encourage you to continue your learning.’”

## Notes on NURSING

Lahey Clinic  
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