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# Notes on NURSING

at Lahey

November/December 2003

## Helping New Nurses Succeed

◆ Gayle Gravlin, EdD, RN, CNA & Michelle Bettinelli, BA, RN, CCRN

**O**n July 23, the Lahey Clinic Department of Nursing welcomed and congratulated 17 new nursing colleagues for their recent accomplishments: graduating from nursing school and passing the Massachusetts State Professional Nursing licensure examination. The focus of the first morning of the newly redesigned graduate nurse program was on the transition from student to staff nurse. The group heard about this transition from a panel of professional nurses who had but one short year ago "sat in their seats." In addition to discussions with our in-house experts, a current literature search was presented in which several studies reported this time to be a "very stressful period."

We shared with these new colleagues our expectations of them, which include: a desire to learn and grow; a positive attitude; motivation; creative thinking; alertness

to opportunities for improvement; commitment to excellence; willingness to ask questions freely; pointing out when something isn't working; and taking a fresh look at ideas and suggesting innovative approaches based upon current research. We reviewed our commitment to assure that they would succeed with their socialization to Lahey Clinic, and in their new roles as registered nurses.

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### SPOTLIGHT

*Gayle Gravlin*

Gayle joined Lahey Clinic as nursing director of education and clinical guidelines in March of 2003. Prior to this, she was the liaison between the Nursing Department and the Information Systems Department at Caritas St. Elizabeth's Medical Center. Gayle is known to many colleagues through her previous role as assistant visiting professor at Regis College, where she taught graduate level courses. She graduated from the Memorial Hospital School of Nursing in Worcester, Mass., and received her BSN from Boston College, her MSN from Yale University, and her doctorate from Teachers College, Columbia University. She obtained her ANCC Certification in Nursing Administration - Advanced.

Gayle was also director of nursing at Whittier Rehabilitation Hospital in Westborough, vice president of nursing at Fairlawn Rehabilitation Hospital in Worcester, and clinical director of psychiatric nursing at Mount Sinai Medical Center in New York City.



### NURSING COUNCILS

■ Staff nurses are needed! Let your voice be heard and join a council. The meeting dates and times have been changed so that more staff may join a council and provide increased representation.

#### THE FIRST TUESDAY OF THE MONTH

will be the new meeting time for four of the councils. The **Professional and Education Council (PEC)** meets at 9:30 am and is reviewing all educational programs and exploring the magnet standards for education and research. The PEC also works closely with our visiting nursing research scholar driving the development of unit-based research. The **Clinical Practice Council** meets at noon and is busily reviewing all of the Nursing Practice Guidelines and submitted Nursing Policy changes. The **Quality and Safety Council (QSC)** meets at 1 pm and is examining the reconciliation of narcotics, the roll out of nebulizer treatments, and finalizing the revised fall risk protocol, policy, and practice guide-

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**Lahey**  
CLINIC

# CNO Corner

◆ Kathie S. Jose, RN, BSN, Chief Nursing Officer

As the year 2003 draws to a close, amidst all the chaos of the coming holidays, we at Lahey Clinic look forward to the new year with excitement. The expansion plan for Lahey Clinic, as presented by David Welbourn, senior vice president, Philanthropy, at the All Nursing Assembly in September, shows a growing and vital medical center working toward the goal of raising \$135 million for development. The nursing department is striving to put into place everything needed for magnet recognition. Gayle Gravlin, director of education and clinical guidelines, and Carol Howland, director of finance and informatics, are spearheading our efforts to prepare for our magnet journey. Achieving magnet recognition is synonymous with high quality nursing care and you will be hearing much more about this in the coming months.

More immediate is our plan for establishing e-mail for every nurse. A task force, which was started on 5 West and is led by Cynthia Fiekers, has been working diligently to educate nurses and establish guidelines to improve communication with every nurse. Another improvement will be the Pyxis patient workstation—a CRT monitor used by both the patient and the care providers—in every patient room. This is part of our medication safety plan and eventually will be incorporated into a bar code



system where the medication, and the patient and nurse IDs, will be scanned for safety and accuracy.

We also continue to make progress on the “Madonna” project, a headset and portable phone, to allow nurses to have access to the desk and in-house phones from wherever they are.

An interdisciplinary task force, which I am facilitating, is looking at the redesign of 6W Step Down. Keep an eye out for your unit’s “dashboard,” a one-page display of measurements for each unit. As data is collected for process improvement projects and compliance auditing, you will be able to track and trend how your unit is doing.

We started the fall with great success at our Job Fair and Educational Program in September. More than 200 nurses attended the program “Potpourri” and 83 applicants were interviewed. We will continue to create an environment where nurses want to work, and where nurses will say, “This is a great place to practice nursing.”

I want to personally thank Gail Matthews, whom many of you have gotten to know over the years during the Nursing Recognition Program, which she so generously supports. Not only is she responsible for the creation of the Nursing Resource Room on 6W, Mrs. Matthews has also funded the purchase of audiovisual equipment to be utilized for nursing education within our patient care units. Gail and I both believe that the nursing care provided by you represents the best in nursing practice!

May you and your families have happy holidays and a joyous new year.

*Kathie S. Jose, RN, BSN*

September 11, 2003

Patient Care Representatives  
Lahey Clinic  
Customer Relationship Management  
Burlington, MA

## Dear Customer Care Representative:

My husband had surgery yesterday at Lahey Clinic and I wanted to let you know that we were very happy with his care. One thing that was especially wonderful was having an RN who was familiar with OR procedures in the family waiting area. My husband’s surgery was estimated to be 3 hours and it took 6 hours. Kathleen, the nurse on duty, was so helpful in relieving my anxiety and getting information for me when I was concerned and upset. It would have been so much more difficult for me if she had not been there. This is a definite asset to the care provided by Lahey Clinic and something I hope will always continue to be available.

My husband also felt that the nursing care in the recovery room, where he spent the night, was excellent. Staff were very capable and professional.  
Thank you for the supportive care we received.

Sincerely,  
Gloria W.

**Kathie Merageas has been a nurse  
at Lahey Clinic for 35 years!**

## Notes on NURSING at Lahey

November/December 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](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 Family Meeting

◆ Kerri Hovey, RN, BSN

*“Learn as if you were going to live forever. Live as if you were going to die tomorrow.”*

Mahatma Gandhi

■ These are words I have attempted to live by since the day I first heard them. I cherish life and the experiences and people that are the components of it. There are some individuals who come into your life and are never forgot-

ten. Recently, I had an experience that will forever be embedded in my memory. For the first time in my career I sat in on a family meeting, which was to decide the status of a patient I was caring for. I had admitted her the previous day and had witnessed her progressive end of life. I had been there by her side when she was confused, not understanding she had a heart attack...or more importantly perhaps, the impact the heart attack had on her life.

I sat in the small 10-by-10 family waiting room with residents, the attending physician,

my preceptor, and the woman's son. I can picture the gentleman clear as day; perhaps I always will. He sat at the edge of his seat in anticipation of the doctor's words. I believe he knew the outcome—he simply needed to hear it said by someone else. I could see the tears welling up in this poor man's eyes, yet not one single tear fell. He clenched his jaw, nodded in agreement and cleared his throat before speaking. “Yes Doctor, I agree with that plan.” All efforts to cure his mother were being halted. Comfort measures only were initiated.

The family meeting was a powerful one for me. I was the “new kid” on the unit; however, of the health professionals that sat in that room, I was the one who had spent the

most time with this woman. I was the one who welcomed her to the floor and initially washed her up. I was the one who held her hand when the IV team came to draw more blood. I was the one who promised her that her hair would get washed, something she hadn't had done in almost a week. I was the one who sat in a chair next to her bed and watched her eyes light up whenever I asked about the family photo I had placed on her bedside table. I was the one who had a conversation about her fingernails painted lilac, her favorite color. And I will be the one who will always be grateful to this little lady for reminding me why I became a nurse.

Happy Holidays!

## HELPING NEW NURSES SUCCEED

*Continued from page 1*

In addition, we asked our new colleagues to share their expectations with us. They asked us to assist them to: decrease their anxiety; acclimate to their new environment; build confidence; set realistic goals; build technique; gain perspective; ease the transition; manage their time; prioritize the priorities; gain comfort working with family members; gain a sense of preparedness; and identify and utilize resources. They also asked us to guide and direct them; help them get to know their colleagues; give them feedback; be approachable; and help in the development of their time management skills.

During the last day of the program, August 29, our focus was on developing leadership skills in staff nurses. Our message was that all nurses are leaders, and we explored this topic with our newest colleagues—who perhaps at this point in their career did not view themselves as leaders, although everyone else may have! To illustrate this point, we instructed our colleagues to break into four small groups and to think about someone they would consider a leader; it could be a historical figure, someone from current times, or even a family member or friend. They were asked to identify the leadership qualities and characteristics that this person demonstrated. The following is a listing of attributes that their leaders possess: self-aware; objective; fair; mature; caring; non-judgmental;

tal; confident; a good listener; a patient advocate; one that admits errors and is able to change; able to manage time; self actualized; charismatic; a mediator; a problem solver; an expert clinician; organized; open-minded; approachable; having a sense of humor; knowledgeable; compassionate; a team player; a role model and teacher; optimistic; a seeker of resources; humble; flexible; focused; empathic; gives and takes constructive criticism; sees the whole picture; concise; a motivator; a positive influence; supportive; and a system thinker.

Much to our delight, when we asked each group to identify the person or persons that they were describing by these leadership attributes, they all identified their staff nurse colleagues! Over the course of the past six weeks, each orientee had the opportunity to work side-by-side with staff nurses on their units who had been identified as professional role models and teachers.

We all remember what it was like at our first job—and we will never forget the nurses who made a difference back then, and who we admired and wanted to emulate! With pride, admiration, and sincere appreciation, we would like to congratulate you, our exceptional nurses, for being the leaders that you are each and every day—for your patients and their families, and for all of your colleagues here at Lahey Clinic. A special thank you for helping to ease the transition of our new colleagues and for making certain that these new nurses succeed!

# EDUCATION CALENDAR

See below for details

+ = MNA contact hours applied for

<b>November</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
	3	4	5	6	7
	Skills Fair →		PALS Recert.	BCLS - CPR	
	10 →	Beg. IABP BCLS - LCN ACLS Recert.	12	All-Day Cont. Ed. Nurs. Res.	14
	17	18	19	20	21
			Skills Fair- North Shore		
24	25	26	27	28	
		SICU Lecture Series			

<b>December</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>TH</b>	<b>F</b>
	1	2	3	4	5
	Basic Dysrhythmia Path to Expert.			BCLS - CPR	Basic Dysrhythmia Path to Expert.
	8	9	10	11	12
	Basic Dysrhythmia Path to Expert.	BCLS - LCN	Social Work Lecture Series		
	15	16	17	18	19
			Pacemaker Workshop		
22	23	24	25	26	
29	30	31			

## NOVEMBER

### 3, 4 Skills Fair

Time: from 7 am on the 3rd through 9:30 am on the 4th  
Place: Auditorium Foyer

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

### 5 PALS Recertification

Time: 8am–5 pm  
Place: HR Training Room, 31 Mall Road

◆ Preregistration is required, call ext. 8725.

### 6 BCLS - CPR

Time: 1:15–3:15 pm  
Place: Alumni Auditorium

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

### 10, 11

#### ACLS Two-day Certification +

### 11 ACLS Recertification

Time: 7:30 am–3:30 pm  
Place: Alumni Auditorium

◆ Preregistration is required in person in Nursing Administration. Contact Joy Constantine, ext. 8725.

### 10 Advanced IABP +

Time: 1–4 pm  
Place: SICU Conference Room

◆ Preregistration is required, call ext. 2241.

### 11 Beginning IABP +

Time: 8 am–4:30 pm  
Place: 31 Mall Road, room 184

◆ Preregistration is required, call ext. 2241.

### 11 BCLS (CPR) LCN

Time: 1:30–4 pm  
Place: Lahey Clinic Northshore

◆ Preregistration is required, call ext. 4501.

### 13 All-Day Continuing Education +

Time: 7:30 am–4 pm  
Place: Alumni Auditorium  
Heartbeats 2003

◆ A look at the newest and latest in the management of cardiac disease. Preregistration is requested, call ext. 8725.

### 13 Nursing Research Series

Time: 4–5:30 pm  
Place: Alumni Conference Room

◆ Open to all

### 19 Skills Fair - Lahey Clinic Northshore

Time: 4:30–9 pm  
Place: Lobby Conference Room, LCN

◆ Open to all nurses. All staff nurses must attend one of the yearly sessions to complete their mandatory competencies.

### 26 SICU Lecture Series

Time: 7:30–8:30 am  
Place: SICU Conference Room

◆ Open to all.

## DECEMBER

### 1, 5, 8 Basic Dysrhythmia Recognition +

Time: 9:30 am–12:30 pm  
Place: Room 184, 31 Mall Road

◆ Open to any RN. Intended to help beginning critical care/telemetry nurses develop an understanding of basic dysrhythmias. Preregistration required, call ext. 8725.

### 1, 5, 8 Path to Expertise - Telemetry

Time: 1–4 pm  
Place: Room 184, 31 Mall Road

◆ 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.

### 4 BCLS - CPR

Time: 1:15–3:15  
Place: Alumni Auditorium

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

### 9 BCLS (CPR) LCN

Time: 1:30–4 pm  
Place: Lahey Clinic Northshore

◆ Preregistration is required, call ext. 4501.

### 10

#### Social Work Lecture Series

“Illuminating the Dark: The Dying Experience”  
Nellee Fine, RN

Time: 9:45–10:45 am  
Place: Alumni Auditorium

◆ Open to all.

### 18 Pacemaker Workshop +

Time: 1–5 pm  
Place: Room 184, 31 Mall Road

◆ A “hands-on” introductory workshop on temporary pacemakers. Preregistration is required, call ext. 8725.

## IN MY OPINION....

# The Synergy Model Across the Continuum of Nursing Practice

◆ Christopher S. Lee, RN, BSN, CCRN, AACN/CCRN Ambassador

Until just under a year ago, I would have considered myself a member of the “atheoretical” camp of nursing practice. I have always been an advocate of nursing autonomy and professional accountability. I found Patricia Benner’s work on the development of nursing expertise and mentorship valuable, but it neither spoke to patient complexity, nor to reality-based nursing competencies, and was never intended to be used as a practice model. I could not rely on any nursing theory or conceptual model to help guide my practice—or so I thought. My revelation came from my introduction to the American Association of Critical Care Nurses’ Synergy Model of Nursing Practice.

Developed by Martha A.Q. Curley, RN, PhD, FAAN, CCNS, for the critical care arena, the Synergy Model presents with certain application throughout the continuum of care. The model states that optimal patient outcomes are achieved when there is a synergy between the characteristics of patients and the competencies of nurses. The Synergy Model describes what nurses “do,” as well as the characteristics that differentiate patients. As professionals with ever-increasing accountability, nurses are also provided with the terminology to adequately assess the qualities of individual nurses and patients.

The model counteracts the traditional medical-derived, body-systems models, stating that competencies and outcomes should be patient-driven. The Synergy Model captures professional nursing practice in response to patient needs, dividing competencies into eight categories: clinical judgment, advocacy/moral agency, caring practices, collaboration, systems thinking, response to diversity, clinical inquiry, and facilitation of learning.

Within each category, nursing competency can be placed on the continuum of Competent (level 1) to Expert (level 5). For example, a nurse with Level 1 competency in facilitation of learning would be able to provide essential patient teaching, whereas a nurse with Level 5 competency would integrate education into every aspect of care and include the patient’s family. A nurse with Level 1 competency in caring practices would be able to provide situational comfort, whereas a nurse with Level 5 competency would be able to provide a compassionate and therapeutic environment to relieve suffering.

To adequately capture patient needs—and not focus on tasks—the Synergy Model has divided patient characteristics into eight categories: stability, complexity, resiliency, vulnerability, predictability, resource availability, participation in care,

and participation in decision-making. Patient needs can be rated from Level 1 to Level 5. For example, a patient with Level 1 or high vulnerability is particularly susceptible to potential or actual stressors. A patient with Level 5 or low complexity will have minimal involvement of two or more systems affecting health.

The Synergy Model can be used as a self-assessment tool, as an evaluation tool, and as part of a professional practice model, but will most likely influence nursing practice as an assignment tool. If a patient presents with low predictability, high vulnerability, and low resource availability, the patient should be matched with a nurse that has a higher-level competency in clinical inquiry, clinical judgment, collaboration, and response to diversity.

The Synergy Model may be the first model to describe the way we are trained and evaluated, and the way our assignment is made out. It is one of the first nursing practice models in which the patient is at the center, nursing competencies are based on patient needs, and outcomes are patient derived. To find out more about the Synergy Model, visit [www.aacn.org](http://www.aacn.org).

September 15, 2003

Kathleen S. Jose  
Chief Nursing Officer  
41 Mall Road  
Burlington, MA 01805

Brad Martin has been  
a nurse at Lahey  
Clinic for one year!

### Ms. Jose:

I am writing to commend one of the nurses on your staff. I was admitted to the Lahey Clinic in Burlington on June 20th of this year having suffered from significant head trauma. My first days at Lahey were in the 6 West Step Down unit and my night nurse that weekend was Brad. Although I do not recall his last name, I do remember the outstanding care that he provided to me.

Brad possesses excellent nursing skills and paid exceptional attention to the details of my care. But most importantly, Brad listened to me. He did not just perfunctorily perform his duties as a nurse, but took the time to listen and, wherever possible, meet my needs. Brad saw me as a person—not just another patient.

The Lahey Clinic should be proud to have Brad as part of its staff—and should strive to hire and maintain more health care professionals with the same degree of professionalism, dedication and humanity that he possesses.

Most Sincerely,  
Kevin O.

## THE BUG STOP

# Infection Prevention and Control ...Back to Basics

## NURSING COUNCILS

Continued from page 1

lines. The council is working with the communication group to revise the safety brochure given to every Lahey patient. The QSC council continues to oversee the nursing peer review process. **The Policy Coordination and Development Council** meets at 2 pm and is examining acuity systems, assessment tools, and insulin and heparin protocols.

**The Nurse/Physician Partnership Council** continues to meet the second Thursday of the month at 9:30 am, developing processes for increased communication between caregivers and addressing issues of concern to both nurses and physicians.

The new **Informatics Council**, chaired by Carol Howland and Cynthia Fiekers, meets the last Thursday of the month at 2 pm and provides a forum for staff interested in technology, information, and data collection.

*“The simple things  
are always hard and  
the important things  
are always simple...”*

Murphy's Law of Combat

■ Over the past few decades, there have been major advances in leading-edge technology and pioneer research in the health care industry. From the identification of HIV as the agent that causes AIDS to the development of advanced technologies for organ transplantation, the achievements have been formidable.

Despite all of this technology, hand hygiene remains the single most effective, and economical, measure to prevent transmission of infection. However, even in critical care settings, studies have demonstrated an average hand hygiene compliance of less

than 50 percent, with nurses generally having higher compliance than other health care workers. Failure to practice appropriate hand hygiene is the leading cause of hospital-acquired infection and the spread of multi-drug-resistant organisms, and contributes to outbreaks that have adverse effects on patients and health care workers alike.

Lack of hand hygiene has also emerged as a major public health concern. A study done by the Centers for Disease Control and Prevention (CDC) in the summer of 1996 underscores the scope of the problem. The CDC sent observers into public restrooms at Pennsylvania Station in NYC, Golden Gate Park in San Francisco, the Navy Pier in Chicago, an Atlanta Braves baseball game, and a casino in New Orleans. Forty percent of the 6,333 men and women they watched failed to wash

◆ Jane Eyre Kelly, RN, CIC

their hands after leaving the facilities. Such an easy and inexpensive measure to prevent infection is so often overlooked!

The most useful measure to improve hand hygiene compliance in health care settings appears to be direct observation and feedback. This will be a major focus of Infection Control in the upcoming months. It is up to each and every one of us to make a personal commitment to improve compliance. Nursing personnel can serve as leaders and role models for medical staff and other personnel in this effort. Peer pressure and face-to-face interaction and feedback regarding the importance of hand hygiene plays an important role in improving behavior.

Let's build upon a commitment to patient safety and quality care by assuring excellent hand hygiene practices at Lahey Clinic.

## Notes on NURSING

Lahey Clinic  
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Burlington, MA 01805

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