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Notes on NURSING

at Lahey

November/December 2001

Pain: The Fifth Vital Sign

◆ Nancy Rainier, RN, BA

“Pain is whatever the experiencing person says it is, existing whenever he says it does.” —Margo McCaffery, 1968

Nurses have always been concerned about patients' pain and good at assessing pain. We want our patients to be pain free or at the very least have as little pain as possible. We must also admit, however, that we fall short in documenting our assessment and interventions for pain.

“Patients have the right to proper pain assessment and treatment.” So said the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2000 when it established standards to address pain management. These standards include an expectation that all inpatients be assessed for pain at regular intervals and that each encounter in an ambulatory setting include a pain assessment.

Last fall Lahey Clinic created a Pain Management Task Force, chaired by Deborah Ursino, RN, BSN, OCN. The task force has been developing and implementing standards for pain assessment, documentation and treatment, and providing education to

patient care staff, patients and their families.

By January 2002 the policies and documentation forms will be in place for inpatients at Burlington and at Lahey Clinic

Northshore:

- A section on the nursing admission form is used to assess pain on a scale of zero to 10. Scores of four or greater require a Comprehensive Pain Assessment.

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COMMITTEE ROUNDUP

Research Committee

The Nursing Research Lecture Series continues this fall and winter to bring you the findings of recent nursing research.

On Thursday, September 6, **Barbara Williams**, nurse practitioner in Orthopaedic Surgery, presented a paper focusing on the development of a nursing competency to determine which patients are candidates for thrombolytic agents.

If you have completed a nursing research project, please consider sharing your findings. Guidelines for nurse researchers at Lahey include proposal submission standards and researcher responsibilities.

Presentations are held the first Thursday of each month; watch for the Research Lecture Calendar for locations. Contact Judy Evans, EdD, ext. 8515, for information.

—M. Catman, RN, and
K. Deleskey, RN

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SPOTLIGHT

Deborah D. Ursino

Debbie Ursino, RN, BSN, OCN, chair of Lahey's Pain Management Task Force, is the clinical educator for 7 West. She brings to the task force years of experience with hematology and oncology patients.

“I enjoy the patient population on 7 West,” says Debbie. “It’s not depressing; it’s inspiring. There is always something that can be done for the patients and their families.”

Deb grew up in Rhode Island and received her BSN from the University of Miami in Florida. After working in a small hospital in Putnam, Conn., for two years, she came to Lahey in 1986 as a night staff nurse on 7 West. Deb became the practitioner/teacher in 1990 and is an oncology certified nurse and a member of the Oncology Nurses Society.



Lahey
CLINIC

CNO Corner

◆ Kathie Jose, RN, MSN, Chief Nursing Officer

During the past year there has been much written about the nursing shortage. At Lahey Clinic we have done the impossible—we have filled nearly all of our nursing positions and continue to provide our patients with excellent acute tertiary care. My congratulations to the new graduates who have passed their boards and my thanks to the experienced nurses who have embraced new grads on their units

Over \$85,000 has been dispersed through the Loan Forgiveness Program for nursing education. As of January 1, 2002, both undergraduate and graduate tuition assistance will be tax exempt. With Regis College offering two courses a semester on site, I encourage all of you to take advantage of these excellent educational opportunities.

In order to meet our increasing demand for services, we hope to open additional telemetry med/surg beds on 6W by January 15. Included in the plan is a Nursing Learning Center—an educational resource area that will be open 24/7 in the 6W conference room.

The nursing councils are developing many exciting and innovative systems to enhance our nursing practice and they are looking for more staff members. I urge you to participate. As a reflection of our respect for nurses, Dr. Barrett, Dr. Kurtz and I are delighted to offer salary adjustments for registered nurses in acute tertiary clinical areas as of October 28.

With the tragic events of this fall, I know that I feel a renewed spirit of dedication to the patients in our care. We have all re-examined what it is to be a hero and you, as part of the Lahey nursing community, are the heroes among us. I thank you and wish you all the very best of holidays.

Kathleen S. Jose, RN, MSN

COMMITTEE ROUNDUP

Continued from page 1

Pharmacy and Therapeutics

The Pharmacy and Therapeutics Committee reviews all information that includes or refers to medication. This includes guidelines as well as policies or procedures. Any changes or additions to medication regulations must be approved by this committee.

The committee is currently completing a new IV grid that

presents the accepted standards for dispensing IV medications at Lahey and clarifies who may administer any IV medications. The committee is responsible for any changes in the Lahey formulary. For more information, contact John Atkisson, ext. 5428.

—K. Deleskey, RN

Adverse Drug Event Committee

Several years ago, the Pharmacy formed the multidisciplinary ADE committee to analyze data related to

adverse drug events. Information about allergic reactions, unanticipated responses to medication, or problems in prescribing, dispensing and administering medication was electronically stored.

The ADE committee reviews reports of incidents that could have been avoided by a change in process. Several systems changes have reduced the most common errors. For instance, the Pharmacy developed a list of medications observed to pose a high risk of Pyxis pocket errors. Since then, the number of reported pocket errors has dropped by 50 percent.

—M. Catman, RN

Code Committee

The Code Committee is a multidisciplinary group responsible for reviewing new medication, tracking outcome data of all codes, and updating code 99 policies, recorder sheets, and code cart checklists. They also perform sporadic code cart checks throughout the institution, review and update code 99 team responders to optimize all resources, maintain quality improvement to prevent future issues, and are re-evaluating pediatric code bags for cost effectiveness and efficiency. The Code Committee meets monthly to review all problem codes. The contact person is Tracy Malone, ext. 8125.

—J. Williams, RN

From all of the patients whose lives you touched in 2001—

Thank you and Happy Holidays!



NEWSFLASH

- ◆ When disconnecting IV tubing, do not insert the end of the IV tubing into its own clave. Cap the tubing with a sterile cap (red or white). Using the clave causes the tubing to permanently kink.
- ◆ A new tube-feeding administration policy covers beginning, advancing, flushing and checking for residuals of tube feedings.
- ◆ Reminder: All inpatients must have accurate identification bands.
- ◆ Interpreter services are available on a 24/7 basis. Direct requests to Ruben Paulino at ext. 5404 or pager 8522. Off-hour, weekend, holiday or immediate needs for interpretive services are usually provided through the AT&T Language Line.

Notes on NURSING at Lahey

November/December 2001

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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 how it can serve you. Call us, send e-mail to Notes.on.Nursing@Lahey.org, or write to us care of Notes on Nursing, Nursing Administration, Lahey Clinic, 41 Mall Rd., Burlington, MA 01805.

EDUCATION CALENDAR

See below for details

† = MNA contact hours applied for

November	M	T	W	TH	F
				EKG † 1 Nursing Research	2
	5 EKG †	6 Journal Club	7	8 BCLS (CPR)	9
	12 ACLS †	13	14	15 Legal Pitfalls †	16
	19	20	21	22 	23
	26	27	28 Skills Fair	29	30

December	M	T	W	TH	F
	3	4 Journal Club	5	6 BCLS (CPR)	7
	10	11	12	13	14
	17	18	19	20	21
	24	25 	26	27	28
	31	HAPPY NEW YEAR			

NOVEMBER

1 Nursing Research Series

Time: 4-5 pm

Place: 5C Conference Room

◆ “The Satisfaction of Patients with Nurses and Nursing Care in Inpatient and Outpatient Surgical Services”
Speaker: Rita Florio, RN, MS

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

Time: 10 am-2:30 pm

Place: 31 Mall Rd., Room 185

◆ Provides basic information about identifying EKG signs of cardiac ischemia, injury, and infarction. *Prerequisite:* Completion of Basic Cardiac Dysrhythmias or demonstrated competency. *Preregistration is required.* Call Stella Peters, ext. 8725

6 Leadership Journal Club

Time: 12 noon

Place: Nursing Conference Room

◆ *Open to all.* “The Abilene Paradox: The Management of Agreement,” by Jerry Harvey. Copies of this article are available in Nursing Administration.

8 BCLS (CPR)

Time: 1:15-3:15 pm

Place: Auditorium

◆ Recertification only. Pre-registration is required. Call ext. 8725 or 8552.

12-13 ACLS Two-Day Certification †

13 ACLS Recertification

Time: 7:30 am-4:30 pm

Place: Auditorium

◆ Preregistration is required in person in Nursing Administration. For additional information call ext. 8725.

15 Legal Pitfalls in Nursing †

Time: 8 am-4 pm

Place: Auditorium

◆ In a complex healthcare environment, nurses are increasingly accountable for their actions and documentation. In this all-day educational offering, speakers will address issues pertaining to nurses and the law.

28-29 Skills Fair

Time: 7 am November 28

through 10 am November 29

Place: Alumni Conference Room

◆ All inpatient staff nurses must attend one of three yearly sessions to complete their mandatory competencies. This is the last fair offered in 2001.

DECEMBER

4 Leadership Journal Club

Time: 12 noon

Place: Nursing Conference Room

◆ *Open to all.* “Looking Beyond Nursing for Clues to Effective Leadership,” by Janet L. Snow, DNSc, RN, JONA. Copies of this article are available in Nursing Administration.

6 BCLS (CPR)

Time: 1:15-3:15 pm

Place: Auditorium

◆ Recertification only. Pre-registration is required. Call ext. 8725 or 8552. Also offered November 8.

YOU'RE INVITED

November 15, 4 pm
Alumni Auditorium

All nurses are invited to a planning session for Nurses' Week, May 2002.

A Patient Writes...

As a recent patient at Lahey Clinic twice in one week—once on a surgical unit and once on a medical unit—I wanted to commend your wonderful nursing staff. As a retired RN myself, I should know. They are very competent as well as extremely kind and caring.

Lahey is very fortunate to have such an outstanding nursing staff and I wanted you to know. I hope that you will pass this note on to your staff for me. Thank you.

Most sincerely,
Barbara S. Barrows

Journal Club

The Nursing Leadership Journal Club met on September 4 to discuss Leah Curtin's "The First Ten Principles for the Ethical Administration of Nursing Service," published in the fall 2000 issue of *Nursing Administration Quarterly*.

Leah Curtin is one of nursing's peerless leaders and perhaps our most gifted writer. She is an unlikely brew of sharp-tongued, steely-eyed realism and yet something of

a romantic when it comes to those ancient values upon which nursing rests.

Curtin spent many years in nursing administration while pursuing a doctorate in philosophy with a concentration in bioethics. This particular article concerns the tension between nursing and business ethics, which she feels "are not necessarily inimical" but none the less "are derived from different traditions... and may lead to different conclusions." Business ethics are, by definition, outcome oriented and are concerned only with business purposes, aims, and financial results. The first responsibility of nurs-

ing leaders, however, is to protect vulnerable patients and to make the practice of nursing "safe for the nurses in terms of adequate pay, benefits, staffing environmental support and recognition." And there, in an environment of very limited resources, lies the tension between the business and the professional ethic.

The Leadership Journal Club meets on the first Tuesday of each month at noon in the Nursing Administration Conference Room. All nurses are welcome. Please pick up a copy of the next article to be discussed and join us.

—M. Catman, RN

Pain

Continued from page 1

- A pain scale section of the TPR graphic sheet is part of a national effort to recognize pain as the fifth vital sign.
- The critical care flow sheet is being expanded. The critical care areas are also developing a "pain score by proxy" for sedated/intubated patients that will be based on objective signs and symptoms, common sense and family input.

- A flow sheet for infusional opioids has been created that includes a sedation score and a pain score.
- Establishing the patient's comfort goal is a priority. A comfort goal is a pain score that the patient feels will allow him to perform activities vital to recovery. A pain score of four or higher significantly impairs a person's ability to perform ADLs, including walking, deep breathing and coughing.
- Patient education pamphlets will be distributed prior to sur-

gery and available in all clinical areas. Visual pain scales (zero to 10) will be available in all hospital rooms and clinic waiting areas.

Compliance with JCAHO standards for pain management will increase our ability to recognize and alleviate our patients' pain. We have always assessed pain, and with the implementation of these new guidelines we can now focus on providing our patients with a significant decrease in their pain.

BOARD OF REGISTRATION IN NURSING

Nurses are accountable to comply with all applicable board regulations. A significant new standard is the "Duty to Report." Every nurse is now obligated to report to the board if he or she directly observes another nurse's (1) impaired practice; (2) abuse of a patient; or (3) diversion of controlled substances. Patient safety is the basis for this action, as these behaviors clearly put patients at risk.

Direct observation is key. This criterion relieves nurses of the pressure of trying to validate secondhand reports. Requiring reports to be signed, dated and submitted along with a statement that the report is being made in good faith is expected to deter unfounded complaints.

Please see *Nursing Board News* for clarification of this and other standards of conduct. The current standards went into effect in October 2000. The text of all regulations is available under "Rules and Regulations" on the board's web site: www.state.ma.us/reg/boards/rn/

—M. Flynn, LPN
Member, Board of Registration
in Nursing

Notes on NURSING

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