

Notes on NURSING

at Lahey

July/August 2002

Experiences at a National Conference

◆ Kathleen DeLeskey, RN

The National Conference of the American Society of Perianesthesia Nurses (ASPAN) took place in San Diego this year. The hotel was located right on the coast. From my eighth floor balcony I could see hundreds of small boats bobbing gently in the quiet harbor and watch the sun set into the soft pink sea. The naval station across the harbor granted us a peek at a nuclear submarine as it majestically entered port. But these were only the trimmings that accompany the business of the annual meeting of perianesthesia nurses from across the country and the world.

The Representative Assembly is the venue for approval and acceptance or rejection of the laws and policies that govern our society. All of the state components are represented by two nurses at the annual assembly. I have had the opportunity to meet nurses from all over the country during the last four years as a representative from Massachusetts.

This year the assembly addressed four resolutions. The most important was Resolution 2002-02, a position statement on the nursing shortage. This included

SPOTLIGHT

Kathy DeLeskey



Kathy DeLeskey, RN, MSN, CPAN, holds an associate's degree from Middlesex Community College and a BSN from Atlantic Union College. In 2001 she completed her MS in nursing administration at Regis College. Kathy started her nursing career at Choate Hospital in a medical/surgical unit and the ICU, then went to Boston Regional Hospital's PACU. She received her certification in perianesthesia nursing in 1989. After working at the Surgical Center in Waltham for three years, Kathy joined Lahey in 1999 as a staff nurse in Ambulatory Surgery. She is currently president of MASPAN (the Massachusetts Society of Perianesthesia Nurses).

recommendations for expanded federal and state funding for nursing education, research, and marketing, and increased reimbursement for health care.

By taking a stand on a national issue, ASPAN has clarified the position of perianesthesia nurses on the nursing shortage. The statement represents 11,000

COUNCIL REPORTS

Policy Coordination and Development Council

This council coordinates policy revision through myriad departments inside and outside of the nursing organization. The policies move through committees and additional nursing councils, and sometimes even require information from medical and office supply companies. This effort ensures that meaningful policies are written, meet regulatory requirements, and will be followed. From this effort, several policies have moved to the approval and implementation stage. Guidelines for restraint have been to this phase, and the RN job description has been approved by the Senior Leadership Council and Human Resources. The Documentation Assessment Form, customized for specialty areas and for medical/surgical units, is scheduled to be rolled out in June. These policies reflect a very dedicated and important effort on the part of this council. Continuing under the revision are policies on infiltration of lidocaine, transcription of orders (inpatient and outpatient), code cart maintenance, Discharge Planning Sheets, and use of per diem RNs.

—C. Horlitz, RN

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CNO Corner

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

The Nurse-Physician Partnership Task Force held its first meeting on May 16. The purpose of the task force is to encourage physicians and nurses to jointly manage and problem solve in order to achieve positive patient outcomes. It will provide a forum to share ideas, discuss issues, and disseminate new information. At the very exciting first meeting nurses and physicians collaborated and discussed the cycles of change that are presently occurring and those that will continue rapidly. These changes affect all of us and cannot be successful unless physicians and nurses work together.

One of the topics discussed was the need to decrease the size of the sitter program as the number of alarm beds increases. The task force will develop criteria for the use of sitters. Documentation changes were addressed to ensure strategies that provide the best patient care outcomes. Paging issues were discussed at length, and new guidelines have already been implemented. The tertiary care leader role has been developed in order to assist in the quality and flow of

patient care on the off shifts. The leader will serve as liaison between nurses and physicians.

In May, a nurse-physician team reviewed a best-practice intensive care design. I want to encourage and support this partnership, and it is in this spirit that we will continue to move forward as we look at the issues of coordinating the patient plan of care, rounds, documentation, order transcription, and pain management.

We are beginning a new spirit of collaboration between nurses, direct care givers, physicians, and administrators at Lahey. The Nurse-Physician Partnership Task Force is part of this collaboration, and I am hoping that this spirit will be infused into all of our efforts. As Robert Hargrove has stated, "Significant and lasting accomplishment will not come from extraordinary people but from extraordinary *combinations of people* who learn how to think and work together."


Congratulations to Mary Sutton, RN, CPAN

Mary Sutton, RN, CPAN, Postanesthesia Care Unit, was recently honored by the Massachusetts Society of Perianesthesia Nurses (MASPAN) as "Perianesthesia Nurse of the Year." The award came as a complete surprise to Sutton, who didn't know her name had been submitted.

Also present at the annual banquet were Kathy DeLeskey, RN, of Ambulatory Surgery, president of MASPAN, and Deborah Zarrella, director of surgical services, as well as several other Lahey colleagues.

"We at Lahey Clinic are thrilled for Mary and the recognition she has received. We are also proud of her everyday work for her patients and the Clinic. She is a wonderful example of the excellence of our nursing staff."

—Debbie Zarrella



Dear Kathy and Fellow Board Members,
I am writing to you regarding an outstanding perianesthesia nurse who is both my coworker and friend. I would like to nominate her for the Massachusetts Perianesthesia Nurse of the Year award.
She graduated from Brigham and Women's Hospital School of Nursing and has been employed at Lahey Clinic for the past 20 years. She is currently the evening charge nurse in our busy PACU and epitomizes "grace under pressure." As some of you know, our area is quite busy with a patient population that includes liver transplants, SICU boarders, ER admits, and surgical patients from every specialty. As the charge nurse, she serves to triage patients appropriately, facilitate transfers, and mentor the staff. She recently co-chaired the committee to establish our much needed family waiting room nurse liaison position. She is always flexible with her schedule and willingly participates in educational offerings outside of our institution as her presence here at our conference demonstrates.
While juggling a 32-hour work week, three children, and a busy household, Mary diligently prepared for the November CPAN exam and passed! She is always at the bedside with a smile and a willingness to help with her extensive knowledge base. She is a preceptor, a resource nurse, an orderly a mentor, and a caring, compassionate PACU nurse. I feel that Mary Sutton is an excellent candidate for the Massachusetts Perianesthesia Nurse of the Year award.

The letter above was written by Maureen McLaughlin, RN, now clinical educator in the PACU, to the MASPAN board nominating Mary for the Nurse of the Year award.



NEWSFLASH

A Reminder from the Quality and Safety Council

When a patient is identified as a high risk for falls, the following actions are required by policy:

- ◆ Place the patient in an alarmed bed and be sure alarm is activated.
- ◆ Place a yellow "high fall risk" band on the patient's wrist.
- ◆ Be sure the call light is in easy reach.
- ◆ Keep the room well lit.
- ◆ Remind the patient to call for assistance.
- ◆ Whenever possible, try to move the patient closer to the nurses station.
- ◆ Explain extra safety measures to the family.

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The Professional and Education Council

would like to thank all who contributed to making Nurses Week 2002 a success. Our special thanks go to Gail Matthews for her generous contribution to the Nursing Resource Center and to her son, Brett Matthews, for assisting with the ribbon-cutting opening of the center.

Special thanks also go to Dr. Stephen Friedberg and the Department of Neurosurgery for donating the funds for the massage therapists. We would also like to thank Joan Borgatti from Nursing Spectrum, State Senator Susan Tucker, the chamber students from the New England Conservatory, Alison O'Brien, RN, Sheila Shields, RN, and all of the "characters" of nursing history. A special thank-you to Merrie Watters, RN, whose enormous effort is gratefully appreciated.

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nurses who are members of the society.

Following the day of business, four days of lectures and educational opportunities began with the opening ceremonies where over 1700 nurses gathered to hear from the president of ASPAN and the keynote speakers. The short week was filled with learning, sharing, and having fun with colleagues in the perianesthesia nursing specialty. The burgeoning interest in nursing research was evident by the growing number of participants attending the research presentations.

Casual activities included a luncheon cruise on San Diego Harbor and long nights of dining and sipping wine with old friends and new acquaintances. Much of the leaning that occurs during an educational conference takes place at

these spontaneous gatherings as nurses share their experiences. Benner refers to these shared experiences as "exemplars," which are examples of clinical situations that convey one or more intent, meaning, function or outcome that can be easily translated to another clinical situation.¹ The interaction can result in improved nursing practice of both participants. Listening to others share not only improves my practice, but it helps me to become more aware of what nurses around the country are thinking, feeling and experiencing in the profession. For me, it is the best part of the conference! I encourage all of you to enjoy the fun and learning experience of a national conference.

¹Benner, P. (1984). From Novice to Expert: Excellence and power in clinical nursing practice. California: Addison-Wesley.

Welcome to our new nursing colleagues, both new graduates and experienced nurses. In the September issue you will find an education calendar listing our complete educational offerings.

Until then, don't forget: New Graduate Course:

July 10, 17, 24, 31
 Open to all new nursing graduates. Preregistration is required, call ext. 8725.

BCLS (CPR) Recertification:

July 11, August 8
 1:15-3:15pm,
 Alumni Auditorium
 Open to all.
 Preregistration is required, call ext. 8725 or 8552.

Assembly Update

At the All Nursing Staff Assemblies held on May 30, Kathie Jose, RN, MSN, chief nursing officer, announced the following new additions to the organizational chart:

Administrative Supervisor: Theresa Cordo, RN

Clinical Educator, 7C: Linda Goosens, RN

Clinical Educator, 6W: Kathrene Pierce, RN

Clinical Educator, 6E: Christopher Lee, RN

Clinical Educator ED (full time): Nancy Butters, RN

Clinical Educator, Surgical Services: Pamela McPhail, RN

Assistant Nurse Manager 6E: Eileen Power, RN

Members of the nursing councils shared information on the status of recent changes and continuing plans.

The **Clinical Practice Council** has been working on the revised Policy and Procedure Manual. The work is about 75 percent complete and is expected to be finished by mid-July.

The **Quality and Safety Council** has a variety of performance improvement initiatives in progress, including documentation of restraints, fall prevention screening (*see Newsflash!*), and the use of yellow wristbands for fall risk identification. All med/surg beds will have been replaced with alarm beds by the end of June. The new medication sheets are being fine-tuned, and the council is continuing to look at central line dressings and infection rates. An ad-hoc committee is being formed for nursing peer review. It will be chaired by Kathie Jose.

The **Policy Coordination and Development Council** is finalizing its recommendations on the many new documentation forms, including flow sheets and initial patient assessment. Hospital units have been piloting the revised med/surg flow sheet and the staff have been generous with their positive input. All suggestions have been shared and considered in order to make the new documentation user friendly. Final design will be finished in June, and all of the new forms will be implemented this summer. The council has also sent the new job descriptions and appraisal forms to Human Resources for final approval.

The **Professional and Education Council** has been working with Human Resources and the Communications and Marketing Department to address both retention and recruitment issues. A Nurse Refresher Program has been developed. It begins July 8 and will be taught by a professor of nursing from the University of Massachusetts, Lowell. The course extends for four weeks and includes both class time and clinical practice. Participants will be reimbursed for their tuition if they are hired by Lahey Clinic at the completion of the program. The New Graduate Classes, scheduled for July, continues to be revised as needed. Additional classes will be added if necessary.

As part of our recruitment effort, the advertising firm of J.Walter Thompson has created a promotional campaign linking excellence and nursing at Lahey. You have probably seen the visual ads in *Nursing Spectrum* and the *Boston Globe* or heard the radio ads. The goal is to fill all of our vacancies, and we are well on our way to achieving this. In addition we are continuing our employee referral

bonus program. Please have your nursing friends put your name on their employment applications. There is also a third-shift differential increase for direct caregivers. *See your nurse manager for details.* Lahey Clinic is committed to supporting the profession of nursing and making college opportunities affordable for its employees. The Nursing Department is working with the Lawrence Memorial Hospital-Regis College Collaborative to provide a part-time nursing education program that will be offered at Lahey. It would take three years to earn an associate's degree in nursing, to be awarded by Regis College. Employees who work at least 20 hours a week at Lahey would be eligible to receive up to \$10,000 in tuition loans, and these loans would be forgiven after four years of employment at Lahey Clinic in acute patient care.

The 6-West hospital unit continues to grow. Currently all 19 beds are open and will have telemetry capabilities added in June, with additional beds to be added in the near future. The 6 East Step-Down Unit is adding two more beds for vascular services that will be equipped with full monitoring capabilities. The OR of the Future will soon be a part of Lahey. The VNCI VideoSystem recently purchased by Lahey Clinic will shape the structure of the Clinic's teaching and training. The new system, manufactured by Video Network Communications, Inc., will enable Lahey to dynamically link our suite of operating rooms, research labs, training facilities and conference rooms with real-time broadcasts of surgical and transplant procedures, thus transforming both the OR environment and the learning process. The OR continues its collaboration with Northeastern University in perioperative nursing and now has five recent graduates of the program working in the OR.

To increase both patient and nursing satisfaction, we are reviewing two systems that reduce overhead announcements and increase a nurse's ability to remain at the bedside. One method is SpectraLink, a wireless telephone system that would be carried by nurses and allow phone communication with other care providers without having to call from the desk. The "Madonna Project" currently being tried in the ED uses modern headsets (such as those seen on pop singers) to keep in touch while at the bedside. Initial reports from the ED nurses are excellent, and we hope to begin trying this in other areas.

The All Nursing Staff Assemblies held at the Burlington and Peabody campuses throughout the day and evening shift are a forum for both relaying information and hearing your concerns. Plan to attend the next assembly in September for further updates. Bring your questions and concerns to our attention.

Why We Stay in Nursing

By Jane Lloyd, RN, BSN, Pediatric and Adolescent Medicine

“ You go in...No, you go in...” These were the voices I heard often as an acutely ill eight year old in an isolation room on an Adult Infectious Disease Ward in an Army Hospital in Frankfurt, Germany. When my regular nurse was off or unavailable, this is what I would hear outside my door.

I was alone and afraid. It scared me to hear the nurses talking about me. I'm not sure if they didn't want to come in because they didn't like me, or if they would bring the illness home to their children, or if they had a fear of taking care of a sick child.

Whatever the reason, my call light would go unanswered many times. One particular night I had to void so badly, I could no longer wait for the bedpan. I “wet the bed” out of necessity; two nurses had to come and change my bed linens. They were quick to reprimand, scold, and humiliate me; after all “I was eight years old and old enough to know better.” I then asserted myself and informed these nurses that I had used my brand new watch and timed how long it took for my light to be answered, “over forty-five minutes.”

I told them maybe next time you will not ignore me and this will not have to happen again. I needed you and you did not care to come. After all “I'm only eight years old.”

The nurses were speechless. They must have thought I was a brat, but I got my point across that I deserved better care.

My regular nurse's name was Susan. She was the sweetest, most caring nurse who really took great care of me. I admired her and she was perhaps the inspiration for me to become a nurse.

In high school I knew I wanted to be a nurse. I did explore other avenues and really wanted to go to Rhode Island School of Design. I thought the school catalog was appealing. Thank goodness I chose nursing; I discovered I have no sense for fashion design. I followed my heart and chose nursing to be my professional career.

I absolutely loved my job working as a staff nurse on a medical surgical hospital unit. The more acutely ill the patient, the more I thrived. If I was ever fearful of a diagnosis or treatment, the more challenged I became to learn everything I could to help me take care of the patient. Sometimes I could use my creative approach to take care of common or complex problems.

My positive attitude helped me work through many difficult days. I always tried to convey to my patients that they were my priority and it was the patients who recognized a job well done and gave great

These essays are two of three winning entries of the “Writers’ Challenge” held during Nurses Week. The additional winning entry will be printed in a future issue of Notes on Nursing.

words of encouragement. I was not only their nurse, but also an educator, friend, and confidante. I was their advocate and assertive in making sure they received the best quality care.

My ambulatory pediatric nursing career has taken me down a different path. My nursing skills of assessment and evaluation are used in telephone triage. I educate to keep patients healthy and immunize to keep diseases at bay.

What keeps me in nursing are the patients and the satisfaction of a job well done. When an infant gazes into my eyes with trust, sometimes that is all I need to make my day. To watch the ever-energetic middle age children who come in for their yearly check ups with such enthusiasm is a joy. The dramatic antics of teenagers can be challenging but the teenagers bring enormous pleasure. For me this is nursing at its best.

I do not see myself as a hero nurse who saves lives every day, but I feel I am a valuable asset in ambulatory nursing and I strive to be not only a good nurse, but a great nurse. The children I take care of now will be the adults of the future, who I hope will lead healthier lifestyles. I still can make a difference, even if it is with one small patient at a time.

Balancing the Good with the Bad

By Dan Johnson, RN, Operating Room

Developing a relationship in three minutes or less while performing a preoperative assessment on a total stranger is one of the key aspects of being a perioperative nurse. Patient interaction does exist in the surgical setting, and the nurse is the forerunner advocate. For the four years that I have been a nurse, the reason that I have remained in the field is the unique interaction between patient and nurse.

There is something special about nursing that says to the patient, “I am here for you, everything is going to be all right.” The look that a scared patient has in his or her eyes is usually comforted by the healing words and touch of the nurse. It is not that I need to be remembered by name, I just hope that my patients remember that “my nurse was there for me, and he made me feel better.”

Life is about balance: balancing the good with the bad. Nursing is about helping our patients find or restore their balance. To survive or sustain a career in nursing, however, we also have to learn to do that for ourselves. As with anything, you take the good experiences with the bad ones and learn from them, but it is the good ones that have kept me in this fine art of patient care.

COMMITTEE ROUNDUP

Pharmacy and Therapeutics

Three new medications have been added to the formulary at Lahey. Darvepoetin is a long-acting stimulant of red blood cell production. It can be given every two to three weeks. Eventually it may replace Epoetin, which must be given weekly. Valrubicin is a chemotherapeutic agent used for bladder cancer. It is instilled into the bladder and is used for patients who have been treated with BCG without success. Patanol (Olopatadine) eye drops are used to soothe the irritation that accompanies allergic reactions. All three are now available from the Lahey Pharmacy.

The drug sample policy is under close scrutiny at this time. Departments using samples are required to follow strict policy for dispensing sample doses. The policy assures the safe and timely allocation of medications to patients. Samples will be available only to those areas that closely adhere to regulations set forth by the Pharmacy.

Medications recently deleted from the formulary include the antibiotics Cefuroxime, Cefaclor, and Ganciclovir oral. If any of these antibiotics are ordered please remind the physician that they are no longer available at Lahey.

Research Committee

Thank you for your participation in the recent survey prepared by the research committee. We received a number of the questionnaires from staff during Nurses Week. We are currently assessing your responses to the questions "What do you like best about your practice? And what do you like least?" Initial review indicates that you are most satisfied with patient and colleague relationships. We

are looking forward to sharing the specific results when they have been fully evaluated.

Results of two research studies now under way at Lahey will be included in Notes on Nursing when they are completed. We are planning for the fall research series lectures and are seeking nurses who have taken part in research studies to share their findings with us. If

you have completed a study remember—part of the obligation of investigators is dissemination of findings! To truly move into evidence-based practice, we need you to share your results with us. Contact Judy Evans or any of the Research Committee members for more information.

The Nursing Research Series will be presented the second Wednesday of the month from 4 - 5:30 in the Alumni Conference Room in September, October, November, February, March and April.

Mark your calendar to save these dates and join us to hear a speaker and share refreshments

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