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Boston University
Progressive care units adapted to meet ICU bed demand

A dramatic and prolonged increase in the demand for intensive care beds has led the Department of Nursing at the University Hospital to pilot an innovative nursing education program. The program prepares nurses to work in the Hospital's progressive care units, which were instituted more than a year ago to meet the increasing demand for acute care at the Hospital.

"A patient's progress toward recovery takes him or her through an intermediate phase when nursing-care requirements diminish, but careful monitoring, sound assessment and skilled nursing interventions remain crucial. During this period, a progressive care unit (PCU) is a safe and cost-effective approach for a transitional patient population," says Nancy McAward, R.N., nursing director.

"In the PCUs, patients receive from 10 to 12 hours per patient day of skilled nursing care compared to 17 hours in the intensive care setting. The hospital cost is significantly reduced for the acute patient who no longer needs an ICU, but who is not ready for transfer to a less nursing-intensive general unit. In addition, the backlog of surgical cases is relieved."

Patients who qualify for transfer to a PCU, based on criteria determined by clinical experts in nursing and critical-care medicine, include hemodynamically stable SICU patients who require a higher level of nursing care than is available on the general patient floors. Postoperative patients previously targeted for intensive nursing care who are now candidates for the PCU include those who require frequent pulmonary care, intravenous transfusions of antiarrhythmic drugs, dopamine for renal profusion, hemodynamic and cardiac monitoring, and similar special treatments. Unstable patients remain in the SICU.

When the Hospital first experienced an increased demand for high-acuity care in 1985, the Recovery Room was used as an extension of the SICU. Nonetheless, there continued to be occasions when SICU demand surpassed the supply of beds. While a number of patients were identified as appropriate for treatment in an intermediate area, neurosurgeons and critical-care physicians predicted a growing need for high-acuity care.

Factors contributing to this increasing demand included the recent establishment of the Hospital's Northeast Regional Center for Brain Injury and Boston Med Flight, the emergency helicopter service serving the University Hospital.

Nurses, neurosurgeons design innovative laminectomy plan

The Nursing and Neurosurgery departments at the University Hospital have collaborated to design an innovative Laminectomy Early Discharge Program. The Program significantly reduces days spent in the Hospital by patients with acute or long-standing back problems.

A model approach to the surgical patient, the laminectomy program has dramatically changed the nature of care for laminectomy patients through increased pre- and post-operative patient education.

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A model approach to the surgical patient, the laminectomy program has dramatically changed the nature of patient care through increased pre- and post-operative patient education, which results in quicker discharge. On the average, patient hospitalization has been reduced from 11 or 12 days to four. In addition, the continuity of pre-operative and post-operative patient education has resulted in excellent recovery, according to Nancy McAward, R.N., M.S.N., nursing director.

The educational process for patients begins prior to admission, in the office of neurosurgeon-in-chief Edward L. continued on page 2

Nurses have welcomed the opportunity to expand their skills through the innovative PCU training program.
Editorial: Celebrating nursing at the University Hospital

The publication of our first issue of The UH Nurse is an occasion for celebrating nurses and nursing at the University Hospital. Through this newsletter we plan to share our pride in our Department of Nursing with our staff, the larger UH community and nursing professionals in other health-care settings.

The UH Nurse will be published at least twice a year. An important objective of the newsletter is to recognize the accomplishments of individuals within our Department. We are aware that the success of our Department is heavily dependent on the successes of its individual members.

Another objective of The UH Nurse is to share outstanding programs that have been developed by our nursing professionals. Nurses at UH offer a variety of educational and consulting services. By sharing information, we hope to expand our services and to help more people to benefit from our expertise. As a professional nursing department within a major Boston teaching hospital, we are committed to sharing our knowledge, experiences, research and programs.

We also hope that publication of The UH Nurse will encourage our nurses to develop writing skills in preparation for publication in professional journals and elsewhere.

Finally, The UH Nurse will maintain a record of our Department’s achievements. Nursing at the Hospital has a long and distinguished history, dating back to 1871, when the first patients were admitted to the Massachusetts Homeopathic Hospital. In 1885, the Massachusetts Homeopathic Training School of Nursing admitted its first student. In 1929, the School of Nursing changed its name to the Massachusetts Memorial Hospitals School of Nursing, and continued to prepare nurses until 1962. During its 77-year history, the School of Nursing made many contributions to both the Hospital and the nursing profession. Even today, 24 years later, the MMH Nurses’ Alumnae Association has more than 560 active members and supports the Department of Nursing at UH.

Our goal is to continue a heritage of nursing excellence — The UH Nurse will be part of that record.

Laminectomy

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Spatz, M.D., where patients learn about treatment and recovery expectations. Before going into the Hospital, the patient is also contacted at home by the Visiting Nurses Association (VNA) to arrange for home-care follow-up.

At UH, the patient’s primary nurse continues the teaching process. Each laminectomy patient receives a pamphlet that lists the names of the patient’s healthcare professionals and answers questions about nutrition, medications, sexual function and other issues of concern. The teaching guide was developed by the nursing staff to help the patient while he or she is in the Hospital and following discharge.

Patients are discharged when postoperative goals, set by the medical team for each patient, have been met. A UH-designed discharge protocol effectively communicates the inpatient course and instructions for home health-care professionals.

At-home rehabilitation, previously part of the postsurgical inpatient recovery, is provided by a coordinated team of the University Hospital’s nurses and physicians, and home health-care professionals. A home-care agency nurse assigned by the VNA cares for the patient at home. Patient education continues at home through the agency nurses, who are prepared through the cooperation of the VNA Coalition of Massachusetts. This linkage provides timely access to such neurosurgical specialists as Spatz.

Nurses at the University Hospital spotlighted the Laminectomy Early Discharge Program during poster sessions at the annual meeting of the Massachusetts Organization of Nursing Executives in May, and at the annual meeting of the Council of Nurse Managers in October.

Nurse manager Suzanne Moore, R.N.C., right, and Patricia Morris, R.N., B.S.N., talk with laminectomy patient prior to his discharge. (Photo by Bradford F. Herzog)
Setting priorities critical to handling stresses of SICU care

Teamwork that relies on highly skilled critical-care nursing is basic to the success of a new approach being utilized in the University Hospital’s Surgical Intensive Care Unit (SICU). However, nurses caring for such high-risk patients work under a lot of pressure. To handle job-related stress, they find that learning how to set priorities is crucial.

SICU nurses may care for two patients at any given time. Perhaps one patient has had open-heart surgery on the preceding day, while another has undergone abdominal surgery three days before. The open-heart patient has many requirements the day after surgery, among them being extubated and weaned off drugs. At the same time, the abdominal patient may need to be prepared for transfer to a patient floor, a task that must be accomplished in the morning, since a patient in the operating room will need the bed at noon.

“Sometimes you can spend a couple of hours preparing to transfer one patient,” says Linda Walsh, R.N., acting SICU nurse manager. “Sometimes your other patient just can’t be left alone; deciding who to care for first is stressful.”

Nurses new to this kind of stress, and unable to establish their priorities, may suffer from even more pressure in their attempts to do two things at once. Deciding which patient is going to get how much of their time, and when, is extremely difficult. However, according to Walsh, each new nursing staff member eventually learns to set priorities and work out effective means of handling stress.

A new approach to the care of critically ill patients was introduced in July 1981. This approach emphasizes increased monitoring of the Unit’s critically ill patients by a team of specially trained critical-care physicians, attending surgeons, anesthesiologists, critical-care residents and fellows, and critical-care nurses.

“As our success grows, we’ve gained a reputation of being able to handle very tough cases, and we now are getting the sickest of the sick,” says Neil S. Yeston, M.D., UH’s critical-care director. To a great degree, he adds, physicians depend upon the opinion of ICU nurses, mainly because they are so well-versed in the patients’ medical problems and needs.

Most of the 40 nurses in the SICU have bachelor’s degrees and all have at least one year of general medical/surgical experience before joining the Unit. Although previous ICU experience is preferred, UH has the facilities to educate nurses who have not had such experience. In addition, nurses are kept informed of the latest technologies and treatments through continuing in-service training.

Thirteen beds are in use in the SICU, with an expansion capacity for another four patients. At UH, many SICU patients have had open-heart surgery. Neurosurgical patients, many with spinal-cord injuries, often are referred to the unit for triage before going on to the neurosurgery floor, to the Hospital’s New England Regional Spinal Cord Injury Center, or to another rehabilitation floor.

The Hospital’s Northeast Regional Center for Brain Injury also refers patients to the SICU. Other patients arrive prior to or following abdominal, orthopedic, or urologic surgery. Boston Med Flight, an emergency medical helicopter service, and community hospital referrals account for other high-acuity patients.

“We are constantly challenged to identify key problems on which we must take immediate action,” explains Joan Vitello, R.N., M.S., surgical critical care clinical nurse specialist, who has worked in the SICU for three years. “We continue to handle the stress of the critical-care environment because the rewards of giving excellent nursing care to complex surgical patients are mostly immediate and congruent with our nursing values.”
The decision was made at UH in the fall of 1985 to designate seven beds on the general thoracic surgery unit as the surgical progressive care area. Based on the success of this first PCU, two additional PCUs have been added, one for medical patients and one for neurological and neurosurgical patients. The University Hospital now has a total of 15 PCU beds.

"Feedback from patients, physicians and nurses has been positive," says McAward. "Indeed, the program to date has been so successful that plans for our new Hospital building (scheduled to open in late 1987) may be adjusted to include even more PCU beds."

In addition, she added, nurses have welcomed the opportunity to expand their professional skills in the innovative education program developed to prepare nurses working in the units for a new and complex case mix. This has proven to be a significant factor in recruiting and retaining qualified nurses.

The training program, which was developed and supervised by a clinical nurse specialist (CNS), provided nurses with theory and "hands-on" experience. For example, cardiothoracic staff nurses take a five-day ICU core course and work several shifts in the SICU and Recovery Room, in addition to individualized orientation in the PCU. The CNS and nurse manager are readily available to provide support during this time and to assess skill levels.

Other components of the program were organized in a joint effort. A committee of nurses and physicians collaborated with UH Design Services and Plant Services to implement the project. Working in small task forces, they focused on structural plans, equipment and supplies, staffing requirements, physician coverage, documentation, and policies and procedures. To keep communication open and to avoid duplication of efforts, the nurse manager and clinical specialist of the cardiothoracic surgical floor served on all committees. The cooperation of Neil Yeston, M.D., director of Critical Care, was key to the planning and success of the program.

Gail DeLaney-Woolford, R.N., M.S.N., joined the Department of Nursing in June as Nursing director. DeLaney-Woolford is a graduate of the University of Rhode Island, where she received a baccalaureate degree in nursing, and the University of Connecticut, where she earned a master's degree in nursing.

Formerly assistant director of nursing services at Leominster Hospital, DeLaney-Woolford brings experience in nursing education and management.

Warren F. Prescott, R.N., is a new graduate staff nurse on Evans 8, but an old friend in the Department of Nursing at UH, where he has worked for more than 15 years.

Prescott joined the nursing staff in 1969, while he was a student in the pastoral care program at Andover Newton Theological Seminary, from which he graduated in 1971 with a master's degree in divinity.

He began at UH as a nursing assistant on the evening shift in the float pool, and spent two years on the night shift, five years as a house orderly on nights, and eight years as a night nursing assistant, before returning to the float pool. He continued to work 32 hours a week in the float pool as a nursing assistant while attending school full-time and was awarded his associate degree in nursing from Labourie Junior College School of Nursing in May 1986.
Recent changes in the way health care is financed have made it increasingly important for the Hospital to quantify the cost of nursing care and to define the nurse’s contribution in the care of specific patient populations. To help meet that need, UH’s Department of Nursing has developed a valuable new tool, a revised patient classification system (PCS).

“Our revised PCS has had an impact on the entire patient-care system at UH,” says Paulette Starck, R.N., M.S., director for nursing systems and development. “The PCS has provided a nursing data base that is important to quantifying the activities that make up the nurses’ workload.”

Over the past 20 years, the nursing profession has worked toward improving and documenting patient classification systems. Today, numerous classification mechanisms help nurses describe the patient population under their care, to organize their work and to assign work equitably. The revised PCS developed at UH and in use since December 1985, has the added advantage of being an effective tool for cost accounting. Information from the new PCS can be used to budget personnel, charge for services, analyze costs and identify research areas.

Nurses in different settings put PCSs to various uses. The primary purpose of most PCSs has been to allocate staff to match the daily variations in patient-care needs. Patient-classification information, however, can also be used to budget nursing personnel, to charge for nursing services, to analyze costs, and to determine areas where more research may be needed.

UH’s revised PCS has proved so helpful that the scope of the original project has been enlarged. Efforts are under way to develop a program to manage patient-classification data on the mainframe computer in the University Hospital Computer Center. Patient classification data will be merged with admission, transfer and discharge data. Plans also call for daily patient classification data to be entered for tabulation via computer terminals on patient-care units.

These adaptations will improve the timeliness of information, allow necessary editing at the source of the data, and permit access for correlation with other hospitals, such data as diagnosis related groups (DRGs). Thus, UH’s revised PCS documentation of the nurse’s contribution in the care of specific patient populations is helping the Hospital to determine the most efficient use of its resources.

Nurses at UH have used a PC system since 1982. The original system was revised after extensive planning, according to Starck, who directed the project. Under the revised PCS, the nurse completes a form once a day for each patient in her charge. (The same form is used on all units.) The nurse circles code numbers on the form that correspond to approximately 70 nursing-care activities and patient descriptions. The completed forms are sent to the nursing office where the data is entered into a microcomputer program for tabulation.

Head nurses receive daily reports, which indicate care requirements for individual patients, in addition to the average amount of care required on their unit. Monthly reports summarize patient-care levels, average hours of care per patient and the distribution of care activities. This identification of both how much nursing time is required and how the time is spent is what makes the UH PCS unique.

The distribution-of-care section of the PCS report also details the monthly volume (number of patient days) for a given nursing-care activity or patient description. This data facilitates analysis of nursing activities on each unit and allows documentation of workload changes. When the system has been in operation for a longer period, information suggesting the direction of nursing research and education also is expected to emerge.

Paulette Starck, R.N., M.S., left, and Barbara Perron, R.N., B.S.N., patient classification coordinator, review PCS data with data-entry clerk Linda Liem, seated. (Photo by Bradford F. Herzog)
Staff Notes

Department of Nursing members publish and maintain high visibility in the professional community through professional organizations, teaching and consultation. The following is a partial listing of recent achievements:

Professional Offices and Activities


Honors

Mary Gilmartin, R.N., received a second place award in the category of Video Production and a second place award in the category of Post Graduate Physician Continuing Education from the Health Sciences Communications Association Video Festival in May for her role as a Case Presenter in "Mechanical Ventilation in the Home: A Case Study." Karen K. Kirby, R.N., M.S.N., achieved nominee status in the American Organization of Nurse Executives Recognition Program. Joan Vitello, R.N., M.S.N., was appointed to the editorial board of the new Journal of Cardiovascular Nursing. Susan Zorb, R.N., M.S.N., was appointed to the editorial board of the new Journal for Clinical Specialists, to be published in January 1987.

Recent Graduations

Warren Prescott, G.S.N., an associate degree from La­bourge College, Martha Akey, R.N., M.S.N., a master's degree in psychiatric nursing from Boston University; Paula Chasen, R.N., M.S.N., a master's in psychiatric nurs­ing from Boston University; Joy Stoodley, R.N., B.S.N., reg­ents external degree pro­gram, N.Y.; Gerry Metcali, R.N., B.S.N., with a bache­lor's degree from Emmanuel College; and Michelle Hardy, R.N., B.S.N., with a master's degree in human services and gerontology from New Hampshire College.

Recent Speaking Engagements


Recent Certification

American Nurses Association: Joan Vitello, R.N., M.S.N., Certified Medical-Surgical Clinical Nurse Special­ist; Carol Thornton, R.N., M.S.


Association of Operating Room Nurses: Dannette Greany, R.N., B.S.; Carol Wishneusky, R.N., B.S., Certified in Operating Room Nursing.

American Association of Critical Care Nurses: Donna Gerry, R.N., C.C.R.N.


Publications


Chastain, Patricia, Shapiro, Gloria: A physical fitness program for psychiatric patients.


Callahan, Judith, Sutdham, Carol, Jennings, Cynthia: University Hospital Patient Teaching Handbook for Laminectomy Program.

Submitted for Publication

Nurses take part in walks to raise funds

A group of nurses from the University Hospital participated in last May's 20-mile Greater Boston Walk for Hunger and earned $5,000 in pledges for Project Bread, an agency that funds local and international food programs.

In addition to walking, UH nurses registered participants, acted as marshals and staffed two first-aid stations. They were easily identified by their specially designed tee-shirts, which sported the Walk for Hunger logo—a heart peeking out of a sneaker. Designed by Chris Lassen, R.N., Marilyn Pires, R.N., and Patricia Wise, R.N., of the Department of Nursing, the tee-shirts were so popular that the sponsor of the walk plans to use the design next year.

Begun in 1970, the annual event funds 124 local feeding programs, garden and education programs, and 10 international agencies.

In addition, more than 25 UH employees from the Department of Nursing and general staff participated in another fundraising event. The Walk, a 10-kilometer event sponsored by Boston's AIDS Action Committee.

(Video)

Greany, Dannette: "Before and After Your Surgery." Video production for patient education in conjunction with Educational Media of Boston University Medical Center.
New contract takes steps to recognize professionalism

The professional Nurses at University Hospital voted in May to ratify a new agreement between the Hospital and the Massachusetts Nurses Association that provides compensation for nurses according to the responsibilities they assume rather than by the academic degrees they hold. Beyond the staff level, nurses are compensated as salaried professionals.

In addition, steps were taken toward recognizing the bachelor’s degree as one of the criteria for an entry level position in professional nursing. In all, four levels of professional nurses were established, with specific educational requirements for each level:

Clinical Nurse I is the staff nurse level. A bachelor’s degree is preferred.

Clinical Nurse II includes nurses working in such special programs as infection control, respiratory care, ostomy care, or diabetic care. A bachelor’s degree and three years experience are required.

Clinical Nurse III is the nursing instructor level. A bachelor’s degree and five years experience are required. A master’s degree is preferred.

Clinical Nurse IV is the special professional level. A master’s degree and five to seven years of experience are required.

There were also changes in on-call practices, enhancements to the Earned Time Program for part-time nurses, clarification of benefits for leaves of absence, language to better define seniority, and the provision that up to two conferences could be paid for in lieu of paid time off. Other changes addressed jury duty, grievance procedures, bereavement leave, and nursing membership on the Hospital Safety Committee.

The Hospital and the Association also agreed to establish a task force to review the applicability of a Joint Practice Committee at the Hospital. Its aim would be to achieve more collaboration between nurses, physicians, and other professionals caring for patients.

The agreement was reached after eight weeks of negotiation. Past negotiations have ranged from three to nine months.

Steps were taken toward recognizing the bachelor’s degree as a criterion for an entry level professional nursing position

National conference addresses autonomy, accountability

"Post-Radiation Fatigue in Outpatients Undergoing Radiation Therapy for Primary Cancer Treatment," an abstract prepared by UH nurses Paulette Starck, R.N., M.S., director, Nursing Systems and Development, and Paula Vannicola, R.N., M.S., an oncology clinical nurse specialist along with Donna Owens, R.N., M.S., an instructor at Boston University School of Nursing [BUSN], was presented at a national conference of clinical nurse specialists.

The Boston conference, with the theme “Autonomy and Accountability: The Coming of Age of the Clinical Nurse Specialist,” was co-sponsored by nurses from the education and research department at UH, and Mary Hitchcock Memorial Hospital clinical nurse specialists (CNS). More than 140 individuals from across the country attended.

Jean Steel, R.N., M.S., an assistant professor and project director of primary care programs at BUSN, discussed establishing consistent professional credentials in nursing. A former chairperson of the Certification Coordination Committee of the American Nurses Association, she offered a national perspective on setting criteria for nursing credentials.

Contributors

Members of the Department of Nursing who contributed to this issue of The UH Nurse include: Helen Dewey, R.N. B.S.N., C.O.N., staff nurse; Curt Isaksen, R.N., nursing personnel representative; Karen Kirby, R.N. M.S.N., administrator for nursing and pharmacy; Nancy McAward, R.N.

M.M.H.S., nursing director; Patricia Gallivan, R.N., B.S.N., nursing supervisor; Alice Rose, R.N., M.S.N., nursing director for education and resources; Paulette Starck, R.N., M.S.N., director for nursing systems and development; and Marilyn Pires, R.N., M.S.N., clinical nurse specialist.

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