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Boston University
Julie Bonenfant, R.N.: The responsibility to make a difference

When she was recovering recently at home from a back injury, Julie Bonenfant, R.N., nurse manager of the Hospital's cardiothoracic surgery and progressive care unit on Atrium 6 West, kept three large bags pertaining to each of her major responsibilities. One contained paperwork from her job at the Hospital, another held her coursework for her M.B.A. program, and the third had to do with her professional activities, primarily being spokesperson for Nurses of America as well as chair-elect of the Massachusetts Council of Nurse Managers (M.C.N.M.), a role Bonenfant will officially assume in June.

These various roles are not really separate: each inspires and informs the others, jointly they illustrate Bonenfant's belief that "nurses today have a responsibility to make a difference."

Her most visible role is that of spokesperson for Nurses of America, in which her goal is to enhance the image of nursing and recruit additional staff to the profession, efforts she already has undertaken through the 620-member M.C.N.M. Bonenfant sought a leadership position in the Council because "I like to be part of creating what's happening," she says. "I think nursing professionals must act, not just react, particularly concerning legislation that affects nurses. Participation in this organization has helped me to develop a global outlook and to see that I'm not alone in my challenges as a nurse manager. This group has been a source of strength to me, and as chair I hope to give back some of what I've received."

As a member of the Council, Bonenfant developed a media-response program, in which nurses were asked to respond in writing to media portrayals of their profession. As chair-elect, she is involved already in budget planning and Board of Registration issues for the Council.

Bonenfant, who worked at New England Baptist Hospital, New England Medical Center and Brookline Hospital before coming to UH, has always enjoyed critical care nursing because of its fast pace and opportunity for prompt decision-making. "This specialty is high-tech, high-touch, and high-stress," she says, "but you really get... continued on page 2

Teaching is a major part of the care given to patient James Shea by staff nurse Ellen Munger, R.N., on the Hospital's surgical floor (Atrium 6-North,) as he recovers from a knee-replacement procedure and prepares for discharge. (Photo by Bradford F. Herzog)

Nurses as teachers: Patient-education efforts are boosted

We all are educators," says Carol Goudy, R.N., staff nurse in the Evans 8 Cardiac Care Unit and chair of the patient-education subcommittee of the Nursing Department's Clinical Practice Committee. "With every patient encounter, we are teaching. Many nurses do not realize that they are, in fact, teaching all day long."

Editorial:  
The meaning of strategic planning

"Cheshire Cat, tell me please which way I ought to go from here," said Alice. "That depends a good deal on where you want to get to," said the cat. "I don't much care," said Alice. "Then it doesn't matter which way you go," said the cat.

This conversation from Lewis Carroll's classic tale, Alice in Wonderland, illustrates how important it is to have a destination, whether you are a person or an organization. Knowing where you are going—in the long run—is what is meant by strategic planning.

Like Alice, the nursing department asked the question "Where are we going?" In annual strategic planning sessions, our former vice president and the nursing directors identified the department's direction for the year and developed goals and objectives. As we became comfortable with the process, our planning grew in scope and sophistication. Last fall, we tackled the issue of articulating departmental values and guiding principles. We revisited our philosophy statement to be sure that it really reflected our beliefs about the profession and our role as nurses. Based on these guiding principles, we developed a mission statement and goals that would give clear direction, have lasting meaning, and provide a framework in which to grow as a professional department.

The mission came just in time. During this interim period in which I have acted as vice president, our mission, goals and objectives have been invaluable in guiding the department. Our direction as a department had already been determined; my job during this time was not to alter it, but to keep us on course, not changing direction or losing ground.

I was able to do this with the help and support of the members of the nursing department, as well as others outside of the department. Our strong leadership group and outstanding clinical and support staff have enabled us to continue to pursue our goals. University Hospital President J. Scott Abercrombie Jr., M.D., supported my efforts to keep us on course during this interim period.

I would like to thank all of you for your support and encouragement during this time. My hope is that we will continue to keep our mission statement before us, allowing it to inspire and guide the decisions we make and the actions we take each day.

"The mission of The University Hospital Nursing Department is to be a nursing service that leads, integrates, and innovates in: the delivery of quality patient care that is responsive to the needs of individual patients; the development of cooperative, multidisciplinary team approaches to patient care and patient services; adapting to changing clinical programs; new technology and resource availability; maximizing the professional potential of all staff; providing a progressive perspective on the future of nursing and seeking to influence the evolution of the profession."

Joan Russo, R.N., M.S.  
Acting Vice President for Nursing

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Julie Bonenfant, R.N.  
(Photoby Bradford F. Herzog)

"By offering ample opportunity to apply many of the principles I'm learning in school, my job is a living lab for me"

Julie Bonenfant, R.N.

have been discharged from the Surgical Intensive Care Unit but are not ready to return to a regular floor. Making sure all these transitions happen smoothly requires good management.

Bonenfant says that her experience as a teacher in the past and currently as a graduate student have greatly enriched her ability to manage. She spent a year and a half as a nursing instructor at New England Baptist, and she says that helped her to develop many of the skills that are vital to her current job. "Not only did I learn to do classroom presentations and organize curriculum, but I also learned to articulate expectations and give positive feedback. Although I did not plan to go into teaching, this experience helped develop my career."

Similarly, coursework for her Master of Business Administration (M.B.A.) program at Babson College enables her to understand the business aspects of her job. "By offering ample opportunity to apply many of the principles I'm learning in school, my job is a living lab for me," she says.

Horseback riding, her passion for some 20 years, is Bonenfant's respite from her professional responsibilities. Every fall and spring she and her husband, Phil Trotter, go to northern New England for a four-day weekend that involves horseback riding from inn to inn. Trotter is as passionate about skiing as Bonenfant is about horseback riding, and although each has learned the other's sport, Bonenfant says "when I ride in winter, Phil sometimes prefers to cross-country ski alongside."

Thus, in her personal life, as in her busy and complex role as a nursing leader, Bonenfant is multifaceted, enthusiastic—and always on the move.

For further information, contact Julie Bonenfant, R.N., x 5930 (638-5930).
nurses, they need to be taught about their disease or problem and how to handle it themselves when they leave the hospital. Their families also need teaching. "The fact that patients today have a shorter length of stay in the hospital makes teaching very important," says Goudy. "We don't have the patients very long, and we have to make sure they know how to handle their illness or recovery when they leave us."

"Many patients from community hospitals are referred here for specialized care. They are frightened about being in a big city hospital and are still in a denial stage when they leave us."

"We received about a 50-percent response. The surveys that were returned contained a number of suggestions, for instance, that we formulate a central resource place, that we increase health-education programming on the Hospital's TV channels, and that we allow quality time to teach," says Goudy. "We are now working on implementing these suggestions. For example, we are setting up a library stocked with books and other education materials." The Beale Library for Nursing Resources and Patient Education will open in the Nursing Education Office on Collamore 4 this summer.

"We have increased programming on Hospital TV channels and have instituted a number of measures to free up the nurse for teaching. The patient-care technician program and a streamlined documentation system have helped to make this a reality."

"If nurses are to be educators, they also must be learners," says Goudy, "and we are fortunate to have a very active Nursing Education Department. We have access to clinical nurse specialists, nurses with advanced training in a particular specialty who provide consultation on a group or individual basis, the opportunity to enroll in a variety of workshops offered here in the Hospital and outside; and a generous tuition-reimbursement plan for staff who are enrolled in degree programs."

"Here at a teaching hospital, we also can avail ourselves to other learning opportunities, such as joining the house staff for daily rounds, and attending conferences and teaching sessions. The circle of education is completed as we go back to our patients and help them to understand how to deal with their illness and prepare them to return to the community."

For further information, contact Carol Goudy, R.N., x6681 (638-6681).

During the five minutes she was having her photograph taken for this newsletter, Odetta Wilson, unit secretary in the Medical Intensive Care Unit, answered phone calls, greeted and directed several sets of visitors, conferred with house staff, transcribed orders, distributed the transcriptions to patients' rooms, and helped someone to find a missing scale. "This job is never boring," says Wilson, who was a unit secretary on Evans 7 for six years before transferring to the MICU last January. "Each day when I come in, I never know what to expect. I enjoy working with the people on this unit and having a chance to learn something new each day."

(Photos by Bradfod F. Herzog)
Profile:
Louise Slattery, R.N.

The Cardiac Care Unit, where Louise Slattery works, is a place where life and death decisions must be made quickly and actions taken promptly. Yet when her shift is over, Slattery takes time to reflect, not just on her job, but on the profession of nursing itself. Although she feels that her profession is in transition, she says "this is an exciting time, and we should take it upon ourselves to make things happen."

Slattery, who hopes to become a leader in helping nurses feel good about themselves, is pursuing a master's degree in Nursing Administration at Salem State College. She also is the representative from her unit to the Massachusetts Nursing Association, which she feels can help nurses to become proactive, not just reactive.

"One way for the nursing profession to improve its image is for nurses to talk about what they do," says Slattery. "Too many nurses leave their jobs behind, believing that no one wants to hear about what they do. Providing support for the dying patient and comfort for the family is not an experience to hide; it is an experience to share.

"Another way to identify what we do is to improve how we document it on the patient's chart. Nurses tend to leave out too much, either because they don't have enough time for paperwork or because they don't think what they did is important enough to write down. For example, I think it is important to document that you've comforted a family. We need to focus on the value of charting the truly significant aspects of care."

Slattery looks forward to the Hospital's forthcoming changes in documentation which allows for the most relevant documentation. 'Nurses are not paid fee-for-service, like doctors or other health-care professionals,' she says. 'That's why it is so important to identify what we do.'

While new technology can save and lengthen lives in miraculous ways, it also creates a patient population that is more acutely ill, a problem which Slattery sees every day in the Cardiac Care Unit. Patients are sicker and require more nursing care, yet in some parts of the country there are not enough nurses to go around.

Slattery feels strongly that every patient needs and deserves an educated nurse at the bedside. 'Who is to say that a critically ill patient needs an educated, qualified caregiver more than, say, a failure-to-thrive patient? The second may not need as much technical skill or life and death decision-making as the first, but her care also requires good skills in assessment, prevention and documentation.'

For further information, contact Louise Slattery, R.N., 6681 (638-6681).

Patients' charts now include new documentation of professional nursing practice

University Hospital nurses now have a more streamlined, professional way to document the care they give their patients, thanks to a careful planning process and a training program that included nurses from all levels of the department. "The changes are philosophical as well as structural," says Judy Thorpe, R.N., M.S., nurse manager of the Evans 8 Medical Cardiology Unit, who helped engineer the new documentation. "It is not just a matter of filling out new forms; rather, it is a way to give more value to what a nurse does."

The changes were made in response to a request made in 1988 by the Joint Commission on Accreditation of Healthcare Organizations that certain improvements be made in the way nurses at UH document patient care. "Instead of simply making the prescribed changes, we viewed this as an opportunity to start from scratch and design an entirely new approach," says clinical nurse specialist Niki Ayers, R.N., M.S.N. A subcommittee of the Clinical Practice Committee—initially a task force—was formed to do just that, with Ayers and Thorpe as co-chairs. "Now there is an emphasis on the assessments that nurses make as well as the tasks that they perform, making the record a more accurate depiction of nursing practice," says Ayers.

The new documentation accomplishes several other goals in addition to making it easier for nurses to write in charts. It helps to foster a collaborative relationship with physicians, enhances the professional image of the nurse, and strengthens primary nursing.

The new materials enable nurses to spend less time writing in the chart, yet leave a clear record of the care they give. 'For example, certain information—such as vital signs—is now written only in one place, instead of three or four,' says Ayers.

One major change pertains to the way the nurses' interventions are written. Under the old system, the nurses had to transcribe their own instructions while physician's orders were "flagged" and given to the unit secretary for transcription. "The message in this area was that nurses were expected to be secretaries," says Thorpe. Also, the transcribed doctor's orders became part of the permanent record while the transcribed nurse's orders were thrown away. Under the new system, nurses' orders also are flagged and transcribed by the secretary. "Nurses' orders, which used to be lost in the body of the record, are now highlighted," says Ayers. "This system highlights the value of what a nurse does."

Another change has to do with the purpose of progress..."
notes. Before, they often repeated information that was elsewhere in the chart; now, they will contain fresh information.

During the spring, every nurse at UH attended a six-hour workshop in which the new documentation, and the philosophy behind it, was introduced. There now is ongoing teaching on all the units, and a documentation manual, with instructions for using each form, is available for reference.

"Although the new system will ultimately save time, nurses must be willing to invest time learning it," says Thorpe. "It's like learning to use a computer; at first, it takes more time than the old way, but it saves time in the long run."

For further information, contact Niki Ayers, R.N., M.S., Beeper 585, or Judy Thorpe, R.N., M.S., x6670 (638-6670).

Patricia Doran Wong, R.N., of Surgical Oncology (Atrium 7-West), has been named the Massachusetts winner of the Search for Excellence Award of the American Nurses Association. The award is given annually to one nurse in each state who best exemplifies the qualities of nursing.

Wong joined the ranks of nursing in 1967 and has been practicing the profession at UH for 18 years. With a background in cardiothoracic and general surgery, Wong has found her true love of nursing through her work with cancer patients. In addition to serving as a primary nurse, she was the nurse coordinator for three years of a National Cancer Institute study on pain control in cancer patients.

"Taking care of surgical oncology patients requires special skills, in addition to the technical skills that go along with the job. You have to be able to put yourself in the shoes of these patients, each of whom may be facing a terminal diagnosis. You learn to give them emotional support, as well as to share the knowledge that you have about their illness," she says.

Wong applies those special skills to a volunteer position as a hospice worker for a program affiliated with the Waltham-Weston Medical Center. "I am not a clinician with the patients—I am their friend. But, I do believe the knowledge I have as a surgical oncology nurse is very helpful to me."

Wong's compassion and understanding—along with her broad knowledge of oncology nursing and superb technical skills—prompted Wong's supervisor, Patricia Conway, R.N., M.S., to nominate her for the award. Conway wrote a glowing one page description of Wong, giving her top grades in the five areas upon which judges based their decision: excellence in practice, teaching ability/role model, leadership, professionalism, and the ability to work as part of a team.

"The quality which I believe makes Patty an exceptional nurse is that of being truly attuned to the art of caring. She always takes the extra step, which assures both her patients and their significant others that they really do matter—as people rather than simply as patients," wrote Conway.

Wong is featured in this month's issue of Massachusetts Nurse magazine, which is distributed to more than 17,000 nurses statewide, in addition, her photograph and an announcement of her award appears in this month's issue of American Nurse, which has a circulation of almost 200,000 nationally.
**Staff Notes**

**Appointments and awards:**
Julie Bonenfant, R.N., B.S.N., B.S.N./CCRN, was appointed as spokesperson for health-care policy and current nursing issues by "Nurses of America." Susan Crowley, R.N., B.S.N., nursing supervisor, was elected to the MNA Cabinet on Nursing Ethics. Janet S. Eagan, R.N., M.S.N., was appointed to the editorial board of the Journal of Cardiovascular Nursing. Nancy Flynn, R.N., was named president-elect of the Boston Chapter of the Emergency Nurses Association. Lizbeth Kalina, R.N., M.M.H.S., was appointed as the psychiatric admissions coordinator on the Medical Psychiatric Unit. Virginia Poster, R.N. was voted "O.R. Nurse of 1989" at the University Hospital. Nancy Quadleno, R.N., was elected to the Board of Directors (Mass. Chapter I) of the Association of O.R. Nurses. Joan M. Vitello, R.N., M.S.N., C.C.R.N., C.S., surgical critical care specialist, was appointed to a national AACN Task Force to evaluate critical-care content in associate, baccalaureate and master's degree programs. Patricia Doran Wong, R.N., B.S., was awarded the American Nurses Association’s Search for Excellence Award for Massachusetts. Susan Zorb, R.N., M.S.N., C.C.R.N., medical critical care specialist, has been appointed to serve on the Massachusetts Nursing Association’s Cabinet on Nursing Practice. In addition, she recently presented "Ethical Issues in Critical Care" at Horizons, the regional teaching conference for AACN.

**Leadership appointments:**

**Graduations:**

**Certifications:**
Lori Andrews, R.N., was certified as a certified operating room nurse (CNOR). J. Kelly Buis, R.N., B.S.N., was certified as a CPR instructor. Mary Donahue, R.N., was certified as an adult nurse practitioner. Debra Hughes, R.N., was certified in rehabilitation nursing. Mary Ann Johansen, R.N., O.C.N., was designated as an oncology certified nurse. Donna Manning, R.N., B.S.N., O.C.N., was designated as an oncology certified nurse. John M. Hayes, R.N., was certified by the American Nurses Association—Medical/Surgical Nursing Exam. Maureen Hughes, R.N., B.S.N., was certified by the American Association of Critical Care Nurses. Mary Mederios, R.N., was certified as a CNOR. Cynthia Newell, R.N., was certified as a CNOR. Nancy Pietralitta, R.N., was certified by the CEDNEP (comprehensive emergency department nurse education program). Carolann Reaves, R.N., M.S.N., was certified by the ANA in nursing administration. Ivor Holder, R.N., M.S.N., was certified as a medical-surgical specialist by the ANA.

**Recent certifications in Advanced Cardiac Life Support (ACLS) include:**
Debbie Martin, R.N.

**Presentations/publications**

**Review of the Literature**

Gloria Shapiro, Psychiatric Clinical Nurse Specialist, has written an outstanding chapter entitled "Family Work in Nursing Practice" for the book Psychiatric Nursing in the Hospital and the Community by Anne W. Burgess. This clearly written text introduces the reader to the theory of family therapy and defines the language and concepts upon which the theory is based. As a person totally unfamiliar with this theory I found that I was able to gain an understanding of its meaning and importance to my practice. I found the nursing care plan and process recordings especially helpful. The development of interventions tailored to meet the short and long term goals enables the reader to translate the theory into practice. Karen Duvall-Gronberg, R.N., and Grey Graham, R.N., were the primary and associate nurses for this patient during his stay on F2 and they contributed to the nursing care plans and process recording. Their exceptional care enabled the patient to meet the goals prior to discharge. The section on the Family Study Group, as developed here at the University Hospital, provides specific content which would facilitate the development of similar groups in other settings. I recommend this chapter to all nurses, generalist and specialist alike, as an excellent presentation of an im-
Workshop.
Joan also lectured "Nursing as a Career" in March to high school students at Madison High School as part of a career week.
Joan also was interviewed in CCRN News, a national AACN publication. The interview was entitled "Clinical Nurse Specialist Maintains CCRN More Than A Decade."
Noreen Leahy, R.N., M.S.N., authored a book, "Clinical Nurse Specialist Maintains CCRN More Than A Decade."
Noreen Leahy, R.N., M.S.N., authored a book, "Clinical Nurse Specialist Maintains CCRN More Than A Decade."

The Effect of Regular Turning of CABG Patients" in the March 1990 issue of Critical Care Nursing Quarterly.
Patricia Ide, R.N., M.S.N., director of surgical services, was one of three operating room directors who contributed to the development of Strategic Resources for the Operating Room Manager, published by the Association of Operating Room Nurses.

For the fifth consecutive year, the UH Nursing Staff made a strong showing in Project Bread's 21st Annual Walk For Hunger on Sunday, May 6, by walking, pledging contributions to walkers, and staffing a relief station along the route. More than 70 members of the Department participated in this official kickoff to National Nurses Week held each May, and raised $6,500.
Richard Ridge, R.N., nurse manager on the Hospital's surgical floor (Atrium 6-North), C. Mary Landrum, R.N., I.V. therapy coordinator, and Gary Hill, recruitment manager of Nursing Employment, were the three main organizers. Ridge, who has participated in the walk for the past three years, set up this year's first-aid station, complete with tent and UH banner to make it easily recognizable to UH walkers and their families.
UH nurses feel strongly about supporting the walk and take great pride in being involved. "Our nurses get involved in several ways," says clinical instructor Barbara Perron, R.N., chief organizer of the event last year. "We recruit volunteers within the department who either choose to walk or to help at the first-aid station. Everyone feels strongly that they are helping, people feel good because they are getting exercise, having fun and participating in a very worthwhile activity."
Nancy McAward, R.N., M.M.H.S., chair of the Nurse Recognition Committee, who was a walker this year, says that the Walk brings the department together like no other event. "This year, the participation, cooperation, and enthusiasm was greater than ever before."

The Walk initiated 10 days of events held at UH from May 6 to 16 to celebrate the profession of nursing. On May 16 Vera Robinson, "the fairy godmother of humor," gave the Second Annual Distinguished Lecture (sponsored by the Ross Nursing Resource Center at UH) on "Humor and the Health Professions."
New quarters and equipment for Emergency Room

When University Hospital's Emergency Room moved back to the Atrium Pavilion (HI) last October after a brief relocation during construction work, it returned to newer, larger quarters designed to make emergency care more efficient for patients and staff alike.

The ER, which has increased its number of beds from 9 to 15, is an entry place for about 35 percent of Hospital admissions, according to nurse manager Warren Beattie, R.N. This is an important resource for patients referred from outlying hospitals who require the specialized care that University Hospital offers. "Some of our patients are transferred from other hospitals by MedFlight," says Beattie. "Usually we are informed by radio to prepare for their arrival. These patients often require treatment that is unavailable at the community hospital, such as neurosurgery, thoracic or cardiac surgery, or intensive care.

"Our major admitting diagnoses for walk-in patients are heart disease, asthma, seizures, and industrial accidents. We also see trauma cases, since we are a Level I trauma center, together with Boston City Hospital," says Beattie.

The ER actually has several rooms: the first is a waiting room and small office for the triage nurse. "The word 'triage' comes from the French verb 'to sort,'" says Beattie, "and this is just what the triage nurse does. The patients who come in are classified into one of three groups. Those in the first group are in danger of loss of life or limb and are seen immediately, bypassing the admitting clerk. The second and third groups are categorized according to acuity and are triaged accordingly. Our goal is to move all patients through the ER as efficiently as possible," he added.

The unit includes a three-bed trauma room, an eight-bed non-acute area, and various private rooms for gynecological examinations or psychological evaluations. New equipment in the unit includes central cardiac monitoring with dysrhythmia alarms, an oxygen-saturation monitor, and ophthalmology exam chairs and equipment.

"Our staff members are experienced nurses who enjoy the variety here. An E.R. nurse must be a master of all trades, able to handle anything that comes in, from a sore throat to multiple trauma or heart attack," says Beattie.

Although the new ER sees approximately 45 patients a day, the Hospital's goal is to increase the census. "We hope to expand referrals from the Occupational Health Program, establish an urgent care walk-in, and a "fast track" so that people with minor problems can get in and out faster," says Beattie. "The major complaint in most emergency rooms, including ours, is the wait; we'd like to change that."

For more information, contact Warren Beattie, R.N., at 617/638-6240.