Priming staff members for inevitable Joint Commission visits is one of the most daunting tasks for educators, who continually look for effective training methods to convey the information your nurses will need when questioned by surveyors. With a proven, multifaceted training program under their belts, educators at a Rhode Island hospital share their secrets to survey prep success.

“With The Joint Commission now doing what they refer to as tracer methodology from point of entry to point of discharge, they would be speaking to everyone involved in care along that path,” says Raymond Thurber, MEd, RN, nurse educator at Kent Hospital, a 359-bed facility in Warwick, RI. “We said to ourselves, ‘How do we get the message to all 2,500 staff members?’ ”

Thurber and his colleague Linda Eklof Read, MEd, RN, decided to lead the organization’s Joint Commission (formerly JCAHO) education efforts in 2004. They developed a centralized program to ensure that all staff members received the necessary information and training.

Priming staff members for inevitable Joint Commission visits is one of the most daunting tasks for educators, who continually look for effective training methods to convey the information your nurses will need when questioned by surveyors. With a proven, multifaceted training program under their belts, educators at a Rhode Island hospital share their secrets to survey prep success.

**Strategies to prep your nurses for surveyors**

**Training**

**Preval during your next Joint Commission visit**

**Strategies to prep your nurses for surveyors**

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**Education should take place several months before any planned visits but should also be a continual aspect of education, as many surveyor visits are unplanned, says Raymond Thurber, MEd, RN.**

First, make sure to educate staff members on The Joint Commission and its expectations, standards, and focus on tracer methodology. This education should take place several months before any planned visits but should also be a continual aspect of education, as many surveyor visits are unplanned, Thurber says.

The next step is to outline a list of various training activities so you are able to reach as many staff members as possible, Thurber says. At Kent, this involved introducing the following steps (the four Rs) for facing surveyors:

> continued on p. 2
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1. Relax. Take a deep breath, don’t get nervous, and take a few seconds to organize your thoughts.
2. Rephrase. Ask the surveyor to repeat his or her question if you don’t understand it.
3. Resources. If you are unsure of an answer, know where you can find it.
4. Respond. Answer the question as best you can; be brief and to the point.

Take a multifaceted approach

Once the staff members have a basic knowledge of The Joint Commission’s goals and how they should react to surveyor questions, it’s time to begin a multifaceted approach to relaying necessary information throughout the organization. To do this, Thurber and Read used:

➤ Mock tracer surveys. Managers and staff members picked a patient diagnosis and followed the steps from admittance to discharge. “Administrators interacted with staff as if they were Joint Commission representatives, asking questions about a patient and following them through a continuum of care,” Read says.

➤ Patient safety posters. National Patient Safety Goals were splashed on posters hung on the quality improvement hallways to inform staff members.

➤ Newsletters. Thurber and Read used two internal marketing mechanisms—a weekly newsletter and a daily publication—to include pertinent Joint Commission information.

➤ An education fair. Thurber and Read decided to devote the entire 2004 fair to Joint Commission training, as Kent Hospital was already conducting an annual mandatory education fair. The fair included functional work groups that focused on specific aspects of Joint Commission education (e.g., infection control).

➤ Games. In further attempts to engage staff members, Thurber and Read instituted game-based learning, such as Joint Commission Jeopardy. (See “Kent Hospital: Joint Commission Jeopardy sample game” on p. 3 for a sample game.) The Jeopardy sheet includes questions that a surveyor might ask about ethics, medication management, and patient rights.

These efforts were far-reaching, but Thurber and Read didn’t stop there. They decided to develop a small educational booklet that was given to all hospital employees. Dubbed the “Survival Guide for Joint Commission,” this portable resource contained information on important regulatory topics, such as provision of care. Written in a question-and-answer format, the book was an immediate hit with staff members, Read says.

Disclosure statement: The SNM advisory board has declared no financial/commercial stake in this activity.

Reference


Source

Adapted from The Staff Educator, October 2008, HCPro, Inc.
## Kent Hospital: Joint Commission Jeopardy sample game

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>Who is the current Kent Hospital patient rights committee chair?</td>
</tr>
<tr>
<td>Doing the Right Thing</td>
<td>What is the only clinical department at Kent that oversees provision of care to patients?</td>
</tr>
<tr>
<td>Infection Control</td>
<td>How often do you review the initial patient medication reconciliation?</td>
</tr>
<tr>
<td>Leadership</td>
<td>What is the annual mandatory education for all Kent staff members?</td>
</tr>
<tr>
<td>Management of Information</td>
<td>When is the information in the medical record considered legally protected?</td>
</tr>
<tr>
<td>Management of Records</td>
<td>What is the role of the medical director?</td>
</tr>
<tr>
<td>Human Resources</td>
<td>What do you do if you find a listing for PHI on a computer?</td>
</tr>
<tr>
<td>Kent’s Mission</td>
<td>Who is the current Kent Hospital medical staff manager?</td>
</tr>
<tr>
<td>Kent’s Vision</td>
<td>To whom do you report an adverse event?</td>
</tr>
<tr>
<td>Organization Structure</td>
<td>How do you transport the patient in a non-emergency situation?</td>
</tr>
<tr>
<td>Patient Safety Goals</td>
<td>What is the role of the medical staff director?</td>
</tr>
</tbody>
</table>

Source: Kent Hospital, Warwick, RI. Reprinted with permission.
Healthcare facilities are increasingly seeking ways to empower patients in their own care. When it comes to IC, this mission hinges on educating patients about infections and the steps they can take to prevent them.

To further reinforce the importance of patient education, The Joint Commission (formerly JCAHO), in its 2009 National Patient Safety Goals, wants to ensure that facilities are properly educating patients on IC. This education can take many forms, from printed materials to one-on-one talks with IC professionals about infection-associated issues.

Most facilities are probably already performing such education, but they should also be certain they are documenting their training to meet any potential regulatory requirements, says Heather M. Gilmartin, RN, MSN, APRN, CIC, a nurse epidemiologist at Vail (CO) Valley Medical Center. One way to produce documentation is to use printed educational materials and include a check box on the nursing admission form that indicates your facility offered the education, she says.

Your education technique should vary based on your facility’s characteristics, but most facilities use a combination of methods. The nature of your education program may depend on your facility’s size.

“We’re a small, 58-bed hospital in rural Colorado,” says Gilmartin. “We have a very low multidrug-resistant organism rate.” The facility doesn’t have many MRSA or C. diff cases, so when it encounters a patient with one of these organisms, Gilmartin typically educates the patient in person. “We talk to them directly and give them education specific to their diseases,” she says.

Carol Landis, RN, IC nurse at Memorial Health System in Abilene, KS, says she doesn’t have time to take the same approach, but she still performs direct patient education when possible. For example, she says she makes time to talk to family members of patients and answer questions when she’s walking through patient care areas.

Below are some other effective education strategies that these two facilities employ:

➤ Welcome patients with a message. Take advantage of your first opportunity to deliver information to patients by posting signs at the entrance of the facility or having staff members greet patients. At Vail, one way that staff members raise awareness about hand hygiene is by giving patients and visitors alcohol-based hand sanitizer when they arrive.

➤ Post lots of signs. One means of giving patients quick, targeted information on a specific topic, such as hand hygiene, is to post signs around the facility. Vail even has poems in its bathrooms for patients to read while they wash their hands, which takes about the same amount of time to read as the patient or staff member washes his or her hands. The hope is that offering reading material will help people wash longer—the recommended amount of time is 15 seconds.

➤ Tailor your educational materials to your patients. At Memorial, Landis developed three sets of informational materials on MRSA with varying amounts of detail so staff members can decide which materials best meet the patient’s needs. For example, elderly patients whose families are not primarily responsible for their care might be given basic information, whereas patients who have many questions about their conditions might be given more detailed information.
Many nurses have experienced disruptive physician behavior and the hostile work environment it can create. Now, there is proof that such behavior contributes to medical errors, poor patient satisfaction, and higher cost of care.

The Joint Commission (formerly JCAHO) issued a Sentinel Event Alert July 9 citing an “Institute for Safe Medication Practices” study. The study reveals some disturbing statistics. For example, 40% of clinicians have refrained from questioning someone who might be providing inappropriate care because that person’s behavior was intimidating.

The Joint Commission’s 2009 leadership standards require hospitals to create a code of conduct defining acceptable and unacceptable behavior and develop a formal process for addressing unacceptable behavior for all healthcare professionals.

Hospitals can put what they have learned from dealing with disruptive physicians to good use when developing a facilitywide system for addressing disruptive behavior.

A toxic environment

Iris Grimm, creator of the Balanced Physician Program, an Atlanta-based coaching and consulting firm, says that 80%–90% of the physicians she works with cite pressures in their professional and personal lives as a cause of inappropriate behavior.

Reasons aside, disruptive behavior can turn a positive hospital culture into a toxic environment. Richard A. Sheff, MD, CMSL, chair and executive director at The Greeley Company, a division of HCPro, Inc., in Marblehead, MA, says disruptive behavior can:

▸ Contribute to nursing turnover and low staff morale
▸ Tarnish the hospital’s reputation
▸ Put the hospital at risk for hostile work environment lawsuits
▸ Increase medical errors

To effectively address disruptive behavior, hospitals first need to formally define appropriate and inappropriate behavior in their disruptive behavior policies.

Carolyn Bachamp, CPMSM, a medical staff services professional at Boulder (CO) Community Hospital, says her organization’s disruptive behavior policy defines disruptive behavior as conduct that:

▸ Disrupts the operation of the hospital
▸ Affects the ability of others to work
▸ Does not follow accepted professional-behavior norms
▸ Creates an unprofessional or hostile work environment for hospital employees or other practitioners
▸ Has the potential to negatively affect patient care

Establish policies to address offenders

Hospitals should also address in their policies processes for dealing with different kinds of offenders.

First-time offenders should be pulled aside and addressed in private by the person on the receiving end of the disruptive behavior. Sheff suggests using the following language: “When you speak to me that way, it is not professional or appropriate, and it is not conducive to our policy. Please do not address me that way again.”

Occasional offenders should be spoken to in private, and if this tactic fails, someone who witnessed the disruptive behavior may file an incident report. If the offender is a physician, a nursing staff leader should initiate a dialogue with the physician to help him or her see how the behavior affects others and take steps toward correcting it.

Chronic offenders are not likely to respond to the above language, and their superiors need to be involved on an ongoing basis. If the offender is a physician, medical staff leaders might need to put his or her privileges or medical staff membership at stake—even if the physician admits a large volume of patients.

Source

Adapted from Medical Staff Briefing, October 2008, HCPro, Inc.
Patient care

Minimize HIPAA mistakes when responding to the media

It doesn’t matter whether your facility is located in the largest U.S. metropolitan area or a small town; a media presence exists nationwide. And when newsworthy events occur or you admit newsworthy patients into your hospital, media members will surely buzz around your lobby and pepper your phone lines in search of information.

Hospitals of all sizes must develop and enforce strict rules that guide staff members who receive media requests for information. And a well-written policy is only the beginning: staff members must be trained to ensure that they respond appropriately to persistent members of the media trying to scoop the competition.

First things first

Start by implementing a comprehensive policy or an internal structure that directs all requests—not just those you deem questionable or malicious—to your media relations or marketing department. The belief that media challenges occur only on those rare occasions when a celebrity crosses your threshold is a common misconception.

The likelihood that Brad Pitt will walk in to most hospitals is virtually nil. But the town mayor might become a patient, and that could attract the attention of local media. A crime that occurs on your premises could also spark interest, as could the admission of a crime victim or alleged perpetrator.

Members of the media seeking tabloid fodder raise obvious concerns, but the pursuit of seemingly harmless human interest stories may also be problematic. For example, consider the media outlet striving to photograph the first baby born in 2009. As innocent as this might appear, proper authorization from the infant’s family is necessary; otherwise, it could be a HIPAA violation.

What HIPAA says on the subject

“Hospitals may release patient identity, even indirectly identifying a patient, to the media only with the written authorization of the patient or patient’s legal representative,” says Kate Borten, CISSP, CISM, president of The Marblehead Group, a healthcare information security and privacy consulting group in Marblehead, MA. “Details, such as a patient’s medical diagnosis, are also only released as authorized by the patient or legal representative.” Your state law may be more restrictive.

“Keep in mind that state law may be more stringent in regard to sensitive information, such as substance abuse and behavioral health conditions,” says Lisa K. McCusker, CPC, corporate compliance and privacy officer at Sisters of Providence Health System in Springfield, MA. “State law determines what can be released, and, most often, this sort of information can never be released,” she says. Your organization’s policies might be even more restrictive than state law or HIPAA.

“Policies of the hospital should define these rights of the patient and what can and cannot be released,” says McCusker, whose advice is to play it safe. “You should always follow the most restrictive policy.”

All PHI deserves respect

Patients may release any protected health information (PHI) they choose. But written patient authorization is necessary for a healthcare provider to release PHI to the media.

Upcoming audio conference

January 8—Medication Management: Preventing Errors and Maintaining Best Practices Among Your Nursing Staff (SKU010809)

For more information, call HCPro’s customer service representatives at 800/650-6787 or visit www.hcmarketplace.com.
The following information requires authorization so as not to compromise a patient’s identity:

➤ Reports of birth
➤ Discharge and admission data
➤ Detailed statements on patient condition
➤ Photographs
➤ Videotapes
➤ Audio and imaging
➤ Patient interviews
➤ Interviews with the patient’s provider

PHI isn’t necessarily clinical in nature. Regardless of whether it’s a patient’s diagnosis or apartment number, PHI is PHI. “HIPAA does not make the distinction between a patient’s demographic information and clinical information,” Borten says. “It’s all confidential.”

Certain information is potentially more damaging if it is released without authorization. For example, releasing the names of patients treated at an AIDS clinic reveals a clinical diagnosis, but releasing patient names at a dentist office is rather innocuous, Borten says.

**KISS**

Organizations that haven’t established a media relations department or designated a spokesperson should do so; this measure will help ensure proper management of media inquiries and appropriate responses.

Establish a written policy that requires all media requests to proceed through designated channels and considers any exception to this practice a breach of the policy.

“Follow the KISS (keep it simple, stupid) rule,” says Borten. “Just don’t talk to the media other than to give the name of [the media contact].”

Mistakes are more likely when someone is unsure of the appropriate response, so it’s never wise to permit anyone other than designated staff members to respond to media requests, McCusker says. Organizations that designate a specific department to respond to media requests, such as marketing or PR, are often among the most successful in this regard, she says.

Emphasize to your staff members that this is a serious concern. Organizations respond to breaches differently, but most policies include sanctions that range from verbal to written disciplinary action, as well as suspension and termination.

Creating a list of the various types of media that may request information is a good idea, says Borten.

For example, staff members might not consider bloggers members of the media. The need to reroute them to the media relations department might not be as obvious as the need to refer traditional newspaper and television reporters there.

Include training on handling media requests in your basic orientation and HIPAA training package, and keep it simple, McCusker says.

The goal of your training sessions should be to inform staff members of the organization’s spokesperson and let them know that passing on requests to that person is the only appropriate response to media requests.

The spokesperson, as well as others in the media relations department, should also ensure that certain areas, such as sterile environments and examination rooms, are off-limits to members of the media, McCusker says.

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**Source**

*Health Information Compliance Insider*, September 2008, HCPro, Inc.
Sometimes, it’s all about the journey, not the destination. And in hospitals, the journey a patient takes can be difficult to track. For this reason, focusing on handoff communication is key. And in some facilities, developing a travel ticket for patients can help improve patient safety and handoff communication.

It was this focus that led Hackensack (NJ) University Medical Center to examine its handoff communication and look for a simple way to improve it.

Handoff communication improvement has been the focus of Joint Commission (formerly JCAHO) National Patient Safety Goals for the past two years but remains a challenge for many facilities.

“The Joint Commission didn’t have any kind of paper requirements for this goal, so we took inventory across the organization to see what was in place as far as handoff communication,” says Renee Harvey, MPA, FACHE, accreditation compliance coordinator at Hackensack.

There were certain areas (e.g., the operating room and postanesthesia care unit) that had well-established handoff systems because of the criticality of the patients involved.

“Other areas, where a patient might go from an inpatient unit to CAT scan, for example, the patient would often go with a transport aid without a chart,” Harvey says.

**Implementation**

Hackensack wanted to quickly craft and implement something to improve its handoff communication. Design of the travel ticket took about two months (see “Sample travel ticket” on p. 9).

“The stakeholders met around a table and hammered out the minimum components to make the handoff communication truly effective,” Harvey says. These stakeholders—inpatient nurse directors, outpatient nurse managers, administrative directors, the administrator of patient safety, and the accreditation coordinator—then brought in the education department to create inservices for use of the travel ticket.

First, the facility uses transporters—“the perfect gatekeepers,” Harvey says.

If the trip ticket wasn’t with the patient, the patient didn’t move.

“The process took roughly four to six months to implement,” Harvey says. “We needed to have people buy in and understand the value of using the trip ticket. And we had to have a stopgap, a no-go, in there, and that was the transporter.”

**Challenges and breakdowns**

The biggest breakdown in use of the trip ticket was inpatient units to ancillary areas, such as radiology. One challenge was making the travel ticket part of the chart on initial implementation.

“We realized we didn’t need to keep the travel ticket; it doesn’t need to be part of the chart,” Harvey says. “The transfer form, used in areas where the level of care changes, is part of the chart.”

Working with specific units has led to some changes to the ticket and how it is used, says Harvey. Many of these changes came from gaining a better understanding of the individual needs of the departments and units.

For other facilities interested in implementing a travel ticket process, Harvey recommends monitoring the handoff process for compliance. “We perform audits monthly,” Harvey says. “Several months passed before we achieved a 99% compliance rate. Goal #2E is a ‘C’ scoring goal. It may be valuable to have audit data available.”

**Source**

*Briefings on The Joint Commission*, September 2008, HCPro, Inc.
## Sample travel ticket

### Hackensack University Medical Center

**Handoff Travel Ticket**

*(To be used only for non-procedure type areas)*

<table>
<thead>
<tr>
<th>Nurse sending patient:</th>
<th>Contact number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For Safety Reasons Do Not Keep Waiting</th>
<th>Physical Challenges</th>
<th>Fall Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) No assistance needed</td>
<td>( ) Uses cane or walker</td>
<td>( ) High Risk (orange sticker on band)</td>
</tr>
<tr>
<td>( ) Some assistance needed 1-2 attachments</td>
<td>( ) Visually impaired</td>
<td>( ) Medium Risk</td>
</tr>
<tr>
<td>( ) Max assistance needed: cannot stand, stretcher only, multiple attachments</td>
<td>( ) Hearing impaired</td>
<td>( ) Low Risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Level of Orientation</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) Alert/oriented</td>
</tr>
<tr>
<td>( ) Confused</td>
</tr>
<tr>
<td>( ) Episodes of Dizziness</td>
</tr>
<tr>
<td>( ) Sedated</td>
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<table>
<thead>
<tr>
<th>Primary Language if other than English</th>
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<table>
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<tr>
<th>Code Status</th>
<th>Other critical information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) DNR</td>
<td></td>
</tr>
<tr>
<td>( ) DNI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restraints</th>
<th>Oxygen</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type ________</td>
<td>Mask____ %FIO2 ________ liters/min</td>
<td>Type ________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Latex ________</td>
</tr>
</tbody>
</table>

Return to Unit: ________ Time: ________ Change in condition: No ___ Yes______
If Yes, contact nurse noted above.
Signature ________________

**Note:** This is not a permanent part of the medical record.

Source: Hackensack (NJ) University Medical Center. Reprinted with permission.
Management

Break down the barriers to nursing research

The word “research” can send nurses running. Barriers such as a lack of knowledge on a topic and inadequate time to conduct literature searches can create anxiety and confusion. But with a little effort, nurse managers can help nurses become engaged in research activities.

“It’s about breaking down those barriers and letting nurses know that research can be fun and exciting because of what you learn,” says Wendy Tuzik Micek, PhD, RN, director of professional development and research and the ANCC Magnet Recognition Program® project director at Advocate Christ Medical Center/Hope Children’s Hospital in Oak Lawn, IL.

Micek knows the ins and outs of breaking down research barriers. And with the help of the hospital’s nurse researcher Cheryl Lefaiver, PhD, RN, 336 Advocate Christ nurses were surveyed with The BARRIERS to Research Utilization Scale, which was created in the late 1980s by a team of researchers led by Sandy Funk. Micek and Lefaiver used the survey to examine nurses’ views about nursing research and what they perceive as obstacles to research implementation.

The results provided the foundation for the duo to develop resources that broke down barriers and improved staff involvement in nursing research.

Get the word out

“In looking at the data from the survey results, staff identified their highest research barriers as lack of awareness [regarding resources] on research, insufficient time to read and implement research, and feeling a lack of support to make change,” Micek says.

To remedy these issues, Micek and Lefaiver implemented changes with the help of:

➤ Articles. Every nurse gets a copy of the hospital’s bimonthly newsletter Nursing Now, which features articles related to nursing research.

Lefaiver and Micek have written several articles for the newsletter, including:

- “How to Ask a Researchable Question”
- “Evidence-Based Practice, Research Utilization, and Nursing Research: What’s the Connection?”
- “Nursing Research: Searching for the Evidence”

➤ Education. Staff nurses can attend a class called Contact Hour: Learning the Technique of Research Critique to feel more confident about evaluating research articles. During this class, Micek and Lefaiver take research articles that were featured in the hospital’s newsletter and critique them with staff members.

➤ Orientation. Micek and Lefaiver offer presentations during nursing orientation on the resources staff nurses have available to help make a research project a reality.

➤ Experts. During Nurses Week, Micek brings in nursing research and evidence-based practice experts to speak about what resources are available outside the hospital. “Sometimes, you’re not surfing the Web looking for the most recent handbook on evidence-based practice,” Micek says. “But if we bring it to you, and you can see where some of these chapters might be applicable to your practice, you are much more likely to take a look at it [than if you were] sitting down and saying, ‘I wonder what’s out there.’ ”

➤ Conferences. Staff members attend national conferences to see what other organizations are doing in terms of research projects and what challenges they encountered. “We take what has been successful and implement it at our medical center to make patient care and nursing practice better,” Micek says.

➤ Bulletin boards. A nursing research bulletin board is posted near a busy elevator at the hospital. The bulletin...
helping mentor staff and their projects has definitely been hugely successful.”

**Note:** If your budget doesn’t allow for a full-time nurse researcher, collaborate with a local nursing school’s researcher to meet with staff members at least once per month to guide them on how to critique research articles and facilitate a project.

### Provide ongoing support

Micek has found support from managers, directors, and the CNO as another important piece in improving staff participation in nursing research.

If a staff nurse has a research project or poster that is accepted to a national or local conference, the CNO at Advocate Christ is willing to pay the nurse’s way so he or she can represent the medical center.

Additional support comes from an advanced practice nurse (APN) and a nurse manager within the nursing units. The APN helps facilitate on the unit when a staff nurse has a research project idea by first gauging the nurse’s interest level. Then, the APN will transition the nurse to Lefaiver, so she can conduct one-on-one time with the nurse.

### Gauge success

Micek and Lefaiver gauge their success on breaking down research barriers and improving staff involvement in research by the number of projects staff members conduct.

In 2006, there were seven approved research projects by the IRB and 21 presentations or posters submitted to national and local conferences. In 2007, there were 15 approved IRB submissions and more than 40 presentations and posters submitted.

“Look at what your staff is saying about nursing research barriers and identify support and resource pieces out there that will help staff overcome those barriers,” Micek says.

### Make time for research

To help staff members save time on literature searches, Micek and Lefaiver use:

**Briefs.** Evidence-based practice briefs are literature reviews that a nurse has synthesized on a particular topic, such as falls.

The briefs are posted on the hospital’s nursing research intranet site. Staff members interested in a particular topic can go into the key articles that support that body of work and begin their research project, instead of starting at the beginning of a literature search.

**One-on-one time.** Nurses are able to have one-on-one time with Lefaiver to synthesize literature if the nurse has an idea.

Lefaiver sits down with the staff member to review the project idea and discuss whether it’s a feasible, searchable question.

“Nursing research is one of those things that is difficult to implement into an organization unless you have some dedicated resources that focus on it,” Micek says. “If somebody asked me what would be my No. 1 resource or tool that has really made a difference in our organization, I would say it was our professional nurse researcher. Having a full-time researcher dedicated to board features research abstracts and posters that were completed in-house or accepted for conferences. Micek says this was created to bring research visibility and communication to the facility.

**Reports.** A quarterly research activities report is distributed to all staff members, detailing:

- Research project titles, authors, and the nursing unit or department on which the author works
- Publications that accepted a staff member’s project, the staff member’s name, and the project title
- Projects submitted to the hospital’s institutional review board (IRB) and IRB-approved proposal abstracts that have been submitted to conferences or publications
- Research projects that are taking place during a specific quarter

**Source**

Adapted from HCPro’s Advisor to the ANCC Magnet Recognition Program®, October 2008, HCPro, Inc.
Tip of the month

Empower staff members with stories of success

“No employee decision was greater than each worker’s ability to make the decision—entirely on his own—to halt the production line.”

—Charles Kenney

In his book *The Best Practice: How the New Quality Movement is Transforming Medicine*, Kenney discusses the crisis in healthcare quality and discusses the many accomplishments healthcare providers have made.

In his book, a forward-thinking physician and CEO of a Seattle medical center toured Toyota’s manufacturing plant in Japan and got inspired by lean concept, which focuses on employees doing what matters most for customers and eliminating wasted steps and actions. The physician returned to his facility and used the concept so that staff members could cut unnecessary steps in patient care delivery, thus enhancing healthcare quality.

Constantly showering staff members with new initiatives, regulations, and changes in policy and procedure to improve patient care quality requires us to show them what the big picture looks like, such as:

- Sharing stories of success during team huddles or staff meetings (use Kenney’s book for examples)
- Encouraging and reminding staff members that quality improvement must be an ongoing process
- Looking beyond the world of healthcare for success stories that can be applied to your healthcare setting

Reference


Source

Shelley Cohen, RN, BS, CEN, Health Resources Unlimited, www.hru.net. Adapted with permission.

Web site spotlight

“We have all had our staff come to us because of a special need or request. Perhaps they need a day off for an event or opportunity that could not be planned ahead of time. Maybe their child is ill and needs to be taken to the doctor, or the parent of a staff nurse’s boyfriend dies and it is not covered under the [facility’s] bereavement policy. How do you handle these?”

—Deanna Miller, RN, MSN/Ed, HCE

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Continuing Education Exam

October–December 2008

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Directions:
Fill out your contact information in the space provided.

Complete the exam by circling the letter that corresponds to the correct choice for each question. The questions are based directly on content from the October–December issues of *SNM*, and you may refer to them as you take the exam.

Return all four pages of the exam to us by January 1, 2009. To qualify for three nursing contact hours, you must answer at least 80% of the questions correctly—that’s 24 correct answers out of the 30 questions. Upon successful completion of the exam, we’ll e-mail you a certificate that you may use for display and documentation of three continuing education (CE) credits toward your nursing certification.

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October 2008

1. According to the Centers for Disease Control and Prevention, ________ should be placed at the entrance to outpatient facilities such as emergency departments to educate patients of respiratory etiquette practices.
   a. signs
   b. masks
   c. hand sanitizer
   d. pamphlets

2. Why should healthcare facilities encourage staff members to stay home when they are sick?
   a. To promote more time for respiratory etiquette education
   b. Because staff members might be reluctant to use sick days if they are grouped with vacation days
   c. Because staff members are often the cause of the spread of major illnesses
   d. Because infection rates will drop

3. How can nurse managers improve training efforts to help staff members and patients follow guidelines for proper cough technique and hand hygiene?
   a. Recruit staff members certified in infection control (IC)
   b. Develop scripts for patients’ use
   c. Keep supplies on hand such as tissues, wastebaskets, and alcohol-based hand rubs
   d. Encourage patients to stay home when they are sick

A service of Strategies for Nurse Managers
4. Joan M. Wideman, MS, MT(ASCP) SLS, CIC, says ________ is the most important means of preventing the spread of infectious agents.
   a. hand hygiene
   b. respiratory etiquette stations
   c. scripting
   d. compliance monitoring

5. After instituting punch clocks, the ____________ at Our Lady of Lourdes Regional Medical Center in Lafayette, LA, became 100% compliant for dating and timing physician orders.
   a. ICU
   b. gastroenterology lab
   c. oncology unit
   d. ED

6. In which of the following areas can hospitals implement punch clocks to improve compliance with dating and timing of physician orders?
   a. Operating room
   b. Recovery room
   c. ED
   d. ICU

7. Which issue might Joint Commission surveyors raise regarding the use of punch clocks for dating and timing orders?
   a. Papers being filed before they are punched
   b. Punch clocks malfunctioning
   c. Indecipherable writing
   d. Power outages

8. Jean Chenoweth, senior vice president of performance improvement and 100 Top Programs at Thomson Healthcare, says a __________ is characteristic of nursing structures at top-performing hospitals.
   a. higher percentage of RNs at the bedside and slightly lower percentage of nursing management
   b. lower percentage of RNs at the bedside and higher percentage of nursing management
   c. higher percentage of RNs and a very low percentage of nursing management
   d. lower percentage of RNs and a higher percentage of LPNs

9. Which of the following is a method nurse managers can use to boost their preceptors’ satisfaction?
   a. Throwing a pizza party for their unit
   b. Offering orientees rungs on the clinical ladder
   c. Surveying staff members to determine their wants
   d. Surveying active preceptors to determine their wants

10. Which of the following strategies should facilities use to determine the rewards their preceptors want?
    a. Speak with their orientees
    b. Conduct surveys
    c. Send thank-you notes
    d. Contact preceptor’s family members

November 2008

1. When planning a compliance carnival for hospital staff members, which of the following settings should nurse managers consider choosing?
   a. Public park
   b. Cafeteria
   c. Small meeting room
   d. Patient room

2. Nurse managers can make activity booths for a compliance carnival most effective by ____________.
   a. having each activity booth focus on a variety of messages
   b. having each activity booth focus on one clear message
   c. allowing staff members to consult each other when they are being tested
   d. keeping the activities complex

3. To improve urinary tract infection (UTI) prevention at Memorial Hospital in York, PA, staff members ____________.
   a. were given handouts on UTI prevention methods
   b. attended a mandatory class on how to perform a literature review
   c. adopted a UTI bundle
   d. attended seminars on eliminating UTIs
4. Which of the following themes did Memorial Hospital use when planning a compliance carnival?
   a. Current movies
   b. Politics
   c. Medication errors
   d. Religion

5. How did the performance improvement team address problematic system issues related to catheter use at Memorial Hospital?
   a. Put procedures in place to ensure that patients were fitted with the correct catheter bag upon arrival
   b. Put procedures in place to ensure that patients were fitted with the correct catheter bag within two hours of being admitted
   c. Tested nurses on their abilities to insert catheters
   d. Established that only physicians and LPNs were permitted to insert catheters

6. Mary D. Brandt, MBA, RHIA, CHE, CHPS, says electronic health records tend to be less secure than paper health records because ______________.
   a. they are easier to find and many people access them
   b. computer hackers can easily access patient information
   c. anyone within healthcare facilities can access them
   d. staff members spend the majority of their time on the computer

7. Privacy officers at each of the hospitals at Trinity Health in Novi, MI, ensured constant staff awareness of the need to protect patient privacy by ______________.
   a. posting displays around the facilities
   b. sending monthly reminders via e-mail
   c. training during orientation
   d. training during the job interview process

8. Which corrective action should managers take when a staff member has been snooping through patient records?
   a. Discipline consistently
   b. Evaluate the staff member’s experience
   c. Consult other staff members for their opinions
   d. Terminate the staff member immediately

9. Which of the following techniques can be used to train staff members on cultural competency so they can accurately grasp the healthcare needs and wishes of a cultural group?
   a. Discussing the effects of racism in healthcare
   b. Providing staff members with textbooks based on cultural diversity
   c. Scheduling time with a staff member of a different culture
   d. Exposing staff members to several members of a cultural group

10. When conducting a cultural assessment, which of the following questions does Josepha Campinha-Bacote, PhD, MAR, APRN, BC, CTN, CNS, FAAN, recommend staff members ask to avoid making the patient feel he or she is a barrier to care?
    a. What religion do you practice?
    b. Do you have an English-speaking family member I can talk to?
    c. What kind of treatments do you prefer?
    d. What kind of treatments do you do at home?

   **December 2008**

1. Which of the following methods can facilities use to raise patients’ awareness of the importance of IC practices?
   a. Post signs at the entrance of the facility
   b. Distribute IC pamphlets to nursing staff members
   c. Invite patients to facilitywide educational IC sessions
   d. Ask patients to shadow an IC professional

2. Education materials for patients about IC should ______________.
   a. be as brief as possible
   b. provide only basic information
   c. include the most recent Joint Commission standards
   d. have a varied amount of detail to meet patients’ needs

3. Wendy Tuzik Micek, PhD, RN, says ____________ can help facilities provide staff members one-on-one time for nursing research.
   a. ANCC Magnet Recognition Program® project directors
   b. nurse managers
   c. staff educators
   d. nurse researchers
4. When using the four Rs, which of the following should staff members remember to do when facing Joint Commission surveyors?
   a. Reevaluate
   b. Rephrase
   c. Recall
   d. React

5. Renee Harvey, MPA, FACHE, says ______ affected the implementation of the travel ticket process at Hackensack (NJ) University Medical Center.
   a. getting buy-in
   b. funding
   c. time
   d. patients

6. Harvey says ______ led to changes in the travel ticket and its usage at Hackensack University Medical Center.
   a. staff reluctance to use the original version
   b. staff confusion with the original version
   c. patient complaints
   d. working with specific units

7. A survey conducted among 336 nurses at Advocate Christ Medical Center/ Hope Children’s Hospital in Oak Lawn, IL, revealed that ______ is a barrier to nursing research.
   a. insufficient time to read and implement research
   b. a lack of interest in research projects
   c. poor collaboration between staff members
   d. poor communication between staff members

8. How can nurse managers help staff members save time on nursing literature searches?
   a. Conduct the literature searches and have staff members carry out the rest of the project
   b. Hold mandatory, facilitywide meetings on research barriers
   c. Post evidence-based practice briefs on the hospital’s nursing research intranet site
   d. Hire a professional nurse researcher to meet with staff members once per year

9. The game ______ was used at Kent Hospital in Warwick, RI, to prepare and educate staff members for Joint Commission visits.
   a. Wheel of Fortune
   b. Deal or No Deal
   c. Jeopardy
   d. Bingo

10. How did educators Raymond Thurber, MEd, RN, and Linda Eklof Read, MEd, RN, relay information about important Joint Commission regulatory topics to all staff members at Kent Hospital?
   a. Developed and distributed a small educational booklet
   b. Sent out daily e-mails
   c. Conducted monthly conferences
   d. Quizzed staff members weekly

Evaluation

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2. Was the format of this CE activity easy to use? _______________________________________________________________

3. Did we avoid commercial bias in the presentation of our content? _________________________________________________

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