Legal matters

Teach staff defensive documentation to foil lawsuits, curb citations

One of your nurses gives care to a patient on your unit, but is busy and decides to leave the documentation for another day. You’ve heard the horror stories: Patients’ medical records are pored over by family members, lawyers, or surveyors who find a suspiciously whited-out entry, a conspicuously late entry, or no entry where one was obviously required.

Though these cases are not the norm, even a good facility can get into trouble because staff members don’t know how to document defensively.

According to Susan Kayser, Esq., a partner with the law firm Duane Morris LLP in New York City, defensive documentation is thoroughly documenting the circumstances surrounding a patient issue. “It’s documentation that’s undertaken with the sensitivity that individuals on the outside may be reviewing the records looking for fault at a later date.”

Give a good lesson
One tricky thing about defensive documentation: Staff won’t always know what charting is going to go under the microscope in the future. It’s easy to recognize a significant change in a patient and carefully chart assessment and follow-up.

“But frequently in routine matters, documentation can be missing—or sketchy,” says Kayser.

She recommends more documentation—as long as it’s appropriate—for special instances. “I advise my clients to beef up, documentation-wise,” she says. Kayser advises facility leaders to take a firm stance when teaching staff about the do’s and don’ts of defensive

Legal matters
Legal matters

Documentation

By Carol Rolf, Esq.

Documentation. “You’ve got to ensure, through the inservice process and during orientation, that standard charting protocol—especially in nursing notes—is strictly adhered to,” she says.

Complex issues require special attention
As a nursing executive, however, you know that documentation is not always a black-and-white issue. Sometimes you run across cases where staff didn’t chart as well as they should have or left unclear notes. In these cases, you can use late entries and addenda, says Rolf. But use them sparingly.

Training staff on when to use these methods is crucial, Kayser says. Staff members may have the best of intentions when they try to fix a mistake in a record, she says. But your staff should always abide by a standard protocol for correcting records.

• For late entries. Employees make late entries when information surfaces that wasn’t available at the time of the original entry—or a staff member later remembered to document something that happened earlier.

Here are Rolf’s other pointers about using late entries:
- Use them sparingly for omissions
- Identify the late entry as a “late entry”
- Enter the date and time when entered
- Identify the date and incident about which the late entry is written
- Do not use late entries as a way to clarify the initial entry or contradict it

• For addenda. In addenda, you can clarify earlier entries that are missing information, says Rolf. Her tips for addenda to charting are as follows:
- Use them sparingly to clarify existing documentation
- State the reason for the addendum
- Document the date and time
- Write the addendum as soon as possible after the original entry

Documentation do’s and don’ts
Learn from others’ mistakes to keep records within the law

There are four misdeeds that will immediately draw the attention of a plaintiff’s attorney or a surveyor when it comes to documentation, according to Carol Rolf, Esq., president of the law firm Rolf and Goffman in Cleveland. You should be aware of the following in your records:

1. Conflicting documentation. This can occur between different shifts or different disciplines—and will stand out like a sore thumb to anyone reviewing the patient’s medical records.

2. Falsification of documentation. Though this red flag occurs least often, falsification will get your facility into the worst trouble. “Once it’s discovered that your records are falsified, you pretty much lose your case,” says Rolf.

3. Evidence of pre- or post-signing of documentation. If documentation is not signed at the time the entry is made, it can appear as though the caregiver had misgivings about what to document. This is also going to look bad to a surveyor, family member, or lawyer looking to bring a case against your facility.

4. Lack of documentation by the caregiver. Rolf sees this mistake most commonly in her practice. Any interventions or treatments embarked on will be for naught if they’re not noted in the record somewhere.

Managing right

When managers make mistakes
How to handle mishaps on the unit

Do you think that you made a mistake? Good for you! This means you’re actually trying to improve things. Some processes will work and others won’t, but if you never try, how will you know? Should you find yourself involved in the middle of a mistake at your facility, consult the following tips from Leona Mathews of the Coaches Training Institute based in San Rafael, CA:

✔ Acknowledge the mistake.
✔ Remember that you can always learn something from every mistake.
✔ Apologize.
✔ Let the person(s) involved in the error (if there is one) know that you heard and listened to what he or she had to say.
✔ Ask questions. Why did this happen? How did this happen? What can be done to prevent this from happening again?
✔ Communicate your solution with staff.

As a leader, it’s important that you create an environment where staff members know that even their manager can make a mistake. Show your nurses how to follow up on an error by resolving and bringing closure to mishaps.

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2002 Shelley Cohen RN, BS, CEN, www.hru.net.

Training

Ten steps for successful training

In her new book, author Julia Hopp, MS, RN, CNAA, outlines 10 steps that nursing leaders can take to successful staff training. “These 10 steps should assist you in making your training more organized, interesting for all staff, and fun,” Hopp writes.

She suggests staff trainers use the following checklist when planning an inservice session to make sure that they don’t miss an important step:

1. Plan ahead. Nurses will not remain attentive during a poorly organized meeting with little direction. Take the time to prepare handouts, or purchase training booklets if applicable.
2. Get your supervisor’s approval.
3. Choose a convenient time and place.
4. Advertise. Make sure all staff members are well aware of the training. Send reminder e-mails and post a notice in the break room.
5. Present relevant information targeted to your audience. Do not take up nurses’ time with information that does not directly apply to their job.
6. Plan fun activities. Games and interactive activities that allow nurses to move around the room will help staff to retain information.
7. Keep to your schedule. Staff will appreciate prompt starting and ending times.
8. Allow time for questions. Build this time into your session. Do not let time run over.
9. Gather feedback from your staff. Employees will be pleased to know that you value their comments and that their input can help to shape future trainings.
10. Use the evaluation results to plan your next session.

Adapted from: Long-Term Care Training Made Easy by Julia Hopp, MS, RN, CNAA, www.hcpro.com.
Nursing in the news

New law may help to recruit and retain staff

Nursing executives exhausted from efforts to fill nursing shifts may find some solace in a new law. President Bush signed the Nurse Reinvestment Act into law early August. Administrators hope the law will make nursing more attractive to new recruits and help to solve the current staffing shortage. The act will

* fund scholarships and student loan repayment for nurses who promise to work in facilities with critical shortages, according to the Associated Press
* authorize grants to help nursing schools provide geriatric care training
* provide loans and possible loan cancellation to nurses in advanced degree programs who agree to become faculty
* expand basic nurse training programs to provide grants that will establish career ladder programs

The new law also allocates funds to health care facilities to improve staff management. Organizations will use this financial assistance to increase nurse participation in organizational and clinical decision-making. Administrators hope this effort will improve patient care and nurse retention. To read the full text of the bill, go to [http://thomas.loc.gov/](http://thomas.loc.gov/) and search for bill number S. 1864.CPS.

Federal regulations

Stay mindful of white board information

Your unit’s white board lists patients’ names, room numbers, and their physicians—but not the diagnoses. Passersby can easily catch a glimpse of this information. As a manager you must be fully aware of potential infractions of the Joint Commission on Accreditation of Healthcare Organization’s (JCAHO) privacy regulations. Do these boards violate patient privacy?

Commission standards on patient privacy do not prohibit the use of white or grease boards with patient-related information in public areas, says JCAHO spokesperson Mark Forstneger. “What would be problematic is if these boards contained information that links a patient’s name with a diagnosis or gave specific clinical information,” he says.

Surveyors need good reasons

Surveyors will view signs and posted information throughout the hospital during unit tours. If privacy questions arise during these tours, surveyors will ask staff members to describe the decision-making process used to support questionable signs or posted patient information, Forstneger adds. Facility leaders should check the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations on privacy requirements at HCPro’s HIPAA Web site, [www.hipaapro.com](http://www.hipaapro.com), and ensure that their staff members are up to date on the most recent developments.

Respect patient requests

If patients do not want their names posted, you should respect that wish for privacy. Some hospitals use just initials or a patient’s first name with the last initial as an alternative. Surveyors may ask the rationale for using the patient’s full name, and will usually accept any good reason.

Adapted from: *Briefings on JCAHO*, [www.hcpro.com](http://www.hcpro.com).

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*Nurse recruitment and retention*

How do you recruit and retain staff at your facility? **Strategies for Nurse Managers** wants to know about your creative recruitment and retention strategies. Send us a tip and if we use your tip, we'll send you a $50 prize.

E-mail Associate Editor Debbie Blumberg at dblumberg@hcpro.com or call 781/639-1872, ext. 3425 with your strategy.
Preceptors raise retention, promote staff education

By Nancy Lauritzen, RN, BSN

At CGH Medical Center in Sterling, IL, we attempt to meet our nursing staff needs by recruiting new nurses, and perhaps more important, by retaining current staff. Our preceptors are an important part of this effort.

Preceptors at CGH Medical Center are outstanding individuals. I see them as colleagues who learn and work together to provide an exceptional nursing orientation program and continuing education for the patient services staff. The key to our success is that we utilize each preceptor’s unique expertise and knowledge to educate and offer feedback to resolve professional issues. As the preceptor tracks staff competence and prepares summations for reports, the nurse manager sees his or her workload drop.

**Helping to orient and educate employees.** Preceptors are important to staff retention and continuing education. They are the unit role models and integrate new staff into their role responsibilities. Along with the nurse educator, preceptors evaluate new employees, validate and document their competency, and link new staff members with a preceptor or buddy during unit orientation. The manager then reviews and signs off on the checklist or competency record.

During orientation, preceptors keep managers in the loop by discussing each new staff member’s development with the nurse manager. Preceptors also organize unit education and track staff competence. New nurses can learn through self-study modules, skills lab, direct observation, department meetings, inservices, or one-on-one education.

**Program’s success has spread.** Our facility’s program has been up and running for 10 years. Preceptor qualifications include two years of clinical experience [preferred], superior clinical competence, problem-solving ability, and sensitivity to the learning needs and learning styles of others. Nurse managers choose from one to six preceptors per patient care unit, as dictated by need. As a result of the program’s success, allied health units such as respiratory care, pre-hospital, physician’s office, home nursing, skilled care, surgery, postanesthesia, and 62-NURSE, a 24-hour “dial-a-nurse” service for the community, have also designated preceptors.

Success rests on competent preceptors and on support from within the system.

A yearly training workshop educates new preceptors and refreshes current ones. Managers join preceptors for a portion of the workshop to emphasize the importance of communication and teamwork, two essential components to maintaining a successful program. If a new preceptor is appointed during the year, then as the nurse educator, I offer a condensed orientation to coach the newly appointed preceptor.

**Flexible scheduling provides for involved preceptors.** Managers arrange the preceptors’ schedule to allow for educational hours, and a monthly preceptor meeting that addresses educational needs of orientees and existing staff. As the nurse educator, I coordinate the meetings. Attendees introduce and discuss new policies and procedures, equipment, com-

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Preceptors help to retain new grads and experienced staff members

Preceptors meet the needs of the new employee and current employees by doing the following:

- Assessing learning needs
- Planning and implementing interventions to meet identified learning needs
- Evaluating the success of the learning plan as demonstrated by performance
- Communicating to manager and staff
Retention

Preceptors

Retention competencies, forms, updates, and any other pertinent information at the monthly meeting. Preceptors, in turn, share this new information with the individual units to facilitate and ultimately improve patient care.

Last year, CGH held a preceptor recognition day with a “spring break” theme. This event came at an opportune time, as our staff had been working overtime. A variety of events helped staff members feel good about themselves and relax. The day was a huge success and morale booster and included massage therapists, drug reps with gifts, aromatherapy, homemade food, hand waxing, flowers, music, and gifts for all.

The preceptor program is crucial to retention of new and existing staff. Managers appreciate skilled preceptors because they help to foster competent and long-term satisfied staff. A preceptor program resembles a supportive family structure with manager input and support. At CGH, staff members observe and learn from the preceptor role model. A preceptor program is a win-win for all involved.

Hot tip: Tame your tension with 15 simple stress solutions

Too much stress can negatively affect your performance both on and off the job. Janet Fontana, RN, MA, principle of Spectrum LifeWorks, in Wrentham, MA, offers the following quick tips to help decrease stress levels and improve your mood:

- Visualize a good outcome to a situation that’s worrying you
- Ask a relative to take your kids overnight
- Give yourself 15 extra minutes to get to places on time
- Leave your work at work
- Spend time with people who make you feel good
- Give yourself permission to take a break
- Let go and have fun
- Send a letter to a long-lost friend
- Take your child out for breakfast
- Write a list of positive words to read to yourself
- Ask yourself, “When I’m 80 will today’s problem still matter?”
- Spend at least 15 minutes outside each day
- Take a deep breath before answering the phone
- Do nothing for at least 10 minutes every day
- Celebrate your achievements

“...and that’s what caused my stress event, Cathy. Thanks for listening. I feel so relieved.”
Working together

Hospitals strengthen mentoring programs to support recruitment and retention

Part two in a two-part series on mentoring

By Patricia A. Duclos-Miller, MS, RN, CNA

To develop future nurse leaders, we must share our experience and skills with those entering our profession. Being a mentor is a gift of time, patience, and skill. See how the following two Connecticut hospitals have crafted their mentoring programs to ensure a successful orientation of new nurses:

Hartford Hospital preceptors empower orientees

Nursing administrators at Hartford Hospital identified the need for a mentorship program in 2000. They determined that the lack of mentoring promoted high staff turnover. Following orientation, a focus group composed of new orientees also said new nurses needed more support.

Preceptors facilitate, guide, counsel, and advocate. They foster an environment that encourages trust, respect, openness, values, and diversity. They also empower orientees to direct their own learning and participate actively in the learning process. As part of that process, the preceptor places the orientee’s learning as a priority over unit needs.

Appropriate assignments demonstrate peer and unit support for the orientee’s learning needs and goals. To foster critical thinking skills in their orientees, preceptors use case scenarios, the “what if” approach, and perform mock patient situations.

At Middlesex, socialization is key

In Middletown, Middlesex Memorial Hospital’s preceptorship program lasts one year and is based on research and understanding of the importance of a nurse’s socialization into his or her new role. The socialization process is as important as the assimilation of nursing skills. Middlesex does not consider the new graduate to be a part of the staffing pattern for the nurse’s first four months at the facility. Instead, the preceptor and new graduate share the preceptor’s assignment and focus on role socialization. The preceptor assists the new nurse in his or her new role through support and understanding.

After the initial four months, the new graduate transitions to the assigned unit. The relationship continues as the preceptor meets with the new graduate once a week to discuss skill development and lend support.

One full-time master’s-prepared nurse dedicates himself or herself to working with preceptors and new graduates.

Benefits of this model include the following:

• Promotes expert-level nurses
• Assists in the retention of expert-level nurses
• Promotes recognition and special status for the preceptor/mentor
• Increases new graduate recruitment and retention

As managers, we must work to create strong mentoring programs now to prepare nursing for the future.

—Fellowship for PhDs—

The Pfizer Postdoctoral Fellowship in Nursing Research offers two grants of $65,000 per year for two years to registered nurses interested in research on health outcomes and who earned a doctoral degree after 1997. Research may address clinical measurement of health status, quality of life, cost effectiveness, and other health implications of any given intervention or policy. The application deadline is December 2, 2002. For more information, go to www.physicianscientist.com.
Beating the nursing shortage

Highlighting department strengths raises staff morale, helps attract and retain nurses

Work on recruitment, staff morale, and retention by challenging staff to identify the top five reasons that someone would want to work in your department or facility. By composing such a list, your employees will remember the positive aspects of their job. Staff members who can identify what they enjoy about their work can also attract potential recruits. Help your nurses get started on the list by recognizing their clinical skills. Try the following to begin the process for them:

**Smith Hospital Med/Surg—The top five reasons to join our team**

1. We deliver excellence in our patient care by maintaining clinically current and competent staff

Now challenge staff to complete items 2 through 5. Post your reasons on a bulletin board in a location where staff can see each other’s comments. When complete, type the responses and circulate them.

**Smith Hospital Med/Surg—The top five reasons to join our team**

1. You could work nights with Sarah, who always bakes cakes for the weekend crew
2. You can watch five nurses go into acidosis from a low-carb diet

Remember always to allow room for appropriate levity. “Laughter is inner jogging: 100 good belly laughs are the cardiovascular equivalent of 10 minutes of rowing.”

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2002 Shelley Cohen, RN, BS, CEN, www.hru.net.

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**Strategies for Nurse Managers**

Save the date!


Experienced professionals from the country’s leading hospitals, health care facilities, and consulting groups will address such issues as increasing nurse satisfaction and eliminating turnover. Program topics include

- strategies for achieving nurse development and job satisfaction at Fox Chase Cancer Center
- creating effective nursing school/hospital partnerships to boost recruitment results

For more program information, go to www.worldrg.com/hw266 or call 800/647-7600.

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**Strategies for Nurse Managers**

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"Strategies and Solutions for Recruiting, Retaining, Training, and Motivating Nursing Staff" from October 28-29, 2002, at the Sheraton Safari Hotel in Orlando, FL.

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‘Vaporize the rub’: The 30-, 60-, 90-day rule

By Betty Noyes, MA, RN

What do you really wish you could “vaporize” in your work area? I call any troublesome workplace problem or outdated policy a “rub.” You can vaporize your “rub” within 90 days if you put your mind to it.

The 30-, 60-, 90-day rule
I believe that formulating the definition and full scope of the problem should take only 30 days. By the 60th day you should have organized supporters and the approval required to initiate change. Your change should be well under way by day 90. Think of the following steps in relation to your problem:

• **Define the problem.** If an issue rubs you, it probably rubs your staff as well. At the next staff meeting discuss your irritant with employees. Ask nurses to describe how that irritant could become a problem, and about their own rubs.

• **Establish your first measure of success.** Pose the following question: “We would know that we had vaporized the rub if ______.” Be sure that you can measure your question. Don’t succumb to the temptation of global statements. Measures for success should include improved outcomes in categories such clinical, financial, and patient satisfaction.

You have now passed the 30-day marker. Make sure you’re headed in the right direction. Ask colleagues for support. Post your goals and measures for success on your bulletin board. This is the beginning of your storyboard. The Joint Commission on Accreditation of Healthcare Organizations will love this too.

• **Identify possible solutions.** You’ll have to make a choice here. To improve a flawed system, many people would draw a flow chart of the system to map out all dysfunctions. But if you know how things will look without the dysfunction, go for the vision now.

• **Think outside of your department.** Any significant change will typically involve at least three other people. This will probably include members of other departments. Bring those departments’ stakeholders in early.

**Day 60:** Decide whether you want to scale down your project. Start to make the change. You won’t know whether you are on the right track unless you start to make the change, however.

**Day 90:** Time to put your plan into operation, and eliminate your rub. You’ll need to give people, places, and processes at least 30 days, but no more than three months, to adapt to the plan. Look at your measures of success. Do not expect 100%. Take pride in any change, and keep asking what is working or not working, and why.

Editor’s note: Noyes is president of Noyes & Associates, Ltd., a Bainbridge Island, WA, health care consulting firm.

*Strategies’ survey winner recognizes her RNs*

Thank you to everyone who participated in our recent reader survey. Your input is invaluable to us. Congratulations to *Strategies for Nurse Managers* 2002 survey drawing winner Patrice Wilson, RN, MSN, MA, MP! A nurse manager on the inpatient psych unit at Valley Hospital in Ridgewood, NJ, Wilson has won $200 for her participation in this year’s reader survey.

At Valley, says Wilson, leaders work to recognize and reward superior staff members. Each week Wilson acknowledges one employee for good service by writing a note of thanks to the individual. Managers also recognize employees with “be the key” rewards, or slips of paper that recognize employees’ commitment to service by stating, “The key to excellence is you.” When nurses have collected three slips, they can redeem these in HR for gift certificates to area stores.
Recruitment

A name change for ‘nursing’?
Men say more males would enter the field but for the name

Take a look at your staff. Chances are you have few, if any, men working as nurses on your unit. According to the latest statistics, men represent a mere 5.7% of the nursing work force. They also represent a large pool of potential recruits.

"Men are not encouraged to go into nursing," says Frank Heasley, PhD, president and CEO, MedZilla, a leading Internet recruitment and professional community that targets jobseekers and human resources professionals in biotechnology, pharmaceuticals, health care and science.

Heasley says the nursing profession will have to shift paradigms to attract men. "I think it's going to require a sea of change, starting with a new name and image," says Heasley. "I don’t think men in particular enjoy being called nurses. It carries a very strong gender stereotype in our society. Perhaps nurses should be called 'medics.' The fact is, that is what they do [work similar to that of medics] and the change of title could be positive for both men and women." Many nurses may strongly oppose such a change, however. Analysts cite the opposition shown when employers sought to change the "secretary" title to "administrative assistant."

Thirty-five-year nursing veteran Eddie Hebert, RN, BSN, never thought he would agree to a new name for his career. Hebert now says the word “nurse” does carry a stigma. “I think if they would change that word to something that would not have that feminine connotation to it, it probably would lend itself to more men coming into the profession,” he says. “But the nursing community has to want to change.”

Add men to ads. Hebert, a director of nursing at a Louisiana hospital and secretary for the American Assembly for Men in Nursing, says there is not enough advertising that successfully projects the image of men in nursing. Chad Ellis, RN, a teacher at Montana State University and floor nurse at a hospital in Missoula, wonders why ads are not located in spots where men are likely to notice them.

“My feeling is that marketing to men is an easy thing to do. Beer companies do it. For one reason or another, the profession has chosen not to do it," he says.

“If you’re going to reach an audience of men, you have to go where men are." Ellis recommends showing ads at nationally televised baseball games, during other sporting events, or even during his local Montana rodeo. "Here in Montana, we have a lot of rodeos through the summer. When I go to the rodeo, I see a lot of ads for products, such as chewing tobacco and recruitment ads for fire fighters and the military. I wonder why there aren’t any ads for nurses.”

Promote the benefits. Hebert suggests highlighting the benefits of nursing to men. “What about promoting the various challenging aspects of nursing,” he says, “such as working in the emergency department or in a trauma unit, with high technology? Not enough men know about nursing’s career potential,” he says.


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New nurse managers face a number of challenges transitioning into their new role, including developing relationships with staff built on respect, not on friendliness. New managers also have to remember to be themselves.

Avoid the trap of “wanting to be liked.” Many new managers will tire themselves out by running to solve problems for their nurses. These new leaders hope that staff members will then like them more. Some managers will also hold back in making requests to employees because they feel that workers will not like them, or will like them more if they take care of tasks themselves.

This management style poses dangers, because trusting relationships thrive on respect, not friendship. New nurse managers may easily fall into this style, though, because we all want others to like us. If you base your relationships with staff members on friendship, however, you will have a hard time resolving conflict when staff members’ priorities do not agree with your own. The key to leadership is respect. Once you develop respect, your nurses will like you as well.

Don’t lose your sense of self. As you gradually ease into your role as a manager, you will come across information about management styles and developing your own image. Don’t let the title and position go to your head or change to fit who you think others want you to be; always be yourself.

Some new managers stop telling jokes, even though they are well known for their humor in tough situations. Many of these leaders feel that their new role requires a more serious approach and rarely crack a smile. Others who were relaxed and flexible in their prior position may lose themselves in the authority of their new role and rule the unit with an iron fist.

In both situations, stay true to yourself. Your personality is your best asset and most probably also the reason why you were promoted to a leadership role.

New nurse manager

How to head off HIPAA violations

**Problem:** Staff members just completed a series of Health Insurance Portability and Accountability Act of 1996 (HIPAA) training sessions, yet one of your nurses continues to leave the records system open, remaining logged on at the nurses’ station computer at the end of her shift. Although this move may save time during shift changes for staff members who need to retrieve records, according to HIPAA regulations, it’s also a serious violation.

**Solution:** Although this practice may seem to be a timesaver, it is actually equivalent to sharing a password. Remind your nurses that when others are allowed to access the system under their password, there can be no way to audit who sees records when. Spell it out to staff that they should never stay logged on to the system beyond the end of their shift. Ideally, nurses shouldn’t leave the system open when they leave the station for any reason.

For some employees, important information from training sessions may go in one ear and out the other. Nurses are bombarded with information. It’s your job to help staff members weed through the information overload and pull out the most important points. Try the following:

- Post a HIPAA question of the week on your unit’s bulletin board, and award a small prize to the first nurse who can correctly answer the question.
- Help to make training sessions more interactive, instead of instruction-based. By working through real-life scenarios, important points will stick with staff.
- Make sure staff members understand the consequences of privacy violations. Highlight penalties during training. Say, “If you do this, the hospital will be fined $X, and you may lose your nursing license.”

Silence can spoil patient safety
Nurses must speak up about unsafe situations

While working on the same shift as a more experienced nurse, you notice that your coworker has made a mistake. Over dinner that same day, your colleague from across town expresses concerns to you about the competency of a new graduate on her unit. You both feel uncomfortable approaching your coworkers, yet want the best possible care for the patients in your facilities. Are you obligated to speak up? Nurse consulting experts say yes. See how you can work with your manager to ensure the best possible patient care.

Please note: The following advice applies whether the worker delivering questionable care is a doctor, nurse, or another caregiver.

RNs responsible for their peers
Nurses are responsible for what they observe or know about the practice of their peers. Although a registered nurse (RN) has no legal responsibility for his or her fellow RN, nursing professionals do have a responsibility to their patients to foster safe, quality care. “The staff nurse has an ethical obligation to act on a concern, and not turn her back on a situation that’s making her uncomfortable,” says Pat Iyer, RN, MSN, LNCC, president of Med League support services, a Flemington, NJ–based legal nursing consulting company.

For an RN simply working the same shift as a fellow nurse who causes an error, legal repercussions are unlikely, says Iyer. “If Nurse A was just working on the same shift with Nurse B when a mistake was made, Nurse A does not necessarily have any liability,” she says. “But if Nurse A and Nurse B together were involved in the incident that caused the injury, then they both have potential liability.”

For an RN who delegates a task to a licensed practical nurse (LPN), things become a bit more complicated says Ruth Hansten, RN, PhD, MBA, FACHE, principal of Hansten Healthcare Consulting of Port Ludlow, WA. RNs should only delegate tasks to LPNs that are within that employee’s scope of practice—this varies by state she says. State regulations usually list that LPNs must be under the direction and supervision of an RN, MD, dentist, or advanced nurse practitioner. In acute care settings, LPNs cannot function without the supervision of an RN. This means that the RN must give initial direction, periodically inspect the task, and provide feedback to the LPN.

The RN is responsible for delegating and supervising the LPN. He or she must also evaluate the care given, says Hansten. LPNs are accountable to perform their duties under the scope of their...
license. If an RN delegates a task to an LPN, and that LPN then commits an error, the RN must follow up on the mistake. If not, he or she could face potential repercussions for failing to appropriately supervise the LPN.

Experienced nurses and new graduates can make mistakes. More experienced professionals may unintentionally fall into the habit of performing a skill incorrectly if no one ever corrects them. Conversely, the most thorough orientation may still not be enough for a new employee who struggles with a certain task; everyone learns at a different pace. New nurses want to perform well, though, and may have trouble admitting difficulty with certain aspects of the job.

To address an unsafe situation, immediately approach your manager with your worries, says Marie E. Smith, RN, CNOR, CLNC, of 1st NorthEast Legal Nurse Consultants, Inc. Do not hesitate in contacting your supervisor—he or she will appreciate your openness, and knows your intent is to better the unit, not to tattle on a coworker.

Iyer says managers depend on their more veteran staff members to notice new nurses who may need a little extra help. “[Nurse managers] rely on a good relationship with the experienced nurses on their unit to point out their concerns about a new person.” Rapport between the manager and the staff can help both of them spot unsafe workers quickly. On the other hand, says Smith, when faced with a task with which they are not yet comfortable, new graduates must also feel free to say, “I’m a new grad. I’m not comfortable in this position at this point, I’m not comfortable doing this.”

A supportive staff can help nurses to question mistakes Nurses must also stay aware of potential physician errors, help to create a climate in which it’s perfectly fine to question orders that seem incorrect, and build a strong support system, says Iyer.

“There are experienced physicians who are sleep deprived who write orders for wrong medications. And if the nurse doesn’t question that order, it will be administered.” Sometimes, says Iyer, physicians may have trouble listening to criticism. “There is a very small minority of them who get irate if their judgment is questioned,” she says. It is in everyone’s best interest for these individuals to be identified early on so that the unsafe physician can get the appropriate help.

In order to support patient safety and stay on the right side of the law, nurses must speak up. “The nurse is the safety net for the patient, and the nurse has to question. I can’t stress that enough,” says Iyer. She recommends that managers and staff members work together using the following strategies:

• **Gain support as a group.** During the unit meeting, give all staff members the chance to discuss how they feel when a physician writes an incorrect order.

• **Brainstorm.** Go over what approaches have been successful in the past, and what approaches have caused more harm than good.

• **Come to a consensus.** Decide as a group how to handle sticky situations with physicians, and have all nurses follow the plan.

• **If all else fails.** If your team continues to have difficulties, discuss taking the unit’s concerns to the department chair or risk manager. These individuals can often help the physician learn to accept questioning.

The most important strategy to remember in difficult situations, say both Iyer and Smith, is to openly discuss any situation that makes you uneasy. Says Iyer, “I think the experienced nurse has to remember that we are patient advocates, and it’s our job to protect the patient. That’s the premier goal, and if somebody is doing something that puts the patient in jeopardy, whoever that person is, it needs to be carried up through the chain of command.”- –
What is ‘reasonable’ in front of roommates?
Learn how to protect patient privacy on a crowded unit

You’ve just finished a refresher course on the Health Insurance Portability and Accountability Act of 1996 (HIPAA), with an emphasis on the act's privacy regulations. As you head back to the unit, you have HIPAA on the brain. You enter Mrs. Jones’s double room to talk with her about treatment, and it suddenly hits you—how can you ensure patient privacy in a double room, especially when speaking with a patient who’s hard of hearing?

“You can only do what is reasonable and in the best interest of the patient,” says Shelley Cohen, RN, BS, CEN, president of Health Resources Unlimited, a Springfield, TN–based health care consulting company. And that’s just what the privacy rule states.

According to the Department of Health and Human Services, “the privacy rule requires a covered entity to make reasonable efforts to limit use, disclosure of, and requests for protected health information to the minimum necessary to accomplish the intended purpose.” Experts say each facility is responsible for determining what exactly “reasonable” means. Consider the following scenarios:

Room 124: Mr. Porter awaits the results of an HIV test. He shares the room with Michael, a teenage boy whose family visits as often as possible.

Is it reasonable to discuss Mr. Porter’s HIV test results with Michael and his family members in the room at the time of the discussion? No, says Cohen, it is not. In this situation the nurse would be expected to advocate for the patient and provide an appropriate alternative. Try the following to help ensure Mr. Porter’s privacy:

• If he can use a wheelchair, arrange for assistance in moving Mr. Porter, and transport him to a private exam or screening room for the discussion.
• If Michael can walk, ask his family members to take a short walk with him, perhaps to your facility’s gift shop. If he is alone, ask him to sit in a visitor’s area for a few minutes while you and Mr. Porter discuss the HIV test results.

Room 212: Ms. Rodgers has a change in her treatment plan. She shares her room with Mrs. Anthony, a talkative elderly woman.

Is it reasonable to discuss a plan to increase Ms. Rodger’s fluid intake while Mrs. Anthony listens in? Cohen says yes. “Certainly, with the understanding that when you are in a room with another patient it is reasonable to assume that some of your medical information may be overheard by the other patient, or even their visitors,” she says.

Editor’s note: For more information on HIPAA, and to download related rules and regulations, go to www.hipaapro.com.

Remember the rules
Increase patient safety and satisfaction with a regulation review

You may not always see the rationale behind certain rules and regulations. That makes it easy to unintentionally fall into bad habits. When you understand the reasoning behind requirements, however, you will have an easier time complying. The following scenarios show important practices for nurses:

Keep snacks clear of patient care areas
On the way to your next patient you take a spin by the break room to pick up your afternoon fuel—a plastic baggie full of grapes and a granola bar. In your unit’s patient care area, you check twice before sneaking a few bites. You wonder why administrators frown on this habit. A little snack is no big deal, right? Wrong.

Of course your manager wants you to be well-nourished for your shift, but he or she also has to
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Rules

worry about safety on the unit, as do you. “Any eating would be dangerous in a patient care area,” says Ruth Hansten, RN, PhD, MBA, FA, CHE, principal of Hansten Healthcare Consulting of Port Ludlow, WA. Think about these top health risks from Hansten the next time you’re tempted to take a snack onto the floor:

• Though specimens are bagged, staff members may mistake them for something to ingest. These samples could also potentially break onto food items.
• Food or drink can stain nearby charts, rendering them illegible.
• Spills on or near computers or other electronic equipment could ruin these systems.
• Food from home as well as nurses’ body fluids from their mouths and hands may contaminate the area.

If you are feeling pressured to sneak a snack on the unit because of time constraints, talk to your manager about your concern. Consider combining your food with a short break, or even a quick walk outside. This may be the perfect opportunity to find time for a well-earned break.

Specimen delay can increase length of stay
After collecting a urine specimen from a patient, you’re sidetracked and set the specimen down to deliver it when you have more time. A delay won’t make a huge difference, you tell yourself. Experts say otherwise, explaining that such delays could potentially turn a three-day stay into a 10-day stay. “It could take days to find out that the specimen was not being processed in the lab, i.e., for an acid fast bacilli smear,” says Hansten, “and then the patient would have to give another sputum spec.”

Jan Stralow, RN, MSHSA, director of nursing at Tallahassee Memorial Healthcare says a delay may mean “the patient is not on the correct antibiotic, which has the potential for changing the whole course of the therapy and the patient’s response.” Stay sensitive to these concerns and work with your team and manager to help eliminate such delays. Perhaps your unit can create a more efficient system to stop increases in length of stay.

Don’t forget to document the obvious
Your cardiac patient will be heading home on Friday. You give the patient her cardiac booklet on Tuesday. Minutes later, you’re distracted by another patient’s needs, and forget to note in her chart that she received her booklet.

At discharge, you ask whether she has any questions and reinforce the information. The fact that you gave her the booklet, however, has still not made the chart.

If a surveyor from the Joint Commission on Accreditation of Healthcare Organizations were to notice this oversight, says Judy Hayes, RN, MSN, director of professional practice, quality and staff development at Boston’s Brigham and Women’s Hospital, he or she would say the patient failed to receive any patient education. “If it’s not documented, then it didn’t happen,” says Hayes.

Nurses can sometimes have trouble remembering to document tasks that they complete on a regular basis, such as education, unless they have a checklist, says Hayes. “And I think that’s where some organizations better than others have developed the best tools for that.”

Talk with your manager and your fellow nurses about your facility’s documentation system. What works, what could be improved? Brainstorm ideas for creating systems and tools that match your work flow. In the meantime, be conscious of how and when you document, and make sure to cover all your bases.

—Strategies for Today’s Nurse—

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