Insider . . .

Service recovery program results in high customer satisfaction

When health care executive Jeff Doucette, RN, MS, CEN, CHE, CNAA, injured his back this past year, he wound up in the operating room. A nursing professional with more than 15 years of both bedside and managerial experience, Doucette says this was the first time he was truly able to understand patients’ needs.

“When people come to your organization, they have certain baseline expectations,” says Doucette, executive director of patient care and customer service at Lee Memorial Health System in Fort Myers, FL. “These include timeliness, no defects, and good service, all of which really result in no cost for the facility.” Doucette says hospitals should strive for excellent customer service.

As patients increasingly become health care consumers, hospitals must do all they can to build loyalty with those they serve, since those unsatisfied with their experience at one facility will shop around for another. Doucette says that patients should leave an organization eager to tell others about the positive experience. “The service component drives patient loyalty. Nothing will discourage your customer more than an inconsistency in service,” he says.

Service recovery

In the spirit of customer service, Doucette and his colleagues use a service recovery program to show customers they care. Starting from their first day of work, employees can spend up to $250 of the organization’s money without approval for each service issue that pops up, as long as they are employed at the hospital.

“It’s a great way to empower

Surprise dinners and special letters add a personal touch to employee recognition

When a nurse gives outstanding service, you want to recognize him or her with more than just a certificate to your hospital store or cafeteria.

Try the following ideas the next time a staff member performs above and beyond:

Deliver a special dinner. When Greg Smith, president of Chart Your Course International, was a soldier pulling all-night duty on New Year’s Eve, his commanding officer surprised him with a thoughtful gesture.

The officer brought Smith a home-cooked meal prepared by his wife. “That act taught me more about leadership than all the degrees and diplomas hanging on my wall,” says Smith. “There is an old saying in the military: ‘If you take care of your troops, your troops will take care of you.’ ”

Add excitement to recognition letters. Jazz up an employee recognition letter by printing the letter on gold paper. Go to a local supply store for a few sheets of shiny gold paper.

List your nurse’s accomplishments on the letter and complete the recognition with your signature as well. For an especially noteworthy accomplishment, ask your hospital’s chief executive officer to sign the award as well.


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Service recovery

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Your team to really make a difference when it comes to making a service situation that’s gone south right,” he says. Staff members might use the program if a patient is upset over lost slippers, a cut gown, a long delay, or a missed lunch.

Doucette says employees can right such situations by purchasing flowers or a box of candy from the hospital gift shop, or even stopping at the mall on their way to work to pick up a special item for the patient or visitor. Employees then fill out a simple form that they turn in to their supervisor for same-day or next-day reimbursement.

Since its inception two years ago, the program has helped to raise patient satisfaction, says Doucette.

The cost to the facility has been minimal, with an average of only $35 spent per service recovery initiative. “[Employees] don’t want to spend your money,” says Doucette.

While he has heard of other facilities with similar programs, Doucette says Lee Memorial’s program stands out among others.

“I think other hospitals do [service recovery] but the extent to which they do it or how they do it is really very different. Very few places that I’ve been affiliated with allow you to do that without supervisory oversight. And I think that’s what makes our program unique—every employee is empowered and can make it happen without permission.”

Hotline helps to reduce adverse drug events

As part of an initiative to improve patient safety, staff at Missouri Baptist in St. Louis have created an anonymous hotline where they can report safety concerns, errors, or near-misses. The hotline serves as an alternative to the traditional written report forms, which are still in use at the facility.

In the past 18 months, the number of reports to the hotline has jumped from about 15 or 20 a month to 200 a month. “I’ve noticed a huge difference. First, they weren’t giving their names at all,” Kimmel says. Now, workers typically leave their names and the floors they work on. In addition, the information they leave is much more detailed and complete than what Kimmel had seen in written reports.

Changing culture

One main goal of Missouri Baptist is to work toward a blame-free culture. “We’ve tried to explain to [staff members] that the focus is on the process rather than on the people,” says Kathy Benage, RN, director of performance improvement at the medical center.

Once a week, executives make it a point to walk around the building and talk to staff members about safety, asking them whether they have any concerns. These executive walkarounds, as they are called, help to identify problem areas and safety issues.

Hospital officials have seen not only increased reporting, but also a reduction in documented adverse drug events as result of changes made, says Kimmel.

Managing staff

Learn from your peers

*Meeting with successful managers may enhance executives’ relationships with staff*

Have you ever wondered how some managers seem to get a different response from staff than you do concerning

- ✔ staff meetings
- ✔ holiday scheduling
- ✔ implementing change
- ✔ morale
- ✔ retention
- ✔ customer service

Instead of constantly worrying about what you need to do differently, redirect your energy into the following strategies:

1. Identify one area you would like to see staff respond to more positively (refer to the above list of issues to start).

2. Identify a manager whose staff members display the behaviors you would like to see your employees embrace. (He or she may be someone outside of health care.)

3. Make an appointment to meet with this manager. Better yet, take him or her out for a cup of coffee or lunch. Tell the manager in advance why you want to meet—-to talk with him or her about the area you have identified as a top priority. Prepare a list of questions. During the meeting, sit back, listen, and learn.

*Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2003 Shelley Cohen RN, BS, CEN, www.hru.net.*

Surviving the shortage

Create an ‘emergency fund’ for future nurses

Due to financial concerns, nursing loses a number of promising students each year. Some students may need to replace a lost means of transportation, others may need additional funding for books, while still others may require assistance in purchasing uniforms.

In the face of the nursing shortage, nurse executives should help to ensure that students successfully complete their programs; these students represent future RNs for your facility.

Establish an “emergency fund” for students in your area. To gauge the amount of money you will want to dedicate to the fund, ask local schools what types of funding students need for successful program completion.

Place two staff and two faculty members in charge of the account. When a student in need approaches administrators, a faculty member should then submit a request for emergency funding on behalf of the student.

After obtaining a check from the “emergency fund,” enclose the money in a card inscribed with your hospital’s name. Include a special note that reads: “We’re investing in you because we know you’ll make a great health care professional!”

*Editor’s note: The above is an excerpt from Surviving the nursing shortage: Strategies for Recruitment and Retention, a new book for nurse executives. For ordering information go to www.hcmarketplace.com, or call 877/727-1728.*
Carefully thought-out choices will move you closer to personal and professional success

Kimberly A. McNally, MN, RN, responds to your coaching concerns

Question: I took some time to answer the self-assessment questions from last month’s column. I was surprised at how much data I collected! I’m stuck in a few areas and realize I need to change how I’m living certain aspects of my life to get different results. So, what do I do to move forward?

Answer: Most of us want to live a life with purpose, meaning, and passion. Kudos to you for taking time to take stock of where you are right now. Awareness precedes new action. In large part, our lives are a sum of the choices we’ve made. So with that in mind, consider what choices you’ve made to create the results achieved.

Every day you are confronted with choices. These may include choices about how you care for and develop yourself, how you interact with others, and how you approach work situations. Other choices might include what you decide to focus on and how you spend your money.

Look at the data you’ve collected from the self-assessment questions. Every choice you make brings you closer to or further away from your purpose, values, and goals. Every choice, when looked at from this perspective, becomes critical. When you’re stuck, you may not see enough choices for yourself. When you’re overwhelmed, you may have to limit your choices.

Next time you find yourself confronted with making a choice, try the following exercise. Such an activity can help you make a choice that will lead to a desirable result—one that is consistent with your personal values and life purpose. At the end of the workday, ask yourself the following questions:

• What result do you want?

• What would need to exist to have that result?

• What choices would you have if you
  - thought of yourself as a risk taker?
  - believed in yourself?
  - were willing to do things in a new way?
  - didn’t care what people would say?

Adapted from: Be Your Own Coach, Barbara Braham and Chris Wahl. If you have a question for the coach, please e-mail dblumberg@hcpro.com or fax your question to 781/639-2982.

Editor’s note: McNally is president of McNally & Associates, a Seattle-based leadership coaching and consulting company serving the health care industry. She coaches health care leaders and works with organizations to create a coaching culture. Learn more at www.mcnally-assoc.com.

Strategies’ Spring drawing!

Do you have a special tip to tell your fellow nurse managers, or has your facility started a notable new program? Let Strategies for Nurse Managers know how you handled a sticky situation, or tell us what administrators have done to improve your facility. If your tip is published, you will be entered into a drawing this Spring for a $50 prize. E-mail Associate Editor Debbie Blumberg at dblumberg@hcpro.com or call 781/639-1872, ext. 3425. Mention the Spring drawing when you submit your strategy.
Beating the nursing shortage

Hospitals must help to cultivate nursing faculty

In Washington State, a dearth of qualified nursing faculty has forced many would-be nurses to either apply again in 2003 or choose another profession. Administrators from Bellevue Community College in Seattle say the school was able to accept just 50 out of 130 qualified applicants in the fall of 2002.

At the University of Washington, only 80 out of 307 people were accepted, even though, according to administrators, 90% of the applicants were “competitive.”

Troy Hutson, a member of a state task-force set up to look into the matter, offers the following suggestion: Hospitals should help cover teachers’ salaries and make nurses available to teach students.

Cheryl Becker, chair of Bellevue Community College’s nursing program, says getting teachers into the classroom is just one piece of the solution. Another concern is getting nursing students into hospitals so they can fulfill clinical requirements.

“There are several nursing programs in Seattle, and we’re all vying for a place to take students to get clinical experience,” Becker said to the Seattle Post-Intelligencer. “You can only overwork the hospitals so much.”

In Seattle, both Swedish Medical Center and Children’s Hospital administrators say they could take more students into the clinical setting if schools were to vary students’ schedules, putting some in the hospitals on evenings and weekends.

Adapted from: Seattle Post-Intelligencer, seattlepi.nwsource.com.

Time management

Take action to eliminate unnecessary paperwork

Have you ever felt as though you were buried under a blizzard of paperwork? The problem begins when you’re unable to deal with the influx of memos and notices as they come your way each day. Soon you have a pile—or maybe two or three—that grows on your desk. Try these tips to help tame the paperwork blizzard:

1. Delegate. Ask yourself, “Is this the best use of my time?” If it is, schedule the task for yourself. If not, delegate the job to a staff member.

2. If it’s quick, just do it. If you can accomplish the job in a minute or two, complete it and be done with it. You can discharge 20 items in 20 minutes and be well on the way to a paper-free desk.

3. Schedule it. If the task is more comprehensive, choose a specific time to tackle the job. Put it on your “to do” list for that day, and then put it away.

4. Get off the list. You can eliminate many of the unwanted materials you receive by removing yourself from unneeded distribution lists, mailing lists, and the like. Pay attention to what comes your way. Ask yourself whether you really need to receive the information, and do what you can to prevent this paper from arriving on your desk in the future.

Adapted from: ©2003 Dr. Donald E. Wetmore, PhD, Professional speaker, Productivity Institute, www.balancetime.com.
As a nurse manager of three departments—the emergency department, ambulance service, and physician practice/industrial medicine practice—Jill Bouchard, RN, BSN, CCRN, CEN, is responsible for a wide variety of personnel at Penobscot Valley Hospital in Lincoln, ME.

When she realized her monthly meetings were often held too late in the month to cover important policies and procedures, and were too short to discuss all pertinent topics, she decided to try a different strategy.

“At least every week I submit a ‘JB (Jill Bouchard) update’ with all three departments listed in the newsletter,” she says. Bouchard says the weekly report includes:

- Information on her availability
- Kudos to individual staff members
- Patient compliments
- Meeting times
- Information from lab or x-ray as to procedure or order entry
- New equipment purchases
- Inservices
- Requests for staff feedback on topics for education
- Lists of individuals who must see her for evaluations
- Policy reminders—vacation requests, schedule changes, union information
- Information on staffing coverage needed
- Requests for volunteers

She concludes the newsletter with a “thought for the day,” or comic note. Instead of signing the report, Bouchard says she simply draws a smiley face. In addition to giving the update to staff, she also sends a copy to the assistant director of nursing of outpatient services as well as the daily shift manager, so that these colleagues are also aware of the important information.

“Staff look forward to these updates. The updates are not set up as a memo, and therefore present a less threatening way to send a message to staff. [They also] keep all three departments aware of each other and myself,” says Bouchard.

Bouchard says the updates have helped her to keep track of the goings-on of the various departments, and also ensure that each staff member is receiving the same written message. An additional benefit of the newsletter is that the quality of her meetings has improved, she says. “Staff meeting time can be focused, more involved [in the] issues.”

Save the date!

The World Research Group (WRG) will hold its program, Effectively managing the NICU: Maximizing neonatal survival rates and the quality of care while minimizing costs, on March 27–28 at the Wyndham Bourbon Orleans Hotel in New Orleans. Program topics include the following:

- Strategies for assessing and improving patient safety
- Achieving optimal staff recruitment, retention, and leadership
- Determining who should be held accountable for adverse patient outcomes, and tips for encouraging truthful reporting
- Finding solutions to the obstacles associated with the aging work force

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

Ask nurses to participate in workplace design

Staff-friendly work environments do wonders for retention. How do staff feel about ergonomics and design at your facility? If you ask them, they will probably have a lot to say. When your facility redesigns a certain unit or builds a new critical care space, make sure nurses are involved.

When constructing a new unit intended to serve patients for the next decade, administrators at Howard County General Hospital in Columbia, MD, did just that. Staff spoke with vendors and visited sites to evaluate equipment and furniture. Once employees selected the preferred models, nonclinical staff took care of the purchasing. Nurses even helped to decide on such details as the types of toilet seats to be used on the unit.

Staff not only helped to choose equipment, but also played an integral role in unit design. Nurses chose a pod design and

- asked for documentation bays outside of all rooms that would house laptop computers and provide adequate workspace
- approved the design of the intrahospital tube system, and tested mock-ups of equipment panels in each room
- specified the exact locations for the oxygen, suction, and compressed air outlets
- decided on the positioning of dialysis hookups placed under the sink


Risk management

Evaluating the levels of risk-based culpability

An error has just occurred on your unit. Now it’s your job to evaluate exactly what went wrong. Ask the involved employee the following questions to determine his or her level of culpability. Discipline is only warranted if the staff member falls into one of the first three categories: purpose, knowledge, and recklessness.

1. Purpose. Did the employee intend for the event to occur? This is the highest level of culpability. A staff member who intentionally commits an act should face sanctions.

2. Knowledge. Did the employee know that the error would occur? This is a high level of culpability: the employee acted knowing that he or she would injure the patient.

3. Recklessness. Ask the following three questions to determine whether the employee was reckless. All three answers must be true for the employee to fall into this category:

- Was there a significant risk?
- Was there an unjustifiable risk?
- Did the employee act in conscious disregard of the substantial and unjustifiable risk?

4. Negligence. Consider the following questions. All three answers must be true for the incident to qualify as negligent:

- Was there a significant risk?
- Was there an unjustifiable risk?
- Should the employee have been aware of a substantial and unjustifiable risk?

A nurse picks up the wrong vial, for example. Should she have known? Yes. Did she know? No.

5. No culpability. Did the employee do everything he or she should have done under the circumstances?

Adapted from: David Marx, JD. Marx is director of the Chaska, MN–based Outcome Engineering, LLC.
Facilities creatively comply with patient safety goals

One of the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) patient safety goals asks organizations to use at least two pieces of information to identify patients when taking blood samples or administering medications. Those pieces of information cannot include the patient’s room number.

The JCAHO’s patient safety goals take effect this month.

Consult the following ideas to help your facility comply:

• Some hospitals attach the patient’s photograph to the medication administration record. One Connecticut short-term rehabilitation/long-term care facility takes digital photos, so it can get them within an hour of admission. The pictures serve as the second form of identification (ID), with the first being the ID bracelet. The organization obtains the patient’s consent to do so.

• At Grant Medical Center in Columbus, OH, the hospital selects the patient’s name and date of birth. In most cases, these are two identifiers that patients are familiar with, says Lisa Kulp, RN, MS, the hospital’s quality improvement manager. Whenever possible, the patient validates this information.

If a patient can’t communicate and is comatose, for example, staff validate the identity by looking at the ID band for the name and medical record number, Kulp adds.

“We are a Level I trauma center and there may be the time when a patient is considered a ‘John Doe’ until the family can identify him or her,” she says. “In this case, we give the patient an ID band with a name such as ‘Trauma A’ and a medical record number.”

Each trauma patient receives a different letter of the alphabet. Once staff members learn the patient’s identity, they enter it into the system and issue a new patient ID band, but with the same medical record number.

__Funding opportunity__

The North Carolina Center for Nursing is accepting applications for its 2003–2004 Recruitment and Retention Grant Program.

The center is looking for projects that

• retain experienced nurses in patient care settings
• recruit individuals into nursing

Eligible applicants include public and private North Carolina groups, organizations, or agencies working with or employing nurses. Specific grant requests may not exceed $5,000.

The deadline for receipt of applications is May 2. For more information, go to www.NurseNC.org.


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Consult an ‘ethical checklist’ before making major decisions

When you’re faced with a tough decision to make on the job, ask yourself the following questions before making a decision:

1. **Is it legal?** Will you be violating hospital policy or the law?

2. **Is it fair and balanced?** Are you treating all people involved in the decision fairly—both short term and long term? Will anyone get hurt as a result of your decision?

3. **How will you feel when it’s done?** How will your choice make you feel about yourself? Will you feel proud of what you did? If a story about your decision ran in your local paper, would you feel proud having your family and friends read about it?


### Working together

**Encourage employees to warmly welcome new nurses**

While new nurses have preceptors to turn to, it’s important that all staff members make a special effort to welcome new employees onto the unit.

Share the following tips with staff members to help them create a warm reception for new graduates:

1. Go out of your way to introduce yourself and welcome the new nurse onto the unit
2. Invite the nurse to lunch
3. Share tips and advice that might make the job easier
4. Give positive feedback
5. Ask how everything is going
6. Lend a hand without being asked to

*Adapted from: “How to welcome new grads into the fold,” www.nursingspectrum.com.*

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**Leadership**

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California’s proposed nurse-to-patient staffing ratios are considered the first of their kind in the nation.

After months of receiving public comment for and against proposed nurse-to-patient staffing ratios, the California Department of Health Services (DHS) now has one year to revise and implement the landmark regulations.

According to the regulations, hospitals throughout the state must meet minimum requirements for nurses per patient in various units.

DHS already sets minimum regulated staff ratios for operating rooms and neonatal intensive care units; the new rule will cover all other units.

The proposed ratios vary from 1:1 for trauma patients to 1:6 in medical/surgical units. The regulations are expected to take effect January 1, 2004.

Experts hope the ratios will improve staffing in hospitals, stabilize current conditions, protect patients, and provide hope for overwhelmed nurses who plan to leave the profession, said California Nurses Association President Kay McVay in a statement, according to the San Diego Daily Transcript.

Others worry about the potentially high costs of implementing the ratios, and wonder where they will find new nurses in an already low applicant pool. “It will increase costs and make it more challenging for all of us to get more nurses when there is a shortage,” says Chris Van Gorder, chief executive officer of the San Diego–based Scripps Health.

The DHS will review and respond to the publics’ comments over the next few months. Any changes and administrative approval will be completed by April. The final rulemaking package will be submitted to the state Office of Administrative Law for review October 6 and their decision is expected November 25.

How to motivate marginal performers

Problem: You’ve made a concerted effort to avoid hiring marginal performers. However, a few have managed to slip through the cracks. How can you turn these staff members into star employees?

Solution: While this situation may frustrate you, try to curb such feelings and work to understand where these staff members are coming from.

What is their motivation to come to work each day? Are they working only to be able to pay the bills? Are they depressed or burned out? Do you need to involve them in the employee assistance program? Are they bored with their job and simply need additional responsibilities? Do they know that you think they are marginal performers?

Studies have shown that performance problems often stem from an employee’s lack of understanding of job requirements. Be very clear about your performance expectations.

Say, for example, “I think that you should be able to take on X amount of patients and complete the following tasks in X amount of time.”

In addition to letting poor performers know your expectations, ask them what changes they might make to accomplish the outlined goals. Gently let them know what could happen if their performance is not up to expectations by a certain date; perhaps you will have to reassign a nurse to another job. Also talk about how you will support them, and follow up on the progress that they’ve made.

Don’t forget to infuse the workplace with fun

As a new manager, you want to make a good impression on your staff. You want staff members to respect you and see you as a competent supervisor. While you will want to act professionally, do not become too serious.

An important trait of a successful manager is the ability to relax and have fun at work. Remember the importance of laughter. Some call it “internal jogging” and say it has the same benefit as an aerobic run.

Also keep in mind that you don’t have to be extremely funny or have a great sense of humor to encourage fun at work. Managers who spontaneously bring in a popular food item or silly toy can create some of the most lighthearted and engaging moments. Consult the following list of popular food items and office toys:

Top three most-popular foods
1. Cookies
2. Pizza
3. Doughnuts

Top three most-popular office toys
1. Koosh balls
2. Nerf guns and balls
3. Silly Putty

Incorporating fun into existing activities is also a great way to liven up the unit. Try the following: When someone is late to a staff meeting require him or her to sing a song or tell a joke to the group.

When one manager tried this technique, she found that employees would smile and chuckle when coworkers sneaked into the room a few minutes late, anticipating the forthcoming tune or joke. She also noticed that employees were more often on time to meetings.


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