As part of their journey to Magnet recognition, administrators at Miriam Hospital in Providence, RI, performed a gap analysis and created a list of major initiatives to work on.

One of these initiatives was to increase staff nurse participation on the unit level—a task nurse executives on the facility’s surgical floor accomplished by creating a specialized unit council composed of staff nurses.

**Unit council empowers employees**

Once a month, unit council members meet to decide on critical issues regarding the work environment and patient care.

Nurses meet for four hours each month, many times off-site at members’ homes. Administrators say such a setting makes meetings more intimate. Executives applaud the council’s work.

“Staff nurses are empowered, motivated, and they make decisions on their unit as a team,” says Elaine Joyal, MSN, RN, the facility’s magnet project coordinator. Joyal spoke during the Massachusetts Organization for Nurse Executives’ (MONE) annual educational conference in Chatham, MA, in May.

Past unit council projects have included crafting guidelines for summer vacations and designing a medical resident orientation program. But perhaps the council’s most innovative effort is the facility’s call-back program—a feature staff say has enhanced patient satisfaction.

The council began the program in February 2001. The
Callback program < p. 1

following explains how it works:

- Registered nurses (RNs) call all patients who return home from the surgical unit. They usually reach 85%–90% of the patients.

- At first, nurses asked patients questions from a two-page survey. After finding that patients were frustrated with that lengthy approach, nurses moved to open-ended questions, says Karen A. Schaefer, a staff nurse in the facility's orthopedics and surgery departments. After the patient answers the phone, the RN identifies him or herself, saying, for example, “Hi. I’m Karen, and I’m calling from Miriam Hospital to see how you’re feeling.” The RN then asks open-ended follow-up questions, such as how the patient’s stay was.

During the first few calls, RNs were unaware of patients’ diagnoses. They didn’t know whether someone needed to investigate further into what the patient was telling them.

Administrators therefore decided to change the process by attaching “silent report sheets,” or notes on patients’ medical history, to the callback forms.

Analyzing the data
When Schaefer collected data from all of the calls made, she found that patient satisfaction increased for eight consecutive quarters. Administrators were so happy with the results that they now do callbacks on almost every unit, she adds.

“We definitely have a better work environment,” she says. “Everyone feels involved.”

Schaefer compiles a quarterly report with all the data, and shares the information with the unit’s nurse manager and all staff members. When problems arise, all employees participate in quality improvement and work toward a solution.

The following are some of the improvements staff have made as a result of information gained from the callback program:

- **Boards at the bedside.** Employees place a dry erase board at every bedside, which includes important information for the patient, such as his or her nurse’s name and number, and any other information that might be useful.

- **Quieter units.** To help control noise at night, administrators asked housekeeping to close the doors in the rooms as they clean them. Employees say this made a dramatic difference in noise level on the unit.

- **Catering to comforts.** To better meet patients’ comfort needs, certified nursing assistants (CNAs) make rounds on the nursing unit by first checking each patient’s Kleenex, water, and blanket supply. CNAs then assist nurses with clinical work.
**HIPAA help**

**HIPAA help: Make sure staff understand these three key privacy points**

The Health Insurance Portability and Accountability Act of 1996’s (HIPAA) April 14 privacy deadline has passed. However, as they find new compliance issues, many facilities will train staff as they continue to develop and update related policies and procedures.

Sue Dill, RN, MSN, JD, is a privacy officer and the vice president of legal services at Memorial Hospital of Union County in Marysville, OH. She recommends the following three key points when training staff:

1. **Patients may opt out of the facility directory.**
   “Staff should assume that every patient has opted out of the facility directory, and then check.”

2. **Staff must understand policies and procedures.**
   Facilities had to train staff on privacy related policies and procedures by April 14. “But when you give them an entire book, they don’t remember,” says Dill. “They had a lot of training, so you need to go back and revisit.”

3. **Documentation is key.** Train staff to document everything, says Dill. It will help staff members keep track of friends and family involved in a patient’s care among other things. “Document whether a patient’s daughter has been helping with wound care,” she says. “If she then calls and asks for information, staff will know they can give it to her.”

Adapted from: **Briefings on HIPAA, www.hcpro.com.**

**Managing right**

**Creative methods for communicating with staff**

When communicating with staff, never rely on only one method of communication. Instead, use a mixture of verbal (words), written (words), and visual (photos and posters) methods.

One communication attempt per issue is rarely adequate. Nurses need and want repetition, clarification, and reclarification.

Try the following:

- Ask staff to help you preview some of your written communications. Just because your message is clear to you doesn’t mean it’s clear to others.

- Ask staff what other methods of communication they might prefer.

- If your facility has e-mail communications, take advantage of the technology. Make staff members accountable by using programs that allow you to see who is and isn’t reviewing the important e-mails you send them.

- Consider creating a monthly department newsletter. In this newsletter compile all those “memos” into a more reader friendly tool. In your newsletter,
  - include cartoons and crossword puzzles
  - ask staff to submit recipes and photos

A monthly newsletter will put a stop to the never-ending flow of memos that staff members often receive. Post more time-sensitive memos as needed. They will get more attention, since other communication will no longer drown them out.

Beating the nursing shortage

Administrators hope new nurse leadership model helps solve the staffing shortage

Nurse leaders in Arizona hope a new nursing model that emphasizes the leadership role of every nurse, regardless of his or her position, will help solve the nursing shortage.

A team of major health care players in Arizona, including educational institutions, professional nursing organizations, and professional health care organizations, developed the Arizona Nurse Leadership (ANL) model.

The team says all nurses should develop certain leadership competencies. Perfecting these competencies will help to enhance job performance and increase job satisfaction.

The ANL model consists of the following six leadership competencies:

- **Conceptual competence.** A nurse with conceptual competence knows how his or her role fits into both the organization and society at large.

- **Technical competence.** Nurses with technical competence skillfully plan, design, assess patient needs, and measure performance.

- **Interpersonal competence.** Nurses excel in team building and conflict management, and can lead and teach others.

- **Commercial competence.** A commercially competent nurse uses available resources to effect positive changes in patient outcomes.

- **Political competence.** Nurses with political competence understand how public and private policy affect patient care, and influence both state and national policy.

- **Governance competence.** A nurse skilled in governance competence provides care that is in tune with the organization’s vision.

“The model provides clarity as to the role of the nurse and the value of her role to the patient, to other peers and to the system in which she works,” says Mardy Taylor, MBA, RN, chief nursing officer and former president of the Arizona Organization of Nurse Executives, in an interview with Nurseweek.

The model is also important for achieving Magnet status, says Colleen Hallberg, MS, RN, interim chief executive officer at Banner Health’s Thunderbird Samaritan Medical Center in Glendale, AZ, in a Nurseweek interview. Magnet program standards support nurse empowerment and nurse autonomy, which can lead to higher staff satisfaction and retention.

Patient safety

Consult these key questions to ask on executive patient safety rounds

Proponents of patient safety rounds say they’re a great way to simultaneously support staff and patient safety. During these rounds, facility leaders spend about an hour a week on units and ask employees to share their safety concerns.

Allan Frankel, MD, and Glenn D. Krasker, CHE, of the Wilmington, DE–based Critical Management Solutions, and Mark S. Roberts, HEM, safety officer at Copely Health Systems in Morrisville, VT, offer the following suggestions for what to ask staff during executive patient safety rounds:

• What keeps you awake at night regarding patient safety?

• What can we do to reduce our potential for medical errors?

• Can you think of a patient we harmed recently while delivering care?

• In what way does the system consistently fail you?

• Can you think of a patient who was saved from harm as a result of your intervention?

• If you had a million dollars, how would you fix this problem (other than hiring new staff)?

“Most of the time, staff will come up with a few good ideas that address the issues and don’t cost anywhere near a million dollars,” says Roberts.


Managing right

Use tidy-up sessions to keep your office clutter-free

Take a close look at your desk. Do you see a smooth surface, or stacks of papers that almost reach the ceiling? If you find yourself buried in papers, it’s time for a “tidy up” session.

Laura Hayes of Let’s Get Organized, a Tennessee-based organizational consultant company offers the following advice. Hayes works with professionals who are looking for solutions to their organizational challenges.

Tidy up your desk
Prioritize the papers and stacks. You don’t have to perform these tasks right now, just sort through all your papers quickly and determine to which of three piles each paper belongs. Decide what has to be done

• within the next 24–48 hours
• within a week
• whenever

Prepare for tomorrow
Look at what’s on your calendar for tomorrow. See what items you need handy, such as reports, files, or documents.

If you haven’t already done so, go to your calendar and schedule a recurring appointment with yourself for an “end of the day ‘tidy-up’ session.” This will help to keep your desk continuously clutter-free.

Adapted from: Manager Tip of the Week, Health Resources Unlimited ©2003 Shelley Cohen RN, BS, CEN, www.hru.net.
Facilities find success with electronic error reporting

Editor’s note: See the July 14 Nurse Manager Weekly for a related story on how administrators at the University of California’s (UC) Davis Medical Center designed a class to help decrease medication errors. If you don’t already receive this free e-zine, sign up at www.hcpro.com.

The draft Joint Commission on Accreditation of Healthcare Organizations (JCAHO) medication standard TX.3.13.1 requires hospitals to respond appropriately to medication errors and adverse drug reactions (ADRs). Although some facilities still use the pen-and-paper method of reporting ADRs, many hospitals around the country have developed electronic ADR reporting systems.

Administrators at hospitals with such systems say this method saves them valuable time, increases reporting of medication errors, and helps to pinpoint and improve high-risk areas in their hospitals. The UC Davis Medical Center in Sacramento is one hospital that’s moved to electronic reporting.

Accessing the system
Employees who wish to report an incident simply log onto the system from any computer in the facility. Staff members sign on to the online incident reporting system with their name and password, then enter information about the event based on a series of questions. These include the following:

- How old is the patient?
- Describe what happened?
- What type of error was it?

Employees cannot use the system anonymously. This hasn’t hurt the system’s success, however, says Kathy Mahackian, the facility’s medication safety pharmacist. During a recent survey on the facility’s culture of reporting, administrators asked employees whether they would be more likely to report an error if their name wasn’t attached to it.

“People didn’t seem to be shy about reporting,” says Mahackian. “There was no big push for [the system] to be totally anonymous.”

TIP: Including employees’ names on reports also helps a great deal when a report is unclear and needs clarification, says Mahackian.


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Staff satisfaction quick tip

When employees run into problems at work, make sure you show them that you genuinely care about their concerns.

At one large U.S. corporation, managers adhere to the “sundown rule.” According to this rule, management must resolve any employee concern on the same day that the concern arises—before the sun goes down.

Pebble project participants enliven facility design, raise staff and patient satisfaction

According to a recent study, instituting innovative designs in your facility can enhance the quality of patient care, improve financial performance, and help retain staff.

Hospitals that participate in the Pebble Project pay $25,000 per year of a three-year commitment to access data from fellow program participants on the center’s proprietary technology for creating research designs. The Pleasant Hill, CA–based Center for Health Design spearheads the project. The project gathers data on the following:
- Employee turnover
- Outcome measures
- Length of stay
- Cost per unit of service
- Waiting times
- Patient satisfaction levels
- Violence against staff
- Organizational behaviors

Administrators say data from project partners show higher satisfaction rates from both patients and staff—including nurses. Check out the following design improvements made by the participating hospitals:

- **Children's Hospital & Health Center of San Diego.** After conducting parent and staff surveys, administrators
  - redesigned wheelchair storage to be in patient rooms
  - added private spaces where parents can spend time with their sick children

- **Bronson Methodist Hospital in Kalamazoo, MI.** Nurse vacancy rates at Bronson Methodist are now half the state average, according to hospital leaders, since building the following:
  - Large private patient rooms
  - Airy atriums
  - Gardens
  - Artwork
  - Soothing music

- **St. Charles Medical Center in Bend, OR.** St. Charles has increased efficiency and satisfaction with mobile charting carts that caregivers can move around the floor and dock at “charting islands.”
  Patients can do the following:
  - Relax by a lava rock fireplace
  - Enjoy a piano concert in the facility’s lobby
  - Fish for bass in a well-stocked pool

For more information about the Center for Health Design or the Pebble Project, go to [www.healthdesign.org](http://www.healthdesign.org).


The event will help attendees understand the latest trends in the legal and regulatory arena related to managing staff, showcase successful recruitment and retention efforts in U.S. hospitals, and address advances in technology that can enhance work force management. Sessions will include helpful information on the following:
- Nurse burnout and job dissatisfaction
- Multiple generations in the health care work force
- Floating: We've stopped it—can you?
- Don’t give up hope: Dealing with difficult people
- Safe staffing, understanding the numbers: Preparing and managing your budget

For more program information, go to [www.healthcareforum.org](http://www.healthcareforum.org).
Magnet hospitals attract more emergency RNs

According to experts, today more and more emergency department (ED) nurses are choosing to work at magnet hospitals, or facilities certified by the Magnet Nursing Recognition Program of the American Nurses Credentialing Center.

To avoid losing nurses to these organizations, retention experts recommend that your facility adopt some of the innovative programs and ideas championed by magnet facilities. Try the following:

- Give nurses the opportunity to present on a variety of topics by offering nursing grand rounds
- Use committees with ED nursing representation to create policies and procedures
- If nurses don’t want to complete a degree, offer them incentives for work well done—such as reimbursement for health club memberships


Recruiting: Best practices

Check out these “best practices” from two eastern magnet facilities.

1. Nurses at Catawba Valley Medical Center in Hickory, NC, enjoy the following programs:

   - “Red Zone,” is a communication and resource allocation process that lowers the likelihood that patients will experience service mishaps. During events such as high patient volumes, or numerous call-ins, an organization-wide broadcast calls out for specific needs and helps staff acquire the necessary resources.

   - Nurses attend monthly luncheons entitled “Conversations in Ethics,” which are designed to increase interaction with the local community regarding ethical issues. Attendees include clergy, attorneys, assisted living employees, local college professors, students, health care employees, and consumers.

2. Middlesex Hospital in Middletown, CT, offers the following:

   - A registered nurse (RN) residency program pairs new graduate nurses with master’s degree nurses. The retention rate is 90%.

   - A professional tier advancement program lets RNs build up points in categories of professional performance. Nurses’ compensation increases once they move to a different tier.

   - The hospital maintains a nursing representative on every system-wide major initiative.

Clear communication during patient hand-offs can cut back on med errors

A crucial step to strengthening interdisciplinary care at your facility is to enhance communication between you and your colleagues, says Brenda Summers, MBA, MHA, MSN, RN, CNAA, a senior consultant for The Greeley Company, a division of HCPro, Inc.

“We know from all the work that’s done with sentinel events [and] near misses that one of the contributing factors in all of those situations has been unclear communication,” says Summers.

Communication is also the focus of one of the six Joint Commission on Accreditation of Healthcare Organizations (JCAHO) National Patient Safety Goals.

**Patient hand-offs: an opportunity for error**

Perhaps one of the most important areas in which to improve communications between disciplines is during patient hand-offs, says Summers. These situations represent a well known opportunity for error.

“Nursing has lived in a world where we do hand-offs several times during 24 hours. To the degree that we share information clearly, that handoff is smooth,” she says.

However, rushed or unclear communication can create confusion that can lead to medical errors. One of the biggest problem areas is unclear written and verbal orders between nurses and doctors, or between nurses and pharmacists, adds Summers.

**Verbal orders**

Every hospital has its own specific policy on verbal orders, depending on the facility’s culture. Summers has seen a variety of approaches, including the following:

- **Limited verbal orders.** Administrators at most facilities will say that verbal orders should only be given in time-limited situations, such as in the case of cardiac arrest, a code, or if the physician has scrubbed in and can’t break scrub to write an order.

- **No verbal orders, limited telephone orders.** Some facilities have policies that prohibit verbal orders altogether and only allow telephone orders for situations in which physicians cannot, in a timely fashion, come to the hospital to write the order.

  Most of these facilities specify that prescribing chemotherapy medication over the phone is not allowed. A small minority also adds that “do not resuscitate” orders are also inappropriate over the phone.

- **No verbal orders, no telephone orders.** Other hospitals both prohibit verbal orders, and say that telephone orders are always inappropriate.

Editor’s note: See the July “Spotlight on Interdisciplinary Care” for a look at written communication, and what you need to know about unapproved abbreviations and interdisciplinary care.

If you have a question about how to initiate or support interdisciplinary care at your facility, submit your question to Strategies for Nurse Managers via e-mail at dblumberg@hcpro.com.

**Questions? Comments? Ideas?**

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Customer service initiatives raise staff satisfaction

At Huron Valley-Sinai Hospital in Detroit, customer service excellence is a top priority for management and staff.

Administrators say the facility’s intensive service program has helped lower the hospital’s staff vacancy rate to 6%—a figure well below the regional standard.

During a recent employee satisfaction survey, the hospital ranked in the 99th percentile in employees’ “likelihood to stay if offered employment elsewhere.”

Check out the following program components:

Who is the customer?

Ultimately, the patient is the customer. Huron Valley workers also consider other departments, outside agencies, physicians, vendors, volunteers, colleagues, as well as each other to be customers.

Customer service “game rules.”

The facility holds monthly customer service educational sessions during which staff learn such principles as the “5 ft/3 ft rule.” This rule states, “When somebody is 5 ft away, you recognize them, and when they are 3 ft away, you say hello.”

Weekly reminders.

Administrators provide staff with weekly tips in the areas of confidentiality, listening skills, and telephone etiquette.

Measuring results.

Huron Valley conducts periodic surveys to evaluate progress made in customer service and patient satisfaction. Administrators say it’s important to share both good and bad specific comments with hospital employees.

Nominate your nurses

The Society of Critical Care Medicine (SCCM) is accepting nominations for the Norma J. Shoemaker Award for Critical Care Nursing Excellence. According to the society Web site, the award “recognizes an SCCM nurse member who demonstrates excellence in clinical practice, education, and/or administration in the field of critical care.”

The award recipient will receive a $1,000 cash award, complimentary SCCM Congress registration, and air and hotel expense reimbursement for participation at the SCCM Critical Care Congress in an amount not to exceed $1,500.

Nominees must be active SCCM nurse members for a minimum of three years, and must have attended at least one SCCM Annual Congress during the past three years.

Applications are due September 1, 2003. For more information, go to www.sccm.org/membership/AW_shoemaker_award.html.
New nurse manager

Consult these creative ideas from your colleagues on how to recognize and reward employees

Getting a handle on new responsibilities is a top priority for new nurse managers. Successful managers juggle learning new skills with getting to know staff right off the bat.

Check out the following suggestions for creative employee rewards submitted by managers from across the country:

- **Personalize employee paychecks.** One manager writes a personal note every two weeks to include with staff paychecks. The manager says this practice forces him to think about something he noticed and appreciated in each of his employees.

- **Give the “Golden Genie.”** One administrator picked up several wind-up genie toys from a local fast food restaurant. When an employee deserves a pat on the back, the manager winds up the genie and places it on the employee’s desk. She then grants the staff member one non-monetary wish. She’s amazed that she’s been able to grant each and every request.

  - **Ask for staff accomplishments.** Another administrator asks team members to submit, in writing, something impressive that a coworker did on the job during the past quarter. She then reads over all submissions and selects a winner to receive a special prize. The manager says asking staff to recognize each other is a great way to learn about accomplishments that you otherwise may never hear about.


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Case study

What to do when you disagree with hospital policy

**Problem:** Administrators at your facility have recently established a policy that you don't agree with. Your nurses complain to you about the policy on a regular basis.

Your instinct is to commiserate with your employees, but you don't want to go against administration. What should you do?

**Answer:** Hospital executives often make facility wide decisions that don't always make sense to individual employees. However, you can understand these decisions better if you look at how they help meet your organization's overall objectives.

Sometimes a facility-wide objective doesn't mesh with your personal beliefs. Nonetheless, as a manager, it's still your job to uphold hospital policies when staff members challenge them.

Agreeing with employees that a policy is wrong can undermine your authority in other situations. An obvious show of disloyalty to your supervisors is also not a good idea.

When employees approach you with their gripes, stick to your guns—even if you silently agree with their objections.

If you feel strongly about the issue, schedule a meeting with your supervisor to talk over the new policy.


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