Effective leadership skills are perhaps the most important tool for a nurse executive to acquire.

Strong leaders are respected by staff members and have widespread influence throughout the organization.

Consult the following tips on how to maximize your influence in your organization.

- Pay attention to what’s really important to your coworkers.
- View colleagues with different interests and areas of expertise as potential allies rather than adversaries.
- Go out of your way to help others in your organization.
- Analyze the needs of people who won’t cooperate. Don’t view these individuals as enemies or merely write them off.
- Take the initiative to understand their resistance and do your best to help reverse it.
- Do your best to create win-win results for all parties involved.

This will lead to a cooperative and trusting environment in which all employees feel comfortable working together.


Under the JCAHO’s Shared Visions – New Pathways™ survey process that takes effect next year, the accreditor will introduce “tracer methodology,” which entails surveyors following a number of patients through an organization’s entire health care process. They select open records and trace the care of patients who went through multiple settings to get a good picture of how staff cared for them.

Expect surveyors to trace the care of approximately 11 patients in a 300-bed hospital. Although 11 patient charts is not a huge sample, staff must now take extra care to document fully and clearly, said Steve Bryant, practice director of accreditation and regulatory compliance for The Greeley Company, in Marblehead, MA, a division of HCPro, Inc., which publishes this newsletter. Bryant spoke during a recent audioconference about the new survey process.

Surveyors will check the charts to see what services caregivers provide, and then may request corresponding human resources or credentials files to verify appropriate competencies/privileges.

If there’s something unusual noted in the chart, surveyors will sniff around to ensure that the practice made sense and staff provided a consistent level of care. For example, you don’t typically sedate patients on a medical/surgical floor. If surveyors note this practice occurred, they’ll dig deeply into the chart to confirm that documentation is consistent with hospital policy and JCAHO standards, Bryant said.

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JCAHO standards

Tracer methodology

“The tracer methodology comprises most of the survey since there are no more interviews or straight document reviews in 2004,” Bryant says.


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

Safety

CDC advises hospitals on latest infectious disease threat: Monkeypox

Already worried about the potential spread of severe acute respiratory syndrome (SARS), health officials see monkeypox—which is related to smallpox but not as contagious or lethal—as one of the latest emerging infectious diseases and certainly not the last.

Previously only seen in West Africa, monkeypox arrived in the United States courtesy of an unlikely source—prairie dogs. Health officials believe that the cute, squirrel-like critters sold as exotic pets were infected in an Illinois pet shop by a Gambian giant rat imported from Africa. The prairie dogs may have been sold to buyers in 15 states.

State officials confirmed at least 16 human cases of monkeypox in the United States, including seven in Wisconsin, four in Indiana, and five in Illinois. Eighty-five suspected cases have been reported in eight states, and at least 14 people with symptoms have been hospitalized.

CDC recommends smallpox vaccinations
The CDC recommends that people who may have been exposed to monkeypox receive smallpox vaccinations. Experts believe that vaccination after exposure to monkeypox (which includes close contact with a person or animal that has the disease) may help prevent it or make it less severe.

The following people should receive smallpox vaccinations, according to the Centers for Disease Control and Prevention:

- People such as public health and animal control workers who are investigating monkeypox cases.
- Health care workers who are caring for monkeypox patients, may be asked to care for monkeypox patients, or have been in close contact with monkeypox patients in the last four days. Consider vaccination up to 14 days after exposure.
- Anyone who has had close contact with someone who fell ill with monkeypox in the last four days. Consider vaccination up to 14 days after exposure.
- Anyone who has had direct physical contact with an infected animal acquired since April 15, 2003, in affected areas of the United States. Consider vaccination up to 14 days after exposure.

Adapted from: *Briefings on Infection Control*, www.hcpro.com. For more info on monkeypox, go to www.cdc.gov/ncidod/monkeypox.
Work with your colleagues to eliminate unsafe abbreviations

Spotlight on interdisciplinary care

The use of unclear medication abbreviations can endanger patient safety by contributing to medical errors in your facility.

Eliminating this potential for error is a focus of the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) National Patient Safety Goals.

As of January 1, 2003, the JCAHO began to survey for implementation of these goals. Goal #2 requires organizations to improve communication among caregivers by standardizing the abbreviations, acronyms, and symbols that you and your colleagues use when caring for patients.

As a leader in your facility, it’s important for you to help make sure that all caregivers follow approved abbreviations, not just physicians, explains Brenda Summers, MBA, MHA, MSN, RN, CNA, a senior consultant for The Greeley Company in Marblehead, MA.

“It has to track throughout the whole organization,” she says.

One facility Summers visited had a well-thought out policy on approved and unapproved abbreviations, she says.

But all the administrators had done to guarantee compliance was tell physicians not to use the unapproved abbreviations—the computer generated medication administration record (MAR) still included the unsafe abbreviations.

Although Summers says the MAR is electronic and therefore not as unclear as written abbreviations, failing to eliminate unsafe abbreviations from the record went against the hospital’s policy forbidding certain abbreviations. Administrators should not allow the practice to continue, she adds.

“If the hospital says [the abbreviations] are unapproved, they need to be inappropriate for anybody, in any situation.”

TIP: Because nurses use the MAR to give medications to patients, the record is an important form of communication. Help to eliminate all unsafe abbreviations from the MAR in your facility.

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.

Hot tip

Some people complain because they enjoy complaining. Others complain because they have a legitimate concern.

Here’s how to find out whether a nurse’s worries have merit:

- Without naming names, bring up the issue at your next staff meeting
- Ask all nurses whether they have also noticed the same problem

If they have, you’ll be glad to know about the problem, and you can start to look for solutions. If not, you can always hope the nurse will stop complaining about nonissues.

Solving the nursing shortage

Community organizations collaborate to address the nation’s nursing shortage

A new program for some high school students will help shorten the amount of time required to become health care professionals.

This fall, between 100 and 200 Austin, TX, high school students will attend a unique health science institute based at Austin’s Lanier High School.

Any student with a grade point average of 80 or better is free to attend the institute.

Students will receive both high school and college credit for classes in nursing, emergency medical technology, pharmacy, and premedical, predental, and preveterinary training.

The following three organizations will participate in the program:

- Austin school district will contribute the faculty and teachers
- Austin Community College will provide the students with mentors and tutors and will guarantee institute students spots at the college after they graduate from high school
- Seton Healthcare Network and St. David’s Health Care Partnership, the area’s two largest health care providers, will chip in beds, medical equipment, and other supplies


Encourage your nurses to apply!

Sigma Theta Tau International is currently accepting applications for the Virginia Henderson Clinical Research Grant.

According to the Sigma Theta Tau International Web site, the grant’s purpose is to “encourage the research career development of clinically based nurses through support of clinically oriented research.”

Eligible nurses must hold a Master’s degree in nursing, be a registered nurse who is actively involved in some aspect of health care delivery, education, or research in a clinical setting, and a Sigma Theta Tau International member.

The funding is up to $5,000.

Editor’s note: Go to www.nursingsociety.org for more information.
Follow these four ways to praise employees

Many times, praising an employee for work well done takes little effort. The effects of praise, however, are often great. A few positive words could completely turn the day around for one of your staff members.

Consult the following four ways to thank employees: personal praise, written praise, electronic praise, and public praise.

**Personal praise.** Employees consider this type of praise to be the most important. It involves you verbally thanking a staff member one-on-one for doing good work, seeking an employee out for such praise, or commending a nurse for good work in front of another employee. The best personal praise is timely, sincere, and specific.

**Written praise.** This type of praise is the next most valued type. You can take advantage of written praise by adding a letter of commendation to a worker’s personnel file, or by sending a written note of thanks or a thank-you card.

**Electronic praise.** Twenty-eight percent of employees say that having positive e-mail messages forwarded to them is “extremely important”; 65% say it’s “extremely or very important” to be copied on positive e-mail messages. Use technology to highlight good news.

**Public praise.** Publicly praise employees by sharing positive letters from patients, or posting them on a “good news bulletin board.” Taking time at the beginning or end of department meetings to thank performers, or allowing employees to acknowledge each another at group meetings, can also be very effective.


Consult these top three tips to fuel motivation

A good leader helps motivate his or her staff to achieve the best in their personal and professional lives. Consult the following tips on how to maintain motivation in yourself and your staff:

1. **Visualize backward.** When you visualize backward, you take a look back and see where you were and how far you’ve come. Perhaps one of your goals was to become more organized and you have made great strides in that area.

   **TIP:** Think back to a time when you weren’t so organized; this picture will keep you moving in the right direction.

2. **Surround yourself with motivators.** Small reminders of your goals will help keep them present in your mind, and will fuel motivation.

   **TIP:** Put symbols, signs, notes, or items that remind you of your goals in your office, home, or calendar.

3. **Read others’ success stories.** The daily newspaper includes dozens of small success stories.

   **TIP:** Buy a paper and read about others’ success. This will serve to motivate and inspire you to action.

‘Pit to peach’ award recognizes innovative nurses

Thank you to everyone who submitted tips to Strategies for our summer 2003 drawing.

Congratulations to Shirley Lewis, operating room director, and Deitra Erickson, clinical manager, at Piedmont Hospital in Atlanta. Lewis and Erickson are the winners of the Strategies for Nurse Managers summer drawing. We drew these names from a pool of innovative managers across the country who sent in their management success stories. They will receive a $50 prize.

Lewis and Erickson instituted an award to encourage staff to come up with positive, creative solutions for any issues that may come up on the unit.

The two developed the “Pit to Peach” award, and give out the prize twice a year to innovative nurses. The name for the award stems from the facility’s location—on Peachtree Road—and the idea that an issue that was once “the pits” is now “a peach.”

“The peach is part of our culture of service and excellence,” says Erickson. Award recipients receive a pin in the shape of a peach. Any patient, visitor, or staff member can nominate a staff member for going above and beyond. Here’s how the award works:

1. A staff member or manager identifies a specific problem
2. The staff member finds a solution to the problem
3. The employee enlists support from management and peers
4. The nurse shows respect for others by allowing input from all affected by the solution
5. The employee takes ownership and contributes to the effort to enact change
6. The end result increases efficiency and staff satisfaction

Lewis and Erickson give out the award during nurses’ week and perioperative nurses’ week. Administrators recognize the recipient during a departmental inservice with a framed award and a gift certificate. They also recognize the winner in an article in the facility newsletter.

“We’ve found that the best solutions come from our staff,” says Erickson.

“Sometimes [the solution] is very simple, such as changing the location of the label on supplies to make it easier to see. Sometimes [solutions] require an enormous effort, such as one employee who collaborated with countless staff members to reduce the number of supply carts in a very congested storage area.”
Telemarketing brings 131 nurses to one Washington, DC, hospital in 13 weeks

As George Washington University Hospital prepared to staff a new hospital campus in August 2002, the facility became the first in Washington, DC, to use a new nurse recruitment technique: telemarketing.

Administrators formed a team of representatives from human resources (HR), nursing, and hospital management to run the project. Here’s how it works:

• The facility pays a telemarketing firm for only those nurses its representatives manage to contact

• Callers use a special script when speaking with nurses, which includes information about
  - job opportunities
  - benefits
  - the new hospital

• The hospital provides callers with a list of anticipated questions and answers written by the HR department

• After each call, the telemarketing firm mails a follow-up letter encouraging nurses to call the facility’s recruitment line for more information, or visit the hospital’s Web site

• Two to three weeks later, nurses receive a video about the new hospital and nursing opportunities

• The telemarketing firm sends a daily file to the hospital with specific information about each nurse contacted, including areas of interest, current employer, and years of experience

• To identify each nurse’s qualifications and provide information about open positions, HR staff members place at least two calls to each nurse who expresses interest in working at the new hospital

• An HR representative asks each nurse to send a résumé or fill out the online job application, which he or she in turn forwards to nurse managers for follow-up

Administrators say this method enabled them to contact thousands of nurses in the course of six weeks. Of all of the hospital’s recruitment efforts, administrators say telemarketing produced the best results—after 13 weeks, the facility had hired more than 131 nurses. Experts say telemarketing is useful because it

• directly reaches the target audience
• provides an exclusive message (the message isn’t placed next to another recruitment ad)
• offers an opportunity to test and refine messages, and provides valuable feedback to use in other advertising efforts

To communicate effectively, leaders need to try out new techniques with their staff. Check out these tips on how to enhance communication with employees:

• Insist that staff inform you of both progress and problems. Don’t just wait for good news.
• Make time to eat a meal in the cafeteria each week at a different time. Don’t just sit with fellow executives; get to know employees at all levels.
• Make yourself visible by making rounds in the halls once a week at the very least. Don’t just stop by the friendliest units; visit them all.

Have you noticed tension among staff members? Do nurses on your unit have a hard time working out conflicts among themselves and with other coworkers?

Try the following exercise to evaluate employees’ conflict resolution skills. Ask staff to anonymously respond to the following questions:

Do you ever . . .

• Cause bad situations to become worse by overreacting?
• Feel pressured to give in or let others take advantage of you?
• On a regular basis become angry when interacting with certain individuals?
• Feel ongoing resentment toward a colleague that you think affects your personal or professional relationship?
• Argue with another staff member and not know how the fight started?

If most staff members respond ‘yes’ to two or more of the above questions, consider holding a conflict resolution seminar for staff. You can enhance teamwork and productivity by helping employees to appropriately manage conflict.

Adapted from: “Safe corrections facilities learn to refine conflict management skills,” in Corrections Professional magazine.

Use an informational brochure to attract RNs

Administrators at UPMC Health System in western Pennsylvania found a way to attract new RNs to their facility—they mailed out a nursing recruitment brochure to 70,000 nurses in the region.

“It showcases the nursing profession at all the hospitals,” says Melanie Heuston, RN, director of nursing recruitment for UPMC.

She obtained the names from the state board and says that after receiving UPMC’s brochure and a related letter, more than 350 interested nurses called the system. Heuston says UPMC was able to hire a number of these candidates.

She adds that the system’s senior vice president and chief nurse, Gail Wolf, RN, DNS, FAAN, periodically sends materials such as this brochure to the region’s nursing school deans. Wolf calls this an “update to the deans,” a process that helps keep nursing school administrators up-to-date on the events at UPMC’s hospitals.

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.
Experts offer strategies to get staff to comply with surgical site-marking

The main compliance problem with the national patient safety goal surgical site-marking requirement is getting medical staff to accept the new procedures, say experts. Consult these tips to help get physicians on board with the changes:

1. **Allow other hospital staff to mark the site.** Implement a policy that allows other hospital staff to mark the site and bans patients from entering the operating room unless they have a mark. “That’s an interim step,” says Richard A. Sheff, MD, managing director of the Greeley Company, a health care consulting firm based in Marblehead, MA.

2. **Invite key staff to help develop the site-marking policy.** For instance, you might want to involve surgeons, preoperative nurses, anesthesia care providers, and risk managers, said Suzanne Graham, RN, PhD, director of patient safety for the California regions of Kaiser Permanente, during an April audio-conference hosted by HCPro, Inc. Minimize the burden on clinicians by simplifying the policy and making sure site-marking supplies are readily available.

3. **Take the burden off clinicians.** For instance, Sentara Norfolk General Hospital in Norfolk, VA, has a policy in which everyone involved in a procedure gathers just before the incision to verify that they are operating on the correct site, says Iris Welsch, RN, clinical director of surgery. If any team members balk at the verification process, others can simply point to a poster on the wall that reminds people that it is hospital policy. The poster includes Welsch’s name and pager number, as well as the names and numbers for her co-director, the medical director for surgery, and other senior leaders.

“The staff don’t have to be fighting with surgeons to try to get it done,” she says. “It took them out of the middle.”

Initially, staff had to call the numbers listed on the posters to report problems, but now the message is clear. Physicians are complying with the policy and fewer calls are made to report problems.


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**Save the date!**

**The Institute for Nursing Healthcare Leadership** will hold its program, *Charting the Course: The Power of Expert Nurses to Define the Future*, in Boston, September 21–23 at the Boston Marriott Copley Place.

According to the conference Web page, the event will help to educate nurses on “making public the power and wisdom embedded in expert nursing practice and highlighting nurses’ profound influence on patient and family outcomes.”

Conference sessions will include the following:

- As the Future Catches You: Forces Affecting Life, Work, Health & Wealth
- The Power of Expert Practice
- Laying Claim to Practice: The Clinical Narrative
- Creating a Culture of Care: Executive Leadership for Expert Practice
- Magnet Hospitals Revisited: Issues and Concerns
- Designing Models for Recognizing and Advancing Nursing Practice
- Preserving the Nurse/Patient Relationship. What Happens If We Don’t?

For more program information, go to www.hms.harvard.edu.
Professional coaching raises morale, improves care

By Leah Kinnaird, RN, EdD

Helping nurses progress from being task-oriented technicians to becoming caring, outcome-focused critical thinkers requires more than a workshop. That thought directed hospital executive Linda Pullins to consider using a model for professional coaching at her facility.

Pullins is vice president of patient care services at Marion (OH) General Hospital. In February 2002, she asked seven RNs to step out of their usual roles in various hospital departments to take one-year assignments on the medical-surgical units as staff coaches. Since then, these coaches have been working side by side with experienced RNs to raise the general standard of practice.

Like a coach for a sports team, RN coaches do not “play the game.” In other words, they don’t take a patient assignment. Instead, they work closely with one RN or patient care team at a time, helping set patient priorities, organize and delegate work, access resources, and plan patient care. The coach’s job includes raising questions in a way that challenges but does not criticize the RN, and helping the nurse to take a stronger leadership role at the bedside.

The beginning phase of the model focused on developing trust. Coaches were unsure of their own capabilities, and RNs were thinking, “I’ve worked on this unit all these years, and now you’re going to show me how to do my job?”

Once on the unit, nurses noticed immediate gains in patient care, such as

• the ability to improve pain management
• reduction in overtime
• reduction in error potential through the identification of near-misses

Within six months, RNs became more comfortable with having a coach who helped them with critical thinking skills.

After more than a year of working with their coaches, staff members can see that practice improvements are real. Patient satisfaction scores have increased dramatically, and staff members applaud the coaching experience and the coaches’ work.

Editor’s note: Kinnaird is a consultant with Creative Health Care Management, www.chcm.com.

How to choose committed coaches

Check out some criteria for selecting coaches, from Leah Kinnaird, RN, EdD, a consultant with Creative Health Care Management. They include the following:

• Able to see the big picture
• Open, honest in all communications
• Track-record of competence
• Commitment to organizational goals
• Willing to give praise and credit to others

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Use the ‘cycle time reduction’ process to improve quality on the unit

As a new nurse manager, one of your responsibilities is to help develop a nursing care delivery system that sets your hospital apart from the others. When looking to improve quality and reduce costs, take a look at what a few major consumer business leaders such as Texas Instruments, Chrysler, and Intel have done. These organizations use a process called cycle time reduction to review their existing processes, pinpoint where there is wasted time or effort, and develop an improved process to achieve the same results more efficiently.

Here’s how to bring the process into your facility:

- **Create a goal statement.** What is your unit or facility trying to achieve? Perhaps you want to create better working conditions to raise staff satisfaction.
- **Draft a budget.** Decide on a maximum amount that you are willing to spend on the effort.
- **Assemble your team.** Choose a project “champion” who will advise the group. Pick participants who are excited about the process to join the group. Also identify a group facilitator and an outside observer.
- **Develop your tools.** Create a block diagram and a wall map that outlines the major project components—patient administration, daily care, education and discharge. Identify the tasks associated with each component and assign time values.
- **Examine the current process.** Now you’re ready to take a close look at your processes. Use the following general guidelines:
  - Keep the best of the current process
  - Discard repetition
  - Eliminate waste
  - Develop new methods for completing care functions


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Case study

How to handle criticism from staff

Problem: Some days criticism can come from all directions—doctors, your staff, patients, families, and other visitors—and you can feel like everyone is out to get you. Increased anxiety and defensiveness might be your typical response to criticism, but these are not necessarily the healthiest responses.

Answer: If you can learn new techniques that help you deal with criticism, you can decrease your anxiety and defensiveness. Experts recommend the following assertive techniques and say that by following these strategies you can help prevent potentially volatile situations from escalating:

Agree with the possibility
Stay calm and acknowledge to your critic that some truth may exist in what he or she is saying.

Remember, though, that you are still the judge of your own behavior.

Ask for more information
Acknowledge and clarify the criticism by asking for more information—what, when, why, where, and how?

Own up to the mistake
Accept and openly acknowledge your own mistakes and faults.


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