HCPro

Strategies

FOR NURSE MANAGERS

Vol. 4 No. 3
March 2004

MANAGER TIP OF THE MONTH

In 2004, there will be many changes to daily practice standards, ranging from how to accept verbal orders to patient and nurse staffing ratios. The following activities can help you to motivate and involve your staff:

- List 10 health care–related issues for 2004 (nursing shortage, health insurance costs, etc.). Have staff agree on the top three issues.
- For each of these issues, develop a bulletin board with sections for each topic.
- Have staff divide into three teams and assign each team a topic.
- Have team members cut out newspaper articles, Internet info, etc., for their topic and post on their section of the bulletin board.
- As a group, identify how these topics will affect the care you deliver in your organization or department.
- Post a sample letter to your state Representative and have staff develop suggestions on how these issues affect direct patient care and what heath care workers believe are workable solutions.
- If you have funds for prizes such as theater tickets, popcorn parties, etc., use them to reward the team that maintained their bulletin board section and followed through with letters to their representatives. Should you have no funds, approach a vendor for a contribution for something such as pizza for a team reward. ■

Source: Adapted from "Manager tip of the week," Health Resources Unlimited ©2003 Shelley Cohen, RN, BS, CEN, www.hru.net.

Nursing shortage

Hospitals find creative solutions to combat the nursing shortage

Due to increasing stress from the nursing shortage, health care organizations across the United States and Canada are feeling pressure to quickly improve their recruitment and retention techniques. Reports correlating nurse staff levels to quality of care are proving that the staffing crisis is directly effecting patients.

However, low budgets and a highly competitive market have become barriers for attracting new nurses.

According to the November 2003 Institute of Medicine (IOM) report, *Keeping Patients Safe,* hospitals—and more specifically nursing units—need to undergo major changes in order to provide safe, quality care and having more staff available is the number one priority.

The report found that low nurse-to-patient ratios, long shifts, inadequate skills and insufficient education all play a significant role in many hospital errors and patient deaths. Staffing was highlighted as one of the most important factors that need immediate attention.

Due to these findings, hospitals across the country have been forced to come up with creative solutions solve their staffing problems.

The following are some examples of strategies being implemented in hospitals throughout the nation:

- Spartanburg Regional **> p. 2**

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Creative solutions

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Healthcare System in South Carolina now allows nurses to bid on extra shifts through an online auction. The bidding starts at $40 an hour and nurses bid down by 50 cents per bid. At the end of the auction, the bidder with the lowest wage wins the shift.

- At Cleveland Clinic in Ohio, nurses now have the option of working a "mom shift," which begins at 9 a.m. and ends at 2 p.m. The clinic also offers nurses positions that provide them with summers off, and it has partnered with KinderCare Learning Centers to provide child-care to nurses with children.

- Johns Hopkins Hospital in Baltimore provides nurses with 50% of their children's college tuition.

- San Antonio Community Hospital in California started a concierge service to help nurses with their personal errands. Some of the services provided include laundry and dry cleaning service, movie rentals, package and mail shipments, movie tickets, and film developing.

- Beth Israel Deaconess Medical Center in Boston offers tuition assistance for nurses earning higher degrees. They also offer pay raises, flexible hours, and housing allowance to allow nurses who live far away to rent a local apartment.

Other hospitals have changed their marketing strategies in order to attract more male and minority nurses.

Hospitals with slightly more money in their budget have started "lift teams" to help nurses move heavy equipment and large patients, reducing the risk of nurses being injured at work.

Some hospitals have started using robots to do some of the legwork that often takes up nurses time, such as transporting meals, medication, medical records, and supplies throughout the hospital. This allows nurses to take the extra time and focus more on patient care.

Aside from implementing some of these new techniques, managers have also started to rethink the roles and responsibilities of nurses, stopping mandatory overtime, increasing time between shifts, allowing nurses to make important decisions, and cutting back on their paperwork by using computer technology.

Some hospitals have even discovered that they can increase job satisfaction by providing them with more of the essential supplies they are lacking, such as extra thermometers. ■

Source: Adapted from The New York Times. *Jan., 6, 2004.*

Quick tip

Submitted by Debbie Caplan, MSN, RNC, CAN.

On my unit at Thomas Jefferson University Hospital in Philadelphia, we have periodic "theme parties" as a creative way to keep morale high and promote team spirit.

For example, we turned the unit into a Wild West saloon for a "Wild West Day." The staff donned western hats and bandanas, rode stick horses, and decorated the halls with Wild West scenes.

We had a luncheon in the "saloon," which included traditional favorites like hot dogs and beans. Both staff and patients enjoyed the festivities.

Educating staff

Safeguard your seniors: Teach staff how to protect and cope with problematic elderly patients

Elderly patients can become increasingly problematic when taken out of their environments and placed in institutional settings. Therefore, it is important that your staff make every effort to ensure that these patients are adequately assessed and that steps are taken to prevent injury. For example, inform your staff to be wary of the following risks associated with the elderly:

- Falls
- Wandering/elopement
- Dehydration and skin breakdown
- Medication errors
- A medically-induced worsening of their confusion

Communicate with this vulnerable population and their families to accurately assess their risks and solicit assistance in managing these patients during their hospitalization. Identification of specific needs, habits, communication styles, response to medications, and verbal cues will decrease the likelihood of negative outcomes.

Frequent checks accompanied by offers to assist in using the toilet, provide hydration or nourishment, and give reassurance may reduce the patient's anxiety and accompanying agitation. Systems to prevent patients from wandering may also be beneficial. These may include bed alarms, wander alarms that sound when a patient exits or attempts to exit a particular door, or controlled access units.

These prevention efforts frequently require the commitment of extra resources, but they are worthwhile because the risks have potentially devastating consequences. ■

Source: Excerpted from Handling Difficult Patients: A Guide for Staff, www.hcmarketplace.com.

Retention and morale

Holiday cheer spreads throughout the year

Editor's note: This tip was submitted by Donna Greene, RN, Director for the intensive care unit and critical care unit at The Regional Medical Center in Orangeburg, SC.

In a 10-bed intensive care unit and 10-bed critical care unit at The Regional Medical Center in Orangeburg, SC, staff came up with the following idea:

At Thanksgiving, each staff member drew the name of a coworker from a hat and had to come up with 10 things he or she appreciated about the person whose name was chosen. Each member's list was written on a "Thanksgiving praises" sheet. Once the sheets were completed, they were laminated and hung all around the nurses' station for everyone to read. Another unit at Regional borrowed the idea and hung theirs from Christmas garland and titled them "Christmas blessings." The response was so overwhelming that the staff kept them up for nearly two months. The posters were humorous, inspiring, and motivating, and they let the staff know that their efforts were not going unappreciated. The goal of the project was to

- encourage staff to find the positives in one another
- build morale by letting staff know the positive feelings their coworkers have for them
- hold staff accountable for those things that others have said about them

A surprising result was also achieved: Other staff in the hospital, including physicians, commented on the project. They were also impressed and said it helped them to see the good in people that they may not have previously noticed. ■

Managing right

The three S's of nursing in the 21st century

How do you cope with a constantly changing world of health care? **Tim Porter-O'Grady, EdD, PhD, RN, FAAN,** recommends the following rules of thumb, which he refers to as the three S's:

1. **Standards.** Standards provoke a foundation or a set of parameters around an action, giving it consistency and form. They're not static—they shift when the reality or demand changes. Standards serve as a rational framework within which action can occur and be evaluated. Standards aren't procedures; they're the principles upon which procedures are based.

   In a rapidly changing environment, staff and leaders should use standards to assess changes and to reflect the content and value of the change on current behaviors and practices.

2. **Staffing.** Staffing and resource issues should reflect the standards that support them. Everyone should be clear that there is a logical, rational relationship between staffing and resource standards and the level, intensity, and distribution of work. Without this connection, it's as though a standard doesn't exist at all.

   Staffing is usually the most visible indicator of this broken relationship. When there is no clear data that suggests the relationship between demand, work, and expectation (outcome), there is no variable standard. If finance (or lack thereof) is the only variable that affects staffing, then there is no viable standard. Two key elements of a standard are missing: demand and expectation. Staff and their leaders must be vigilant regarding the information and use of a standard and the shifting data that changes it so they're always doing what is true and correct.

3. **Service.** Service is the work we do to meet the needs of others. Today, we have a crisis of expectation. The patient expects the same service, time, and content that he or she has always received, and the nurse has an expectation of the number and kind of services the patient should receive during his or her stay at the hospital. For the most part, neither has talked to the other about their expectations. In this difficult context, the nurse tries to provide good service.

   In the changing context of health care, none of the expectations that either the nurse or patient brought to the relationship can be met any longer. Process now makes it possible for the patient to receive the same amount of care in an hour or a day, that was once only manageable in five or six days. The patient expecting to receive the same service content that he or she received as an inpatient is unrealistic.

   On the other hand, some nurses are expected to fulfill all the duties that he or she once performed in a week in a single day. Nurses and patients have expectations of each other that they are unable to fulfill.

   In this scenario, the nurse must alter the patient's vision of what health service is becoming and continue to deliver a high level of patient care within the new equation of time. Changing their mutual expectations of each other becomes a major part of the nurse's work if either the nurse or the patient is to feel satisfied. ■

Source: "Understanding a New World of Nursing," by Tim Porter-O'Grady, EdD, PhD, RN, FAAN, senior partner of Tim Porter O'Grady Associates, Inc. an international health consulting and mediation practice, www.tpogassociates.com. *Reprinted with permission.*

Questions? Comments? Ideas?

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Staffing analysis

How to effectively present staffing data

Data have a powerful impact only if presented effectively. The Joint Commission on Accreditation of Healthcare Organizations' (JCAHO) staffing effectiveness standard requires that, in addition to collecting data and analyzing its effects on patient outcomes, you report your results to hospital leaders.

What is the best way to present your data? How can you most effectively help administration understand the impact of your data and how you use it to improve patient outcomes?

Perhaps you have compiled extensive pen-and-paper data and entered it into a spreadsheet. A spreadsheet might be an effective way to organize your data, but it is probably not the best way to present data to persons other than those who were actually involved in the data collection process.

You will probably have large amounts of data to present. When summarizing this much data, a graphic presentation may highlight significant features that are not readily observable in a spreadsheet's column of numbers. As you make a decision about the best means of presenting your staffing analysis data, consider your audience.

Potential audiences include JCAHO surveyors, hospital leaders, quality improvement committees, staff nurses, boards of directors/trustees, and state regulatory bodies. Take steps to ensure that your presentation focuses on indicators for which that particular audience is most interested. Perhaps you are trying to improve staff performance by showing staff members in the respiratory care unit an association between skill mix and patient complaints. In this case, your presentation should concentrate on data for that unit.

When presenting data to JCAHO surveyors, highlight your analysis, relationships between trends and staffing, corrective actions taken, and the effectiveness of such actions. Remember that JCAHO's standards are not prescriptive. They do not dictate what data to collect, how it should be analyzed, or what you should do about the results. The JCAHO need to see that you are assessing staffing effectiveness in terms of its impact on patient safety and patient outcomes. You must be able to demonstrate through leadership and staff interviews that the effectiveness of your staffing system is of primary importance to your facility.

There are various types of graphic presentations to choose from. When selecting the type you want to use, be sure that your graphics meet the following four requirements:

- They do not misrepresent or distort the data that you present. For example, do not base your presentation on limited data. Data pertaining to only a selected area is a misrepresentation.
- They do not sidetrack your audience with irrelevant information. Do not go into detail about how you created your graphics for your presentation. Use the time you have to focus on the data and how that data relate to staffing effectiveness.
- Whenever possible, they present data in a way that encourages comparison of different data sets.
- They provide a brief, concise description of the measures you are using prior to introducing a graph illustrating a particular staffing effectiveness relationship. This will help your audience to focus on the results that you present rather than definitional details.

Three of the most common graphs are bar charts, histograms, and x-y plots. A combination of these graphs is the best way to introduce various data pieces before presenting the final relationship between staffing and clinical assessment in an x-y plot. ■

Source: Excerpted from Staffing Analyzer: Simplifying Data for Nurse Managers, www.hcmarketplace.com.

JCAHO recommendations

JCAHO: Long-term care facilities must control infections

Hospitals aren't the only facilities that must be wary of health care–associated infections. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) also wants long-term care organizations to improve their infection rates as well.

In a *Sentinel Event Alert* released in January 2003, the JCAHO recommended that caregivers at long-term care organizations follow the Center for Disease Control and Prevention's (CDC) hand-hygiene guidelines.

The accreditor also said to "manage as sentinel events all identified cases of death and major permanent loss of function attributed to a nosocomial infection," the *Alert* says.

In the *Alert,* the JCAHO suggests the following risk-reduction strategies:

- Revise orientation and training processes, including competency assessments
- Revise equipment cleaning processes
- Revise handwashing procedures
- Switch to single-use intravenous flush valves
- Use waterless hand rubs
- Define supervisory expectations
- Conduct inservice and team trainings on infection control (IC)
- Institute tracking systems

The JCAHO's IC recommendations make sense, says **Steve Bryant,** director of accreditation and regulatory compliance services with The Greeley Company in Marblehead, MA.

The use of alcohol-based hand rubs, gels, and foams will cut down on infections in long-term care facilities because they encourage staff to wash their hands more during the course of their shift, Bryant says.

Long-term care facilities can also take other steps to control infection, Bryant says. Organizations can use the data they collect to keep infection rates down by keeping tabs on infection rates of residents treated by specific physicians, nurses, and others.

The facility should use that information to determine staffing. Consider those data when assessing the doctor's overall treatment of a resident. That information should also be used when a facility is considering reappointments of medical staff, he says. ■

Source: Adapted from **Briefings on Infection Control,** www.hcprolibrary.com.

Case study

Three-step process leads to faster, more efficient emergency department visits at New Jersey facility

Riverview Medical Center in Red Bank, NJ, recently implemented changes to improve access and patient comfort while decreasing wait times in its emergency department (ED).

Riverview ED staff have accomplished this by moving their patients through a three-step process:

1. A nurse meets every ambulatory patient as he or she enters the ED. This nurse is assisted by a "greeter," who provides help in the ED 24 hours a day and acts as a patient guide, doing everything from making sure the patient's car is valet parked, to providing the latest information or developments to a patient's family.
2. Once the patient's level of need is determined, he or she is registered and shown to the appropriate area of the ED—either a treatment room in the main ED or a "fast-track" room, where minor injuries and illnesses can be treated promptly.
3. After a preliminary assessment of appropriate testing is conducted, the patient goes to the post-procedure room. There, the test results are reviewed and treatment instructions are given.

Using this new model of care, wait times are reduced as patients move through the ED more rapidly, and treatment rooms open up more quickly for the next patient. Patients are also pleased with the increased communication offered by this new model of care. ■

Source: Excerpted from Handling Difficult Patients: A Nurse Manager's Guide, www.hcmarketplace.com.

Case study

Explain protocols in simple terms

An elderly female patient had severe cognitive impairment and was suffering from end-stage Parkinson's disease. The physician asked the woman's daughter, "Is your mother coded DNR [do not resuscitate]?" The daughter said no, and the physician became exasperated, asking her what quality of life she thought her mother had. This made the woman anxious and sent her into a confused panic.

The truth of the matter was that no one had ever explained to the daughter the meaning of DNR. After the physician left, a nurse sat down with her and reassured her that all her mother's needs would still be met; she would continue on an intravenous and receive appropriate care, but if her heart stops, the staff will not administer cardiopulmonary resuscitation (CPR).

She explained that performing CPR on someone as frail as her mother would result in broken ribs and a high level of pain. Once the procedure was explained, the daughter thanked the nurse for taking the time to explain the protocol and signed the forms, listing her mother as DNR. The daughter had been under the common misconception that DNR meant that all interventions would be discontinued.

Does your nursing staff use medical jargon when speaking to patients? Taking a few minutes to explain protocols can make a huge difference with patients and their families. Never assume that patients and their families are familiar with medical acronyms and hospital jargon. ■

Source: Excerpted from Handling Difficult Patients: A Nurse Manager's Guide, www.hcmarketplace.com.

Interdisciplinary care corner

Address interdisciplinary care issues before your next JCAHO survey

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expects interdisciplinary care planning and delivery at your facility. That means both your processes and documentation tools must show that you, as team members, care for your patients using an interdisciplinary approach. You must demonstrate this by using the following:

- Assessment findings that were shared and used
- Problems that were identified and prioritized
- Determined goals that were measurable and evaluated regularly

During your facility's survey, surveyors will assess compliance with the standards and elements of participation through an open record review of selected patients in various clinical settings. This selection of patients is known as tracer methodology—a key component of the JCAHO's *Shared Visions—New Pathways™* survey process. As of January, JCAHO surveyors choose tracer patients and follow their charts through each of the health care services they receive. The surveyors will look for evidence of the following:

- Appropriate documentation
- Communication among care givers
- Staff education

Specifically, they will look for evidence that at the completion of an initial patient assessment, the discipline that completed the assessment has identified and prioritized the patient's problems. When only one discipline is involved in completing patient assessments, all problems are identified and prioritized by that one discipline.

However, for admissions in which assessments are completed by a number of different disciplines, the JCAHO will look for evidence that there is a process by which assessment findings are shared among other disciplines—allowing them to identify a comprehensive list of patient problems.

Next, the surveyors will examine the documentation and policies that you and your fellow care providers use to prioritize those problems. They will then study the patient's individualized plan of care. Surveyors will want to see documentation that all the team members are aware of the goals identified, that the patient's progress toward the goals is periodically evaluated, and that necessary revisions to the plan of care are made. ■

Source: Excerpted from Working in Interdisciplinary Teams to Improve Patient Care: A Staff Training Handbook, www.hcmarketplace.com.

JCAHO standards

Goal #2a compliance is tougher than you think: How to satisfy the JCAHO with 'critical' lab results

Now that 2004 is in full swing, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) expects you to comply with its National Patient Safety Goal #2a, which concerns critical test results.

Specifically, the JCAHO requires your organization to develop a process to ensure that staff members provide read-back verification of all critical test results received verbally or by telephone. The JCAHO will score the Goal #2a under standard **IM.6.50.**

This standard assumes that your organization has defined critical test results. If your organization hasn't yet done so, the JCAHO will consider all test results provided verbally or over the telephone to be critical.

"Complying with this new goal is tougher than it appears," says **David Bates, MD,** chief of the division of general medicine for Boston's Brigham and Women's Hospital in Boston.

He offers the following tips for keeping your facility in compliance:

- **Keep the "critical" list as short as possible.** Hospitals that participate in the collaborative have examined when test results should be communicated directly to the person who can take immediate action—the patient's physician. Keeping the list of critical values as short as possible is a time-saving measure that allows physicians more time to focus on patient care.

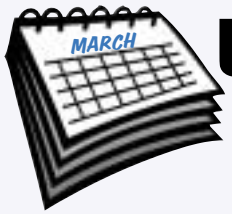
- **Identify when the lab should report test results directly to the patient's physician.** Again, staff should report life-threatening results directly to the patient's physician. Other results can be reported to the nurse on the unit or a unit secretary.

- **Identify who should receive critical test results when the physician is not available.** This is crucial because many errors and adverse events can be traced back to communication breakdowns between the lab and the physician who ordered the test, says Bates.

Develop clear, standardized procedures regarding who to contact when the patient's physician is not available. Smaller hospitals may designate a hospitalist, while larger hospitals may revert to someone on the code team.

In addition, your hospital should have a centralized, current on-call list that staff can easily access so they can reach the on-call physician covering for the one who ordered the test results. ■

Source: Adapted from **Briefings on JCAHO,** *www.hcprolibrary.com.*



Upcoming events

Audioconferences:

3/11/2004—Organization-wide competence assessment

3/17/2004—Nurse liability: Strategies to greatly reduce personal legal risk

3/18/2004—JCAHO's 2004 ongoing records review standards

3/19/2004—Competency assessment planning: Comply with the 2004 JCAHO survey process

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Patient safety

Keeping patients safe: Five recommended ways to help nurses combat fatigue on the job

A growing number of registered nurses are either asked or told to work more hours, a danger that poses "one of the most serious threats to patient safety," according to a new report published by the Institute of Medicine (IOM).

Sleep is the best way to counteract fatigue. A study published in 2002 in the *Journal of Sleep Research* suggests short naps can increase alertness. **Kirsty Kerin, PhD,** a consultant with Circadian Technologies, Inc., a corporate solutions company in Lexington, MA, offers the following tips for staying awake and alert:

1. **Take a power nap**—Five minutes or less will do the trick, and is by far the best way to counteract the harmful effects of fatigue.
2. **Chew on ice or mint-flavored gum**—The coolness of the ice stimulates your brain and mint has natural properties that help keep you alert.
3. **Eat citrus**—Snack on an orange or put lemon in your tea if they agree with your palate. This will help stimulate your brain and increase your alertness.
4. **Brush your hair**—This helps stimulate your scalp and promotes blood flow to the brain.
5. **Avoid sugar**—Otherwise, you'll feel sleepier once your body hits its sugar low. Also avoid eating peanuts, milk, tuna, and turkey, since each has substances that promote sleep. ■

Source: Adapted from **Briefings on Hospital Safety,** www.hcprolibrary.com.

Workplace diversity

Accepting diversity definitely makes a difference

Nurses need to embrace diversity in the workplace. Although nurse managers want to encourage colleagues to adhere to mutually agreed-upon work and performance standards, they also should recognize individual preferences and differences. We need to be open-minded and willing to learn from others—not just the skills and competencies of nursing care.

What difference do differences make? Diverse skill sets and expertise allow teams of nurses to provide care for a wider variety of patient needs. Differences shape the work culture of a unit. How a nurse reacts to colleagues' differences can either encourage or discourage them to remain on your unit.

Employ inclusive rather than exclusive practices with your colleagues. Exclusive strategies include stereotyping, making assumptions about colleagues' personal lives, or deciding it's their responsibility to blend into the workplace.

Use the "Platinum Rule" instead of the "Golden Rule": Treat others the way they prefer to be treated rather than treating others the way you would like to be treated. Nurses can use similar assessment techniques with colleagues that they use with patients. Nurses should watch for nonverbal cues, not be quick to criticize and react, and seek to understand others' points of view.

Agree to disagree. You don't have to always agree with colleagues' ideas and opinions. But you can be respectful in how you disagree. If it's an issue you are passionate about, choose carefully when, where, and how you express your beliefs. ■

Source: Excerpted from Keeping Colleagues—Nurse Retention is Everyone's Responsibility, *Dennis Sherrod, EdD, RN.*

Recognition

The seven aspects of effective recognition

It's not good enough to simply encourage the behavior you want from employees—you've got to find a way to tap into their hearts and minds, and elicit their best effort. The act of recognizing an employee has to take into account the following seven considerations:

1. **Contingency.** Contingency relates to how closely the recognition is tied to the behavior recognized. Contingent recognition is given only when an employee exhibits desired behavior or performance.
2. **Timing.** Recognition loses meaning (or can even become alienating to the recipient) when it is not timely, which means that saving up individual recognition for an annual performance appraisal or rewards banquet can be counterproductive.
3. **Frequency.** Positive reinforcement is most effective in shaping desired behavior or performance when it is frequent, at least until the behavior becomes established.
4. **Formality.** A formal reward is one that stems from a planned and agreed-upon incentives program, such as employee-of-the-month programs, years-of-service awards, and attendance awards. Formality leads to a pattern of defined behaviors, whereas informality leads to a pattern of interacting roles.
5. **Recognition setting and context.** Recognition can be given privately to an employee, or in front of some or all of the company's personnel. Most employees prefer recognition that is presented with a personal touch, no matter what size the audience.
6. **Significance of the provider.** In general, manager-initiated recognition is highly valued by employees. But who should provide the recognition? The individual with the most status, or the one with a special relationship to the recipient? There's a trade-off when the person with the most emotional significance to the recipient doesn't also have power within the organization's hierarchy.
7. **Value to the recipient.** Recognition is more meaningful when the form it takes is highly valued by the recipient. Customize rewards and recognition for recipients.

Organizations today need every manager to adhere to these seven aspects of effective recognition, be rewards-and-recognition savvy, and create the kind of workplace that has high retention rates. ■

Source: Adapted from The 1001 Rewards & Recognition Fieldbook*, by Bob Nelson, PhD. For more information go to* www.nelson-motivation.com.

Awards and recognition

AACN Beacon Award recognizes critical care excellence

The American Association of Critical-Care Nursing (AACN) recently launched its new Beacon Award for Critical Care Excellence. The award will be given to hospital intensive care units nationwide that provide exceptional, high-quality critical care to patients and their families.

The foundation of the Beacon Award is based on studies such as the Institute of Medicine report on the effect of nurse staffing on patient care.

It is heightened by concerns about patient safety, medical errors, and the findings of research done by the American Nurses Credentialing Center for their Magnet Nursing Services Recognition Program.

In order to qualify for the Beacon Award, a critical care unit must achieve the following goals as outlined by the AACN:

- Recognized excellence in the intensive care environments in which nurses work and critically ill patients live
- Recognized excellence of the highest quality measures, processes, structures, and outcomes based upon evidence
- Recognized excellence in collaboration, communication, and partnerships that support the value of healing and humane environments
- Developed a program that contributes to actualization of AACN's mission, vision, and values

The evaluation criteria for the Beacon Award also include questions regarding recruitment and retention, education/training and mentoring, evidenced-based practice and research, patient outcomes, healing environments, and leadership/organizational ethics.

For more information about the Beacon Award or AACN, call 800/899-2226 or visit their Web site at *www.aacn.org.* ■

Strategies for Nurse Managers

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Strategies for Nurse Managers (ISSN 1535-847X) is published monthly by HCPro, Inc., 200 Hoods Lane, Marblehead, MA 01945. Subscription rate: $179 per year. • Postmaster: Send address changes to **Strategies for Nurse Managers,** P.O. Box 1168, Marblehead, MA 01945.