Celebrate nursing

Nurses’ Week: Sharing tips, treats, and thanks

In any given year, nurses will have their share of bad days. This stress can affect their attitudes, their performance, and their ability to retain them. Take advantage of your colleagues’ creative ideas below to promote your nurses’ well-being and reward their hard work. Incorporate these low-cost and highly effective activities into your agenda for Nurses’ Week, May 6–12.

Hot off the press
Jennifer Clarke, director of education at Madison County Hospital in London, OH, says her former facility collected compliments about nurses from customer surveys and letters and printed them. “[We] put them into a daily newspaper format and delivered a new set to every unit each day of Nurses’ Week. They loved them.”

The gift of giving
Nurses at Transylvania Community Hospital in Brevard, NC, attend an event in their honor every year. Llyn Shook, staff education coordinator at Transylvania, says the celebration includes plenty of gifts and food. Shook and her committee distribute items such as pocket calculators, clipboards, and umbrellas, which were a favorite among staff. Employees also place their names in a basket for door-prize drawings when they arrive.

Other hospital staff, vendors, and occasionally local businesses, donate prize items. “Some of the door prizes were Mary Kay products, pottery, and crafts,” says Shook. “We also bought small plants for decoration and gave them away as prizes.”

Everyone loves a free massage
One of the most successful celebrations at Susan B. Allen Memorial Hospital in El Dorado, KS, was a spa-themed event. Jeanna Short, RN, MSN, ARNP, director of education, says her planning committee turned their educational center into a day spa. They used green turf, filled several wooden tubs with small white balloons as “bubbles,” and placed large plants around the room as door prizes.

Short says the biggest attractions at the spa were the massage stations. Massage students from the local junior college and several reflexology/massage therapy businesses provided free massages for several hours. “The president of our hospital even showed up when he heard there were free massages,” says Short.

Viva Las Vegas
All of the nurse managers at Lincoln Medical Center in Lincoln County, NC, plan a nurse’s day celebration. Once they’ve agreed on a

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Celebrate nursing

Nurses’ week <p. 1

theme, they plan their decorations. Joyce Estes, RN, MSN, director of educational services at the hospital says one year the committee planned a Las Vegas extravaganza. Estes says they rented a roulette wheel and a blackjack table, and a colleague’s friend did Elvis impressions. The nurses came down in shifts for breakfast and afternoon snacks. “We collected prizes donated from community businesses, such as certificates to nail spas, restaurants, and hair salons. Our gifts were usually bags, sports bottles, or something that was relatively inexpensive to purchase in bulk and customize,” says Estes. (The total cost was $425.00). Managers and supervisors only paid for cakes used in a cake walk—a southern game similar to musical chairs in which cakes are the prizes, says Estes. “It was so much fun!”

Spotlight on hard work
At Sumner Regional Medical Center in Gallatin, TN, nursing leadership hosts an all-day breakfast and lunch buffet each year. “Everyone looks forward to the specialty dishes that each planner brings,” says Sue Riggle, BSN, ONC, nurse educator at Sumner Regional. “In order to provide for the night shift, part of the leadership team comes in the early morning [5 a.m.] and prepares breakfast. The rest of us come in later.” Riggle says the buffet is set up in a large conference room where they display information on hospitalwide and unit-specific projects that nurses accomplished the past year. They include signs detailing various achievements so nurses see how their hard work affects the facility, while learning about other nursing units’ projects. Leadership staff stay the entire day to greet and talk with the staff and give them their nurses’ day gifts that range from polo shirts to canvas briefcases, says Riggle. “The day is fun and personal as it is an act of love and appreciation for our peers,” she adds.

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Interdisciplinary care corner

Take a group approach to tackle the JCAHO’s infection control standards

Learning objectives: After reading this article, you will be able to
1. describe how an interdisciplinary infection control (IC) committee can drive two improvements relating to staff education and the creation of IC policies, as evidenced by a Boston-based team.

Create a committee to comply with the JCAHO’s 2005 IC standards, which took effect January 1, 2005, and emphasize a collaborative approach to prevention and control. Although the JCAHO doesn’t require the creation of a formal interdisciplinary IC committee, creating one is a good way to ensure that your hospital complies with the requirements, says Tammy Lundstrom, MD, vice president and chief quality and safety officer at Detroit Medical Center. “Having a standing committee makes [IC] a priority,” she says.

Consider a wide range of committee members
The IC committee at Detroit Medical Center includes physician leaders, administrators, risk managers, pharmacy, nursing, and OR staff, and other frontline healthcare workers, Lundstrom says. Organizations can add other representatives depending on the services they provide.

Spaulding Rehabilitation Hospital Network in Boston began an IC task force in January 2001, says Lark Dupont, MSN, RN, CIC, coordinator of IC and patient care services for regulatory compliance. The long-term acute-care and rehabilitation hospital had numerous IC issues, including hand hygiene, equipment disinfection, and staff education.

Hospital leaders believed that the best way to address those issues was through an interdisciplinary committee. “I thought it might work out well in this setting because I felt IC needs to get down to the program level,” Dupont says.

Each program—Spaulding’s equivalent of a unit—has a liaison who attends monthly meetings, Dupont says. Spaulding’s IC task force includes nurses, educators, physical therapists, occupational therapists, therapy students, and nursing and rehabilitation aides.

Although nurse managers can serve as the task force liaison, the liaison can also be someone other than a department manager. It may be advantageous to include a frontline healthcare worker to gain his or her perspective, says Lundstrom.

Educate on specifics
The liaisons provide their staff with the major news from the meetings, Dupont says. They can also pose staff’s IC questions or address their concerns during the next task force meeting.

Allowing each unit to tailor education to its needs and scope of services works better than having all staff participate in a hospitalwide session because staff can relate to issues that affect them most and learn in a setting that’s more conducive to their work environment. For example, nursing staff may gather at a nursing station to discuss topics covered during the meeting. Others may use a PowerPoint presentation or other training method.

All aboard
An interdisciplinary IC committee can help draft new policies that comply with the JCAHO standards and still allow departments to function efficiently without extra burden, Lundstrom says. After the IC committee drafts a policy, department leaders should bring that policy back to discuss with their staff and make any necessary changes.

“We can draft policies until the cows come home, but if we don’t pay attention to work flow, it won’t work,” Lundstrom says. The last thing you want to do is have policies that conflict with each other.”

Source: Briefings on Infection Control, September 2004.
Editor's note: Following is the second in a two-part series about time management. The quiz below helps you rate your time management skills and allows you to identify improvement areas. Also read the time-saving tips on p. 5.

Directions: Circle the response that most closely describes how strongly you agree or disagree with each statement. 1 = strongly disagree  2 = disagree  3 = neither agree nor disagree (neutral)  4 = agree  5 = strongly agree

1. When handling paperwork or e-mails, I make sure to process each no more than twice. 1 2 3 4 5
2. It is important for all of my correspondence to look as perfect as possible. 1 2 3 4 5
3. I believe in an open-door policy. 1 2 3 4 5
4. I perform the toughest aspects of my job during the time of day when I work the most effectively. 1 2 3 4 5
5. I set aside specific time on a scheduled basis to work on important, long-term projects. 1 2 3 4 5
6. My office/desk usually looks like a tornado hit it. 1 2 3 4 5
7. When asked to do something that may contribute to my organization's success, I always say yes. 1 2 3 4 5
8. What I do during the day is determined by my calendar or my “to-do” list. 1 2 3 4 5
9. I delegate as many tasks as possible. 1 2 3 4 5
10. I usually wait for the majority of staff to arrive before I start my meetings. 1 2 3 4 5
11. When in doubt, I keep papers or e-mails because I may need them in the future. 1 2 3 4 5
12. Most of my meetings end on schedule. 1 2 3 4 5
13. I prefer to perform tasks myself because that way I can ensure their accuracy. 1 2 3 4 5
14. I am usually interrupted repeatedly throughout the day. 1 2 3 4 5
15. I make it a practice to spend my time at least twice a year. 1 2 3 4 5
16. Before I begin a new task, I ask myself what will happen if I don't do this task at all. 1 2 3 4 5
17. I make it a practice to work on related tasks at one time. 1 2 3 4 5
18. When I chair a meeting, I ensure that all of the attendees know exactly what is expected of them. 1 2 3 4 5
19. When a job is not completed to my satisfaction, I return it to the person to whom it was assigned. 1 2 3 4 5
20. I organize my desk and files on a regular basis. 1 2 3 4 5

Scoring instructions
Add up the numbers you circled to calculate your total point value. For questions 2, 3, 6, 10, 11, 13, and 14, use a reverse scale (i.e., 1 = 5 points, 2 = 4 points, 3 = 3 points, 4 = 2 points, and 5 = 1 point). Total_______

What your score means
95–100: You are a time management genius! Share your secrets with others.
85–94: Excellent. You really know how to allocate your time effectively.
75–84: Very good. You are on the right track. You'll benefit from some of the tips below.
55–64: Okay, but you have not begun to scratch your time management potential.
Below 55: You need some work. Try some of the tips on p. 5 for success.

Strategies for Nurse Managers—April 2005

JCAHO

NPSGs: Proposed requirements for 2006

Learning objectives: After reading this article, you will be able to
1. list the JCAHO’s six new proposed National Patient Safety Goals (NPSG) for 2006
2. describe the implications that the proposed requirements for existing Goal #3—improved medication use safety—have on hospitals
3. Identify two barriers to compliance with proposed Goal #14 and two possible solutions for these challenges

The JCAHO released its proposed 2006 NPSGs for field review in late January. The draft for hospitals included 16 proposed requirements or language updates to existing goals, six proposed new goals with 20 proposed requirements, and the retirement of several goals into the standards. Two goals in place for other accreditation programs are proposed for inclusion in the hospital goals. They include the following:

Goal #10: Reduce risk of influenza and pneumococcal disease in older adults.

Goal #11: Reduce surgical fire risk.

Time management

How to get the most out of every 24-hour day

If you need some help managing your time, read the following hints to make the most of your day:

• Record your time. Before you can make more time, you must first determine how you currently spend it. Keep a time log for at least three to five days. An easy way to do this is to record your activities on your electronic or paper calendar in half-hour increments.

• Analyze your time expenditures. Now ask yourself several questions. The first and most important: What would happen if I did not do this task at all? If the answer is nothing, stop doing it. (Just this one step will save you lots of time.) If you’re unsure, figure out how the task originated. Then determine whether the originator wants you to continue or if the task is still required by current regulation. Note the words “required” and “current,” not “nice to have” or “because we always have done it that way.” If you can’t figure out how the practice originated and don’t see any positive effect on the bottom line, cross it off your list.

• Look for time patterns. Next, look for patterns in your use of time so you can divide your time into chunks. Let’s assume that when you recorded your time expenditures, you learned you are faced with constant interruptions from e-mail, telephone calls, employees, and a wide variety of administrative functions. Combine these areas on your timetracker. For example, only talk to vendors and answer e-mails or routine calls during specified times of your shift.

To deal with constant interruptions, consider abolishing the open-door policy. Rather, schedule a large chunk of time to practice management by rounding. Handle all other meetings by appointment only.

Similarly, routine administrative functions should be handled only during a certain period of the day—ideally, when you tend to be least productive. You must still take care of the true emergencies and analyze the recurring ones. Frequent crises could indicate poor management. You must put processes in place to remedy the problems and assign someone other than yourself to handle them.

Hospitals in 2006

The six proposed new goals include the following:

**Goal #13:** Create and sustain a patient safety culture

**Goal #14:** Empower patients to become involved in their care

**Goal #15:** Avoid patient harm caused by healthcare worker fatigue

**Goal #16:** Avoid healthcare-acquired decubitus ulcers

**Goal #17:** Prevent patient harm from anticoagulants, insulin, and narcotic analgesics

**Goal #18:** Reduce the risk of harm due to emotional and behavioral crisis

**Improve medication safety**

Not all of the proposed changes are new to hospitals, says Patricia Gilroy, MSN, MBA, clinical patient safety coordinator at Nemours/Alfred I. duPont Hospital for Children in Wilmington, DE.

For example, one proposed requirement to existing Goal #3—improve medication use safety—would require that hospitals determine the potential for incorrect line connections when selecting and acquiring catheters and other clinical lines.

Although many hospitals already do so, making it a goal would serve as a reminder for hospital committees monitoring new products, says Gilroy. The goal would provide a checklist for these committees to review when examining new products. Another proposed requirement to Goal #3 includes eliminating the use of multiple dose medication vials when possible.

Several studies have been conducted on the safety issues associated with multiple dose vials over the past four years, says Sue Dill, RN, MSN, JD, vice president of legal services at Memorial Hospital of Union County in Marysville, OH. Even when using a specific method for cleaning multiple dose vials, studies show that vials are still contaminated, says Dill.

**Encourage patients to speak up**

Proposed Goal #14 would require hospitals to encourage patients to be actively involved in their own care. One proposed requirement for this goal is to encourage patients to participate in organization committees that relate to planning or providing patient care services. Although there are benefits to a patient’s participation on these committees, it also presents certain challenges, Dill says.

For example, staff may feel inhibited to discuss important issues, such as near misses, for fear of scaring patients.

However, “it is true that patients actively involved in their own care have better outcomes,” says Dill, whose hospital distributes copies of the JCAHO’s “Speak Up” campaign information to patients as a way of involving them in their own care.

Meeting proposed Goal #14 may be difficult for pediatric facilities, says Gilroy. Although pediatric hospitals, such as Alfred I. duPont attempt to involve parents in their children's care as much as possible, it often proves challenging as parents don’t always remember to bring medication and allergy information. The hospital is creating a parent advisory group to make sure that parents team up with care providers to be involved in the care and treatment of their children.

For example, parents should be present when physicians and nurses are rounding so they know the plan of care for their children, including the discharge plans.

Finance and budgeting

Allergic to math? Use these sure-fire ways to develop a budget

Learning objectives: After reading this article, you will be able to
1. recognize how the role of the nurse manager has evolved over the past 25 years to include job skills beyond the clinical base
2. list and describe three methods to develop a budget

There is no question that in today’s healthcare environment the role of the nurse manager is very different from how it was 25 years ago.

Back then, nurse managers were referred to as “head nurses” and were responsible for leading their areas or units in a different capacity from what is expected today. Head nurses were primarily responsible for providing patient care and running the units, and were often considered working supervisors. Now fast forward to the present: The job of head nurse is virtually extinct.

This isn’t to say that the duties of head nurses no longer exist—on the contrary, they have multiplied. Nurse leaders are responsible for managing and guiding their units 24 hours per day, seven days per week. Nowadays, additional skills beyond the clinical base are necessary to do the job. Below are a few budgeting methods to help managers master one crucial skill for success: financial management.

Different organizations may have different budgeting practices. For example, some hospitals use computerized programs to develop their budgets, whereas others still calculate by hand. With some systems, nurse managers are handed a budget and asked to review, edit, and return it by a certain date. Others are expected to perform the “zero-based budget method,” or ZBB, requiring the manager to build a budget from scratch.

ZBB
ZBB is the most effective and widely used method for budgeting. It consists of calculating projected costs by line item from the bottom up. In other words, rather than looking at the budget history, the new budget is built upon calculated assumptions. By applying this method, you can analyze data and consider alternatives rather than relying solely on the previous year’s numbers.

Flat percentage increase
The flat percentage increase method begins with a predetermined percentage provided to you by your facility. Add this percentage to the current actual number to determine the budget number. For example, assume that for eight months, salaries year-to-date are $525,000. By determining the annualized number ($525,000/eight months = $65,625 x 12 months = $787,500), you can then move to the next step.

Multiply the annualized expense ($787,500) by the predetermined percentage (10%) to calculate next year’s increase ($78,750). Add the increase to the annualized expense to reach the total expenses ($866,250) that you can plan to pay for the next year.

Although this method is quick and easy, it doesn’t take into consideration productivity, nor does it require analysis. Look at the entire picture and learn from the previous year’s experiences to produce a credible, realistic budget. Because of this, the ZBB method is most prominent in hospitals.

Computer budgeting software
Another way to calculate budgets is by using sophisticated computer software. Budgeting software has come a long way and is fairly user-friendly. But remember, if your organization is willing to purchase such software, make sure your finance department approves it.

Source: This excerpt is from the book A Practical Guide to Finance and Budgeting: Skills for Nurse Managers, written by KT Waxman, MBA, RN, and published by HCPro, Inc. Call 800/650-6787 to order.
Hospital rapid-response teams help improve patient outcomes, assist nurses

Learning objectives: After reading this article, you will be able to
1. explain the purpose of a rapid-response team
2. list two ways in which rapid-response teams improve patient outcomes

New response teams aim to improve critically ill patients’ care and reduce life-threatening code situations, in some cases by nearly 30%. Rapid-response teams, which may include a physician assistant, ICU nurse, respiratory therapist, and intensivist, respond within minutes to changes in a patient’s condition.

The patient’s nurse or other caregiver pages the team in an effort to prevent a code situation such as respiratory or cardiac arrest, thereby improving outcomes. “We don’t really take over the care of the patient,” says Jan Padgett, RN, CCRN, ICU manager at Baptist Memorial Hospital in Memphis, TN, which has used rapid-response teams since 2003. “We are really there to help the nurse.”

The Institute for Healthcare Improvement (IHI) made integrating rapid-response teams one of six goals in its 100,000 Lives campaign to save that number of patients by June 14, 2006. According to the IHI, hospital mortality rates dropped 27% when these teams existed in Australian organizations, where the rapid-response model first emerged.

Look for triggers
Rapid-response teams answer calls from nurses or other staff. Hospitals outline certain triggers that staff should look for in a patient before calling for a team.

Some triggers include a patient becoming less talkative, a change in heart rate, a change in oxygen saturation, or a patient unresponsive to treatment, says Nancy Sanders, RN, BSN, performance improvement coordinator at Missouri Baptist Medical Center in St. Louis, which has used rapid-response teams since April 2004.

Staff at Missouri Baptist call a special pager number to reach the team, Sanders says. A respiratory therapist, physician assistant, and ICU nurse are all connected to the same number. Staff can enter the room number or an extension for a team member to call when making the page, says Sanders. The team must respond within five minutes.

Improve survival rates
Memphis’ Baptist Memorial saw a 28% reduction in code blue calls for respiratory or cardiac emergencies in 15 months with a rapid-response team, says Kathy Duncan, RN, director of critical care medicine at Baptist.

Now 65% of all code calls occur in the ICU because the rapid-response teams have helped move those patients at the first sign of trouble. Code survival rates can increase in the ICU because that unit has the resources to treat critical patients, Duncan says.

Pick team members
Having a respiratory therapist on a rapid-response team is a must, Kretteck says. The most frequent call the teams receive is for respiratory distress, he says. An ICU nurse is also crucial to the team because that nurse is accustomed to treating patients with a higher acuity level, Kretteck says.

The hospital also uses an ICU nurse and an intensivist on nights, weekends, and holidays because that practitioner is already in the hospital at those times, Duncan says.

Baptist Memorial’s team receives an average of 22 calls per week, Duncan says. Sometimes the number has reached as high as 42 and as low as 16, and the team has yet to notice any daily or weekly trends, she says.

Source: Briefings on Quality Improvement and Data Reporting, February 2005, HCPro, Inc.
**Nursing in the news**

**Mandatory overtime: Federal bill aims to protect nurses and patients**

Congress recently proposed a bill that would strictly limit the practice of mandatory overtime for nurses.

Studies show that the use of forced overtime endangers nurses and their patients, according to American Nurses Association (ANA) President, Barbara Blakeney, MS, RN. For example, a report published in the July/August 2004 *Health Affairs* found that a nurse’s probability of making a medical error greatly increased when he or she worked shifts longer than 12 hours, worked more than 40 hours a week, or worked significant overtime.

If passed, one provision of the bill would prohibit facilities that receive Medicare funding to require RNs or LPNs to work longer than a predetermined, agreed-upon, regularly scheduled shift.

Additionally, organizations could not require nurses to work more than 12 hours in a 24-hour period or 80 hours in a two-week time frame.

The ANA worked with Congress to develop this bill, which would address the growing nursing shortage. The use of mandatory overtime has driven nurses out of the healthcare profession, aggravating the nurse staffing crisis. However, some hospitals have opposed this bill, worried that the proposed requirements would drain their finances without improving patient care.

Nonetheless, Blakeney says overturning mandatory overtime regulations has been successful at the state level. Currently, 10 states—California, Connecticut, Maine, Maryland, Minnesota, New Jersey, Oregon, Texas, Washington, and West Virginia—have eliminated or limited the use of forced overtime, and 15 other states are working toward similar measures.


**New legislation requires NJ hospitals to post nurse staffing ratios daily**

In fall 2005, New Jersey will join Illinois as the only states to require hospitals to publicly disclose the number of nurses and other healthcare professionals providing direct care to patients.

Illinois hospitals are only required to provide staffing level information upon request, whereas New Jersey’s staff level disclosure law says hospitals must post this information daily in the facility where patients and families can view it. Under federal law, nursing homes are already required to disclose staffing levels.

According to the new law, facilities must organize staffing data by unit and shift, include the number of RNs providing direct patient care, and report the ratio of patients to RNs. Hospitals must also collect the same information for LPNs, CNAs, and other licensed healthcare professionals meeting state staffing requirements. The bill requires hospitals to post the methods used to determine and adjust direct patient care staffing levels.

Hospitals must provide this information upon request to the public and report it monthly to the state department of health. The department will issue quarterly reports to the public to explain the data.

Facilities that fail to comply are subject to unspecified penalties that will be determined by the health commissioner.

**Source:** *Nurse Manager Weekly, HCPro, Inc.*
In pursuit of patient safety: Customized ‘just-in-time’ education preps staff for survey

**Learning objectives:** After reading this article, you will be able to

1. identify the advantage that adapting education to meet staffs’ specific needs has over general policy review
2. describe a patient safety training strategy to prepare staff for continuous survey readiness

Before its last announced JCAHO survey, Saint Luke’s Hospital, a 629-bed facility in Kansas City, MO, conducted a just-in-time educational effort to top off the year’s educational e-mail blitz campaign and ongoing education about the National Patient Safety Goals (NPSG).

Tagged “In pursuit of patient safety,” the approach worked so well that the hospital, which has won the Malcolm Baldridge award and is designated as a Magnet hospital, is adapting the program in anticipation of the JCAHO’s unannounced survey process beginning in 2006.

The face-to-face interaction provided an opportunity for employees to share examples and ask questions. “They really appreciated someone coming directly to them,” she says. “Department directors and managers also interacted, which reflected the fact that patient safety was a leadership priority as well.”

Overturf used the 15 minutes to review the pocket cards and quiz employees on keywords related to the goals. Two examples are “What does the term ‘two identifiers’ mean in regard to patient identification?” and “Tell me specifically how you would identify a patient using those two identifiers.”

Employees and hospital leaders raved about how the 15-minute education helped them during the survey. Overturf attributes the success of the program to the fact that the education was, “condensed information relevant to their area of practice [that was] presented at the right time.”

**Just-in-time for the future**

No doubt that the JCAHO’s unannounced surveys will make last-minute survey cramming impossible. To cope, Saint Luke’s is working on a modification of this process for continuous readiness. “Our plan is to do ongoing unannounced patient safety rounding,” says Overturf.

Overturf will head to units to observe employees’ compliance with the Patient Safety Goals as they care for or provide support to patients. She will focus on the following questions:

- How do employees identify a patient?
- How do they conduct a final time-out prior to an invasive procedure?
- Are they able to hear and respond to clinical alarms?

Sample patient safety pocket cards

Improve the accuracy of patient identification
Two identifiers “time-out”

Improve communication among caregivers
“Read-back” dangerous abbreviations.

Improve safety of using high-alert meds
Remove conc. Lytes, standardize drug conc.

Improve the safety of using infusion pumps
Free flow

Improve the effectiveness of clinical alarms
Preventive maintenance alarm settings

Reduce the risk of healthcare-acquired infections
Handwashing, sentinel events

Accur./compl. rec. meds across the cont. of care
Admin./transfer med list, reconcile lists

Reduce the risk of patient harm resulting from falls
Assess/reassess fall reduction

Don’t forget the Universal Protocol!

Eliminate wrong-site, wrong-patient, wrong-procedure surgery by following the

• preop verification process
• surgical site marking process
• proper surgical positioning

Resources/Contact numbers:

Patient safety officer:
Patient advocates:
Adm. on call (daytime):
Nursing supervisor (after hours):
Biomed:
Infection control:
Fall resource nurses (unit-specific):

Source: Briefings on Patient Safety, March 2005, HCPro, Inc.
Rewards and recognition

Five easy ways to show your nurses that you notice

As a nurse manager, you spend so much time resolving issues and dilemmas that you have little time to focus on the good things that happen on your unit. In your daily endeavors, try to make time to remind staff about some of the great things going on in the department. Try a few of the ideas below with your staff:

- At a staff meeting, display a flip chart or grease board and ask employees to list things unique to their department that make them “the best.”

- Post this list in the break room or transfer the information from the grease board onto a typed flyer before posting.

- Retrieve some previous quality improvement data that verifies areas in which staff excel and post that information or e-mail it as a reminder of the good outcomes.

- Connect with whoever reviews customer surveys for your organization and retrieve some statements from patients or families. Post a new one each month on a “bragging board.”

- Find something good in at least one staff member’s work each day and tell him or her that you recognize what he or she accomplishes. The following are a couple of examples:

  “Sandra, you did a great job team-leading on Friday. I heard things were pretty hectic around here, but staff told me how grateful they were that you were the team leader that night.”

  “I was walking by room 242 and I noticed you with Mr. ____, Michael, you are so kind with our geriatric patients, and I know they appreciate having you as their nurse. Keep up the good work.”

Source: Shelley Cohen, RN, BS, CEN, Health Resources Unlimited, www.hru.net. Adapted with permission.