Mock tracers may be the secret to unannounced survey success

Learning objectives: After reading this article, you will be able to
1. list preparation practices for unannounced JCAHO surveys
2. explain what surveyors focused on at Fairlawn Rehabilitation Hospital

Mock tracer strategy
“Weren’t sure how to conduct them at first,” Garvey says. Reading about what other organizations did was helpful in designing a system.

For mock patient tracers, nurse managers in Fairlawn’s three nursing units were given a heads-up when the mock tracer team would arrive. Garvey says this gave the nurse managers an opportunity to decide with their staff who should participate (e.g., those who were tied to the care of the patient being traced).

For system tracers, Garvey worked with managers from pharmacy and infection control to prepare for what surveyors might want to know and to go over data sets that they might ask for.

In the pharmacy, for example, Garvey talked to staff about troublesome standards and potential surveyor focus areas (e.g., medication safety and medication storage).

“The surveyors were impressed that frontline staff could speak to data interpretation,” Garvey says. For example, staff could describe how they picked indicators.

The education not only helped on survey day, but Garvey believes that it will have a lasting effect...
on the synergy between nursing and other depart-
ments, such as pharmacy.

Additional preparation efforts
Garvey also built a JCAHO prep team with one repre-
sentative for each standard chapter in the Comprehen-
sive Accreditation Manual for Hospitals. The group
held weekly meetings to discuss standards issues and
changes, findings from the periodic performance re-
view, and weaknesses discovered in the mock patient
and system tracers.

The group meeting time was set for each week, so
even if there was nothing new to discuss, the time
was allotted and could be used to do something else.
One week the group conducted a cleanup effort,
going to all of the units to reduce clutter and straight-
en up. Postsurvey, the meetings are held monthly.

Garvey also sent all staff a weekly e-mail newsletter.
Topics covered in the newsletter leading up to the
survey included questions and answers about patient
safety, the 2007 National Patient Safety Goals (NPSG)
announcement made in June, scoring guidelines, and
findings from a code pristine.

Survey day focus
All of Fairlawn’s preparation efforts ensured a smooth
survey, Garvey says. There were no surprises in the
two nurse surveyors’ findings.

The surveyors focused on the following:

- **Environment of care**—A lot of time was spent on
  the issues related to the Life Safety Code® (LSC)
  (although Fairlawn is smaller than the 200-bed
  threshold for JCAHO to send a LSC surveyor, all sur-
  veysors are trained in LSC).

- **Staff interviews**—“The survey was more global
  than it has been in the past,” Garvey says. “Survey-
  ors did a lot of walking through the units, talking to
  people about their jobs.” One surveyor barely sat,
  she says. The other took a nurse into a room to go
  through patient charts.

- **Plan of care**—Surveyors asked a lot of questions
  about plans of care for the patients they selected to
  trace. The patients included those receiving blood,
those who had precautions, those being discharged
that week, inpatients moved to the outpatient center,
and patients discharged who had returned.

  - **Handoff communication**—General questions with
    staff often led surveyors to probe about this NPSG.
  - **Medication reconciliation**—“We struggle with this,
    and the surveyors said a lot of people [do],” Garvey
    says. “We were honest about our struggles. They
    gave us a lot of great ideas.”

Tips and other lessons
Garvey has other tips to share from her experience
with the JCAHO surveyors, including the following:

- **Policies**—Although surveyors didn’t ask for specific
  policies, they did question the staff to learn whether
  the policies matched the practice, Garvey says.

  Of course, surveyors did upon arrival ask for the
  many documents and data sets outlined in the
  Survey Activities Guide. Garvey says up-to-date
  copies of all those documents were kept, which
  she couldn’t imagine having to pull together on
  the morning of the survey.

- **Education**—Involving staff in all aspects of survey
  preparation meant that they were relaxed, receptive,
  welcoming, and happy to participate on survey day,
she says. “I didn’t find them running and hiding. It
  was a nice feeling. They felt the experience was bet-
  ter for them because they were prepared.”

- **Be realistic**—You can’t anticipate every question,
  and you can’t know exactly what the survey experi-
  ence will be like until you’ve gone through it. Even
  though Fairlawn had a corporate quality director
  from another hospital in its system come to do a
  mock survey in March, nothing really can prepare
  staff like the actual survey itself, Garvey says.

  “Now the challenge is to maintain a state of readiness,
  keep staff energized, and not go back to the old way
  of doing things,” she says.

Source: *Briefings on JCAHO*, August 2006, HCPro, Inc.
At a glance: Top 10 patient safety questions and answers that all Fairlawn staff should know

1. **How are patients properly identified before procedures or medication administration?**
   Patient name and date of birth are the two identifiers that we use at Fairlawn.

2. **Explain how unacceptable abbreviations are communicated and monitored here at Fairlawn.** The list is maintained through the health information management department. It is posted on every chart and med cart. The pharmacy notifies the physician if an unacceptable abbreviation is used. Additionally, notification is sent out monthly after the “point of care record review.”

3. **In the patient care area, when should you wash your hands?** Before and after all interactions with patients. Sanigel® is acceptable in all cases except when the hands are visibly soiled or if the patient has C. diff—then soap and water are necessary. (Editor’s note: During the recent HCPro audioconference “JCAHO IC standards a year later: What to expect from the trenches,” the importance of handwashing was noted by experts from the field several times. Look for this to continually be highlighted during surveys.)

4. **What system do you have in place to disclose an unanticipated outcome in the care of a patient?** Patients have the right to know of unanticipated outcomes in care delivery, and it is the responsibility of the physician or his or her designee to inform the patients/families of such circumstances.

5. **What do you do when you can’t read a medication order?** Call the physician who wrote the order and tell him or her that you can’t read it. Don’t attempt to figure it out or guess what it means—it’s too dangerous!

6. **How does Fairlawn promote a culture that minimizes blame and retribution when staff are involved in unanticipated adverse events?** We promote a blame-free environment that encourages reporting of all unexpected outcomes or events. This nonpunitive culture allows the hospital to identify risks that might not have been reported before, thus preventing someone else from making the same error.

7. **What process do we have in place to address near misses associated with unanticipated adverse events?** Staff are encouraged to report near misses. These can be documented on an incident report as a near miss and may prevent others from making the same mistake.

8. **How are environmental hazards identified and reported?** Staff are encouraged to report all safety hazards to maintenance. Maintenance will then investigate the issue and fix it when appropriate. If it is determined that an outside contractor may need to be notified, maintenance will call the contractor in.

9. **As staff in a patient care area, what do you do when a piece of medical equipment malfunctions or when you think that an adverse event may be associated with the use of the equipment?** Remove it from use and mark it as “malfunctioning,” including the reason that led you to take it out of service. It will then be returned to material management to be checked by biomedical engineering before it can be used again.

10. **What are sentinel events and how are they reported here?** A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury to a patient or risk thereof. Serious injury includes loss of limb or function. Sentinel events are reported to the risk manager (or designee) immediately so a root cause analysis can be completed. After completion of the analysis, an action plan is developed to address the issues that led to the serious event.

Source: Fairlawn Rehabilitation Hospital, Worcester, MA. Reprinted with permission.
Nice to meet you: Open houses can be a quick way to match nurses with jobs

Tips to make this recruiting method work for your facility

Learning objective: After reading this article, you will be able to
1. explain the benefits of an open house as a recruiting tool

At the Penn State Milton S. Hershey Medical Center (HMC), July’s nursing open house turned out to be a great success for both nurse recruiters and attendees alike.

“We had 55 people attend the event, which is a really good showing, especially for the summer,” says Jennifer Tuttle, RN, MBA, nurse recruiter at HMC, a 479-bed facility in Hershey, PA.

The open house didn’t just allow candidates through the door on time—for many, it kept them there. Within the first week after the open house, three of the attendees were hired, and 10 others were in discussions regarding employment, Tuttle says.

So how can you replicate HMC’s success at your own facility? Consider following these 10 tips, all of which are parts of HMC’s yearly open houses.

Tip #1: Advertise
“We do print advertising in local and surrounding area newspapers. We also do several radio spots for a couple of weeks before the event, and we advertise on our Web site,” Tuttle says.

The advertisements list all of the specifics of the open house (e.g., what, where, when) and use graphics to attract people’s attention, Tuttle says.

Tip #2: Consider the time of year
It’s important to plan your open house at a time when the most attendees will be available and interested in coming. HMC decided to hold its open house in July because two new units—a neuroscience and a heart and vascular ICU—were slated to open soon after.

Due to the need to fill the approximately 150 openings in these units and elsewhere, nurse recruiters at HMC moved their typical March open house to July. For other hospitals, however, hosting an open house in the spring may still be the best option, Tuttle says.

“If you have your open house in the March/April timeframe, you’ll capture a lot of new graduates from nursing school,” Tuttle says.

Tip #3: Consider the time of day
In addition to choosing the best time of year to host an open house, it’s important to choose a time of day when the greatest number of people can attend. HMC held its open house from 1 p.m.–5 p.m. to draw as many area nurses to the event as possible.

“You can catch day shift nurses getting off at 3:30, and evening or night shift nurses can come in before they go to work,” Tuttle says.

Tip #4: Be prepared
HMC sets up tables in one of the facility’s cafeterias so attendees can come in, register, and then get information about each of the units, as well as about benefits. Nurse managers are also invited to the event, so attendees can speak directly with staff.

“We’ll find out what [the attendees’] specialty is or what areas they’re interested in, and if the manager is present, we’ll escort them to the manager to introduce them,” Tuttle says. “The manager can either do an informal discussion with them about the unit, or they can do an on-site interview.”

Tip #5: Make it a themed event
Themed open houses are a way to keep things fun, says Tuttle, who followed a beach theme for HMC’s July open house.
“The tagline [of the event] was ‘get out of the sun and into something cool,’ ” Tuttle says. “We had beach balls, pictures of vacation scenarios, beach blankets, and shells. It was just fun and made it casual. It’s a nice way to make people remember the facility a little better.”

In marketing the event, HMC featured the theme by putting a graphic of a beach umbrella across all of the advertisements.

Tip #6: Hold an open forum
HMC held a casual, four-hour open house so attendees could come in whenever they wanted and walk around at their own pace.

Also, “since the open house was four hours, there was never more than two or three people waiting to speak with a certain manager,” Tuttle says.

Tip #7: Serve refreshments
There were more than just coffee and cookies at HMC’s open house. Catered hors d’oeuvres were served, as well as dessert, lemonade, and other beverages.

“People could be enjoying refreshments and reviewing information while they were waiting to speak with a manager,” Tuttle says.

Tip #8: Have recruiters on-site
Having recruiters and other support staff on-site is another strategy that HMC found valuable. Because staff were at the event, there was always someone around to answer attendees’ questions.

“Some people will come and say they just wanted to know what positions were out there, so we’ll have our vacancy list that we can go through with them,” Tuttle says.

Tip #9: Offer tours
After an attendee has received all of the available information and has spoken with key individuals, consider taking him or her on a tour of the facility. At HMC, both a recruiter and a support staff member conduct the tour, so attendees’ questions can be answered along the way.

If the attendee is interested in working in a particular area or unit, he or she should spend extra time there, Tuttle suggests.

Tip #10: Create a one-on-one setting
Although HMC’s open house followed an open forum setting, there was also a space set up for speaking privately.

“We blocked off a few tables in the cafeteria that were a little more private, so if managers wanted to bring anyone out to those tables, they could do a private, on-site interview,” Tuttle says.

A unique piece of the puzzle
Unlike other recruitment efforts (e.g., online applications and job fairs), open houses are different in that they offer a more personal touch. They’re also a fun and simple way to showcase your facility and your staff.

“It’s an easy way for people to come in and get personal contact,” Tuttle says. “It’s a good way, too, for managers to be able to not just look at a resume online, but meet people face-to-face.”

Source: Recruitment and Retention Monthly, September 2006, HCPro, Inc.
Staff appreciation

A dose of laughter can heal your staff
Comedic, singing group of nurses provides stress relief, fun

Laughter, it is often said, is the best medicine for patients. However, a helping or two of knee-slapping humor can also do wonders for the staff at your facility.

“Any healthcare professional in any department feels stress, dealing with things [such as] financing and staffing,” says Ted Fiebke, RN, BM, BSN, coowner of the comedic, musical group Too Live Nurse. “We provide a little respite. I would like to think that Too Live Nurse is the implementation of therapeutic humor.”

Along with his wife, Amy Fiebke, RN, president of Too Live Nurse, and several friends, the group has performed musical skits and comedies at clinics, hospitals, and conferences all over the country since the early 1990s. They’ve dressed up, donned makeup, worn tights (yes, the men, too), and sang at the top of their lungs for nurses, doctors, and everyone in between.

“We offer a break from the days and days of grind,” Ted says. “Sometimes you have to have a silly, good old time to maintain a positive attitude.”

Performing to rave reviews
Cheryl Prall, RN, MSN, manager of education at Robert Wood Johnson University Hospital Hamilton (NJ), brought in Too Live Nurse for two performances in early July. Prall heard about the group after it had put on a successful show in Philadelphia.

“We realized how valuable they were and what a great resource [the group] would be,” Prall says. “And, we wanted to do something for our nurses. We wanted to thank them.”

A contract—at a reasonable price, Prall says—was quickly drawn up, and Too Live Nurse hit the stage. Skits about nursing school, the first day on the job, medical conditions, and even a spoof called “Nursing Queen” quickly got everyone’s attention. The two shows—each one hour long—prompted the reaction and feedback that Prall was seeking.

“People were laughing out loud,” she says. “Everybody loved it. We can’t wait to have them back.”

Raising the first curtain
Bob Diskin, an actor turned nurse, came up with the idea for Too Live Nurse in 1992. Diskin started writing songs to memorize nursing topics, Amy says, and the idea was born. Diskin recorded an album (there are now a total of three, including Rockin’ to the Algo-Rhythms III) and soon joined forces with theater performers Amy and Ted Fiebke in the spotlight.

Together, the trio—along with four nurses from around the country—created “Who’s Got the Keys?,” a two-act, in-depth comedy with more than 20 cast members. The production, which the company hasn’t performed since 2000, was accredited to offer three continuing education credits per viewing.

The plot follows an irritating patient and a traveling nurse through the history of the profession. It focuses on the following five keys to nursing:
- Humor
- Compassion
- Visionary leadership
- Teamwork
- Empowerment

Questions? Comments? Ideas?

Contact Associate Editor Michael Briddon
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Although “Who’s Got the Keys?” has been on hiatus for six years, Amy and Ted are giving serious thought to bringing it back. “It’s a huge undertaking for Ted and me,” Amy says. “It’s a big show to produce.”

And, sadly, Diskin was killed in a car accident on May 1, 1998.

“That’s our tragedy amidst [the] comedy,” Amy says.

**Humor is the star of the show**

Whether the group is performing the lengthy “Who’s Got the Keys?” or the song-and-dance-filled “Too Live Nurse,” humor always takes center stage. And, more important, it is specialized humor, Amy says.

“It’s not like bringing in any kind of comedian. We entertain based on content that is related to what [the nurses] are doing in their jobs. This brings it home for them,” she says.

Humor and laughter are proven to reduce stress and increase happiness in the face of adversity, Amy says. Along those lines, Too Live Nurse
- aims to improve the work environment
- provides laughter for joyful attitudes
- helps to improve communication, as laughter often leads to better teamwork and collaboration in the work place
- encourages nurses to have fun and enjoy their work experiences

“Laughter helps to supply the energy that I need to work through the complexities that I encounter in my job,” Amy says.

The fact that Amy and Ted are both nurses—they work at Fairview Hospital in Great Barrington, MA—helps with the material.

“We experience the stress first-hand,” Ted says.

Along with fellow performers Ed Martin, RN, of the Stratton Veterans Affairs Medical Center in Albany, NY, and Richard Lapo (who once dated a nurse, the group jokes), Too Live Nurse aims its performances at nurses.

And they can tailor it to a specific conference or hospital. “I love doing hospitals,” Ted says, recalling the experience at Robert Wood.

“When hospitals dig into their pockets for their nurses, it says something to me. It says the staff need time away, that there is care for their emotional and mental welfare,” he says.

Performing for Too Live Nurse offers the same stress relief that is intended for its audiences.

“We perform to have a good time,” Amy says. “People who are humorless struggle more in their jobs. I’m not laughing all the time when I’m working, but when I can [laugh], I do.”

*Editor’s note: For more information, please visit www.toolivenurse.com.*

**“Scabies”**
by Too Live Nurse,
set to “Amie” by Pure Prairie League

I can see why you would get annoyed by me
I burrow through your skin and bring along my friends and make a nest
It may take a few weeks before we show
You get itchy red bumps and then you know

Chorus:
Scabies, what you gonna do? We think we could live on you for a while maybe longer til you quell
Don’t you think the time is right for us to bite
All the ones we contact each and every night, oh can’t you see
Was it just a mosquito or a flea?
Your doctor will tell you, it is me

Repeat chorus
Repeat chorus
Teaching new nurses about horizontal violence can help prevent it from finding a home at your facility

New graduates report that stress and job conflict are the top problems in their first year of employment. Nurses who feel a lack of support and are frustrated due to intrinsic and extrinsic factors take their frustration out on new grads—and the vicious cycle continues. The first line of defense in winning the battle against horizontal hostility is the nurse educator—the second line of defense consists of nurse administrators and staff nurses.

Helping new nurses feel accepted
The following can help benefit new RNs:

1. **Preceptor feedback.** At the end of orientation, have the new graduate nurse fill out a questionnaire about his or her preceptor. This feedback, when presented in a constructive way, gives specific and detailed information back to the preceptors. This communication is critical. It stops the “down only” flow of information and evens the playing field. It sets the tone for reciprocity, as well as professional and collegial relationships. Two-way communication debunks the myth that any of us is perfect. By soliciting information, managers and educators send the message that they care about the experiences of new nurses.

2. **One-on-one time.** It is a well-known fact that bonding is critical and that the experience that a new grad has in the first two months on the job may predict how many years he or she will stay. However, what is not acknowledged is the fact that we have adapted to a faster work pace and have less time for bonding. Therefore, an additional effort needs to be made to:
   - relieve a nurse and his or her preceptor so they can have lunch together and provide time for debriefing
   - allow for the charge nurse and manager to eat with the new graduate nurse
   - decrease a precepting nurse’s usual workload

3. **Reflective practice.** Encouraging new nurses to stop and reflect on their day prevents a build-up of mixed emotions that can lead to anger, and helps to clarify issues so they can be addressed constructively. Although debriefing is usually a group process, reflection can also be made individually through journaling or peer-to-peer time. Sharing our experiences is a powerful way to connect with ourselves and to make sense of our nursing culture.

4. **Education and cognitive rehearsal.** According to Martha Griffin, PhD, RN, research shows that educating new nurses about horizontal hostility allows them to depersonalize it, thus allowing them to ask questions and continue to learn. Learning is severely compromised when new nurses feel that the environment is not safe to ask questions.

5. **Innovative programs.** Nursing administrators from all over the country are leading efforts to design programs that are focused on supporting new graduates.

When Moses Cone Hospital in Greensboro, NC, realized that it was losing a significant number of new grads within the first two years, it moved into action and developed the Graduate Advancement Program to better assimilate new nurses into the profession.

The program complements the departmental orientation and provides graduates with a yearlong mentorship with an experienced leader who supports the student and helps him or her to build confidence and competency.

Mentoring these new nurses has become everyone’s business at Moses Cone Hospital, so when the retention rate jumped from 64% to 97%, it was everyone’s success.

*Editor’s note: This excerpt is from HCPro’s book Nurse-to-Nurse Hostility: Why Nurses Eat Their Young by Kathleen Bartbolomeu, RN, MN. For more information or to order a copy, visit www.hcmarketplace.com.*
Staff appreciation

Use day-to-day recognition to help your staff shine

The most important type of recognition is recognition that occurs on a day-to-day basis. In my research with employees, 99.4% reported that it was somewhat, very, or extremely important for them to be recognized by their managers when they did good work, and 73% expected recognition to occur either immediately or soon thereafter.

That is why the best personal praise is timely, sincere, and specific. Create time to connect with each of your employees—even if it’s over coffee or lunch—to ask how they are doing and to thank them for all that they’ve done. Consider the following examples:

- Hyler Bracey, president and CEO of the Atlanta Consulting Group, places five coins in one of his pockets each day. During the day, he transfers a coin to his other pocket every time he recognizes an employee for good work. The technique has helped him make praise a habit.

- A store manager for Walnut Creek, CA–based Long’s Drugs, brings a silver dollar to work on Monday mornings and gives it to a supervisor who is asked to praise one of his or her employees and then hand the coin to another supervisor. If the coin gets around to all supervisors by the end of the week, the manager brings in donuts to the supervisors’ meeting.

- A task-oriented, top manager at Qwest Communications in Denver reminds himself to recognize others by listing his employee’s names on his to-do list each week. Then, he crosses names off the list when he has had a chance to acknowledge those people for some aspect of their performance or behavior (e.g., reaching project milestones or delivering exceptional customer service). He says it’s his way to “turn the people aspect of my job into manageable tasks I can focus on each week.”

It’s these types of daily interactions that define our relationships at work. It’s the little things that managers either do or don’t do that end up making a big difference in how others feel about working with and for them, and about being a part of the organization.

Learning objectives: After reading this article, you will be able to
1. explain why pediatric patients are at particular risk for infections
2. summarize strategies to reduce pediatric infections

Babies—particularly premature infants—are at higher risk than adults for acquiring and spreading infections. Newborns have more frequent physical contact with hospital staff than adults do, their immune systems aren’t fully developed, and they often tend to touch everything.

Meanwhile, older children play an active role in spreading disease in not only hospitals, but also in communities, said Jane Siegel, MD, a professor of pediatrics at the University of Texas Southwestern Medical Center and a member of the department of pediatrics at Children’s Medical Center, both in Dallas.

For example, kids play a big role in community flu transmission. “Children are really at the center of a [flu] epidemic,” said Siegel, who spoke during the annual Association for Professionals in Infection Control and Epidemiology conference in June in Tampa, FL. “They infect each other at day cares and school, and then bring the infection home and into the community.”

The Centers for Disease Control and Prevention publishes immunization schedules for children, including for influenza, pertussis, measles, mumps, and chickenpox. In July, the agency revised recommendations for childhood influenza vaccinations by expanding the age group for annual flu shots to all children from age six months to 59 months.

Is big sister feeling well?
When children are hospitalized, siblings often visit, which raises the potential to introduce infections to other patients. To control this issue and ensure that workers stay healthy, hospitals should institute screening policies.

“We ask nurses to screen for snots, the hots, and the trots,” said Marcia Patrick, who is a nurse and intensive care (IC) director at MultiCare Health System in Tacoma, WA.

Those colorful terms refer to runny noses, fever, and diarrhea—all signals of illnesses that can spread from child to child. Screening visitors for these conditions is useful.

“We have open, liberal visiting policies, so [screening] is really important,” she said. “Child visitors and siblings come in. We don’t want a visitor to come in with a respiratory virus that [he or she] could spread to patients, other visitors, or staff.”

In this case, don’t share your toys
MultiCare Health asks staff, patients, and visitors to “gel in and gel out” as they enter and exit patient rooms—in other words, apply alcohol-based hand rub. That strategy is particularly key when it comes to toys that pediatric patients play with.

“We have to be very vigilant with hand hygiene and environmental sanitation, and also recognize that kids need to play,” Patrick said. “The toy policy is critical in a pediatric setting.”

The toy policy at MultiCare Health includes the following provisions:

- When children choose a toy from a bin in the patient playroom, that toy stays with the child until he or she either checks out or no longer wants to use it.
- Before staff place a toy back in the bin for use, they clean it with hot, soapy water and dry it. The patient playroom has two large buckets. One of them holds clean toys and the other contains soiled toys ready for washing.
- The hospital gives plush toys to children to keep, so staff never place them back in the bin.
- Staff provide kids with crayons and chalk. Those items are never in the bin for shared use. “We don’t use buckets of crayons that kids have stuck
Patrick said.

In the clinic waiting room, the facility has replaced toys with a VCR. “We find that works well,” she said. “[Staff] don’t worry about a kid ‘mouthing’ a toy or surface, then someone else mouthing it.”

Children’s Institute in Pittsburgh also has strict hand hygiene and toy policies. “There are two key points that I teach my staff: Practice good hand hygiene and keep your hands away from your face,” said IC nurse Sarah Quinn.

Patients’ families need education about hand hygiene as well, particularly if they stay overnight at a hospital. “We have posters in every patient room,” Quinn said. She assigns staff to children’s playrooms who are responsible for overseeing hygiene. They are in charge of disinfecting toys, tables, and other equipment.

**Pneumonia strain should be on watch lists**

Pediatric patients are also more vulnerable to ventilator-associated pneumonia (VAP), so it’s good practice to develop procedures aimed at thwarting the risks. Siegel listed four measures to consider in preventing VAP in babies—easily remembered as “WHAP VAP”:

- **W**ean patients off ventilators as soon as possible
- **H**and hygiene
- **P**revent Aspiration
- **P**revent contamination

MultiCare Health has reduced its incidence of VAP by using “bundles” to combat the infection. Bundles are a set of interventions that target specific infection risks. For more information on bundles, see the Institute for Healthcare Improvement’s Web site at [www.ibri.org](http://www.ibri.org).

“We’ve had no VAP for six months [after applying bundle measures],” Patrick said. “Not all [bundles] have been validated in pediatric populations, but there is no counterindication to doing it.”

The ventilator bundle includes the following interventions:

- Elevation of the head of the bed at a 30°–45° angle
- Daily sedation weaning and assessment of readiness to extubate

- Peptic ulcer disease prophylaxis
- Deep vein thrombosis prophylaxis

Patrick uses the first two measures with pediatric patients, whereas the latter two are more applicable to adult patients, she said.

**Why the risk of infections is higher in younger patients**

There are a host of reasons why infection risks are higher for young patients and why children are a focal point for spreading diseases in general:

- Diapered babies have uncontrolled secretions and excretions
- Babies can’t care for themselves, and understaffing of nurses exacerbates this issue
- Babies come in close contact with each other and with nurses during feeding, cuddling, playing, and diaper changing
- Kids congregate in play areas and share toys, food, and secretions
- Pertussis rates are increasing, and children easily spread respiratory and gastrointestinal viruses to each other
- Clinicians have noted a rise in tuberculosis among babies because of household contacts who are potentially infected with the disease but are undiagnosed
- Hospitals promote family-centered care immediately after birth, thus families are living in patient rooms
- Potential exists for contaminated formula or stored breast milk
- Many pregnant healthcare workers are employed in neonatal units because they like working with babies, yet pregnant women have suppressed immunity

**Source:** Briefings on Infection Control, September 2006, HCPro, Inc.
Tip of the month

Give yourself a manager makeover to earn rave reviews

From fashion to makeup to your bathroom, TV makeover shows skillfully and professionally transform people and places. Maybe it is time for a manager makeover show, one in which a manager is swept from his or her office and spun into an effective and efficient leader. To accomplish this, the makeover would need to include an impartial assessment of three things:

How you present yourself:
- Appearance
- Voice, tone
- Body language

Your ability to communicate effectively and how you
- leave a voice mail message
- handle yourself in conflict
- inform and update staff

Your capacity to “get things done”:
- Your rate of project completions
- Ability to motivate others to perform
- Ability to delegate effectively

The best way to begin your manager makeover is to find someone whom you trust to do this impartial assessment and then be willing to implement the suggested changes. Evaluate the process when you are complete and identify how these changes have improved your abilities as a leader.

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