



Vol. 6 No. 12  
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# Strategies

## FOR NURSE MANAGERS



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### Staff appreciation



## Show staff just how valuable they are to your organization

**Learn how to get personal, get creative, and get moving toward a stellar recognition program**

Recognizing and rewarding employees are integral components of any retention program. Work in health-care organizations is laborious and stressful, and most nurses choose their careers because of an inherent desire to make a difference in people's lives. Recognition of their contributions to quality patient care and peer relations affirms that they are making a positive difference.

For a majority of nurses, recognition and reward for exceptional contributions to patients and colleagues demonstrates appreciation, value, and caring by peers, managers, administration, and the healthcare organization.

Consider several principles as you develop recognition and reward programs and activities. There's nothing worse than thinking that you have a thoughtful and exciting new way to recognize your staff, only to realize that they didn't appreciate the effort at all.

Also, be sure to do the following:

**1. Be genuine in all of your recognition and reward activities, and make recognition personal.** Staff quickly realize whether your words or actions are appropriate for the occasion.

Your thoughts do not have to be inspired, but they must be inspiring. It can be as simple as saying, "I appreciate what you do," or, "You are an important part of our healthcare team." Keep thank you notes available and make a goal of writing at least five every few weeks. Keep them simple and personal. Remember, the purpose of recognition and reward is to sincerely thank someone for something that's already been done, not to warm up him or her to do something that you want.

**2. Hand out awards fairly and equitably.** Your goal is to demonstrate appreciation for a job well done. However you must be sure that you don't alienate certain groups of employees. For example, although it's great to recognize nurses during Nurses Week, make sure that you have an opportunity to also recognize housekeeping staff, respiratory technicians, and physicians.

**3. Ask staff how they would like to be recognized.** You might form a Recognition and Reward Task Force to survey or hold a brainstorming session to determine ways in which staff prefer to be recognized.

## Valuable staff

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4. **Individualize recognition activities.** Know your employee's life interests and priorities, and look for a great recognition or reward action that matches those interests. For example, if an employee is an avid golfer, that employee's reward might be a dozen of his or her favorite golf balls or a round of golf at a local course. For someone who knits or crochets, it might be the latest wool, or a scarf pattern. The most effective actions match the employee's life interests and priorities.
5. **Make recognition and reward a part of your everyday work culture.** Make formal and informal recognition and reward a usual and customary part of your everyday work life. Establish formal recognition programs (e.g., Employee of the Month and Employee of the Year). Encourage staff to recognize positive behaviors in colleagues on a daily basis. Make recognition a part of your staff meetings.
6. **Make formal recognition events thoughtful and majestic.** If you already have a nice Employee of the Month or Employee of the Year event that you've held for several years, you must make the event fresh and engaging each year. You do not need to increase your cost for the event, but you do need to integrate new thoughts and ideas. For example, change the theme or table decorations.

### Examples from practice

**Golden Bethune**, director of nursing at Centra Health in Lynchburg, VA, has a deep commitment to retaining staff and believes that employee recognition and reward play a central role in creating an engaging workplace.

Centra Health employs the following examples of formal and informal recognition and reward and peer recognition activities. These practices can be adapted for any organization.

**Formal recognition and rewards:** Create a formal recognition committee to nominate and submit applications to recognize staff. Committee membership should consist of nurses who represent all service lines and nursing units. To formally recognize staff, do the following:

- Provide a recognition breakfast, lunch, and dinner for nursing assistants and licensed practical nurses who work to advance their skills to higher certification or license levels.
- Recognize staff on a quarterly basis who have perfect attendance.
- Hand out awards during each staff meeting. During the month, have staff e-mail the manager about something great that a coworker has done. At the end of the meeting, recognize staff and give a small gift and a certificate of appreciation.

**Informal recognition and rewards:** To informally recognize staff, do the following:

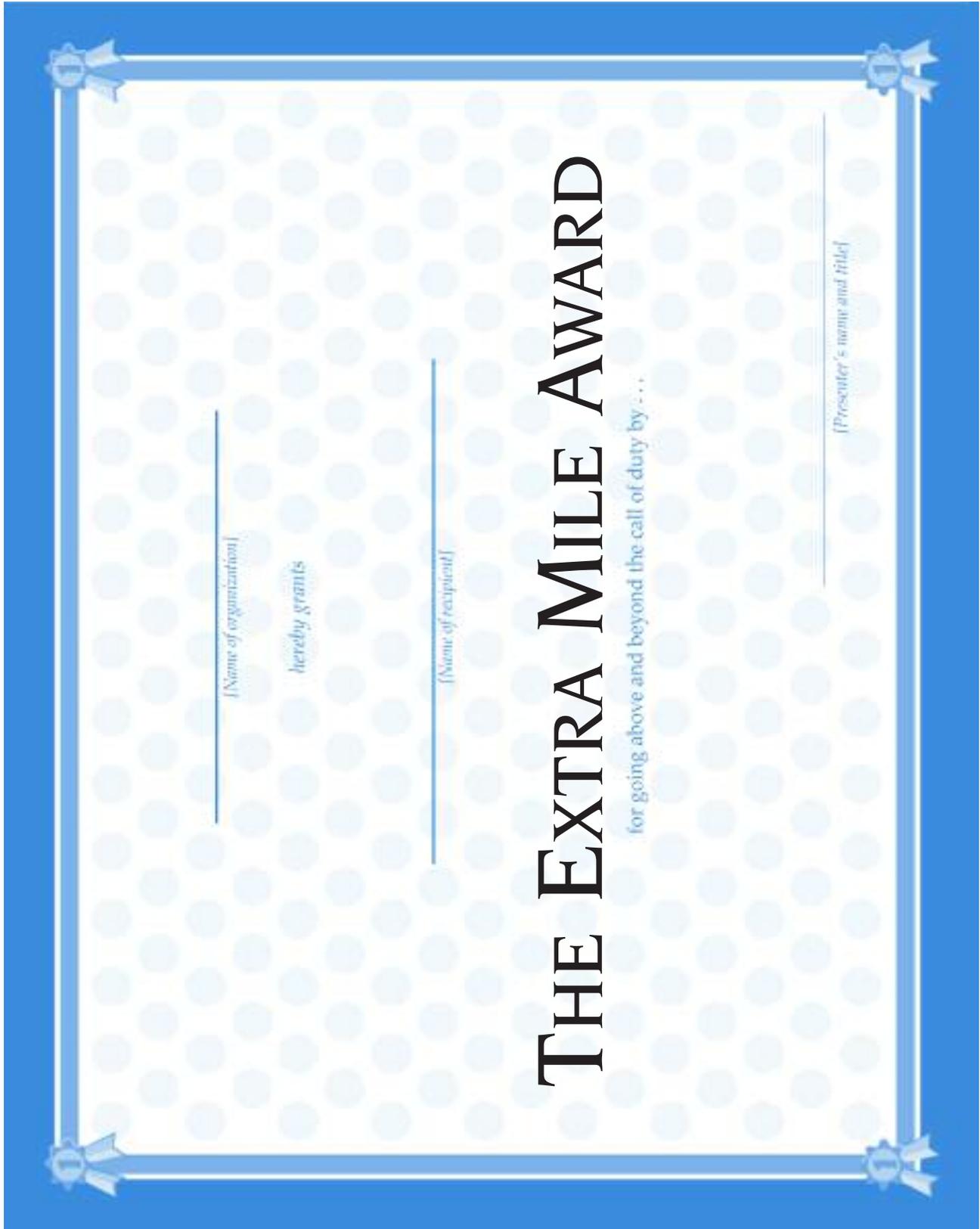
- Hand out movie tickets for two when someone needs encouragement, and include a note that says, "Look at the big picture and know that you are appreciated."
- Display banners that list the years of service for all staff. Provide a tally to demonstrate the total years of service on a unit.
- Forward to the entire staff all e-mails that you receive that name a specific person for some accomplishment. Ask staff to join you in congratulating that team member and provide a token gift.
- Begin each meeting with recognition of staff mentioned on patient satisfaction surveys or via thank you cards from patients.
- Develop an Extra Mile Award for extraordinary accomplishments outside of your staff's normal jobs (see p. 3 for a sample award to use at your facility).

A pat on the back or an acknowledgement provides positive reinforcement. In the busy, hectic, stressful days of providing quality healthcare, it can reaffirm that staff are making a difference in people's lives.

Make recognition and reward a part of your everyday work culture. Make it genuine. Make it personal. Make it meaningful. ■

*Source:* A Practical Guide to Recruitment and Retention: Skills for Nurse Managers. *For more information about this book, visit* [www.hcmarketplace.com](http://www.hcmarketplace.com).

### Sample “Extra Mile” Award



## Horizontal hostility



## Dirty looks, bickering, and sabotage: Facing the ugly reality of lateral violence at your facility

*Education, openness are crucial to curbing nurse-to-nurse hostility*

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

1. identify several forms of lateral violence
2. explain at least two ways to end lateral violence at your facility

**Martha Griffin, PhD, RN**, sometimes kicks off her presentations with a little story.

She talks about an exemplary nurse, one who was always prepared. The nurse was consistently two steps ahead, the picture of perfect organization. But, when the nurse retired and cleaned out her locker, her colleagues noticed something else about her—she'd been hoarding supplies and equipment. The exemplary, organized nurse had been preventing her colleagues from doing their jobs.

“Only very recently have we started to engage in conversations about this kind of behavior,” says Griffin, program coordinator of nursing professional development at Brigham & Women's Hospital in Boston.

“Those occupying the power positions in nursing don't want to talk about it because it's not a nice behavior. But it's real, and if you don't address it, it moves on.”

Increasing awareness of lateral violence may help attack the problem at its foundation, she says. Sharing stories and experiences such as the one above can help nurses realize that they aren't the only ones experiencing horizontal hostility from colleagues and superiors. That message, along with tips and tools to help prevent lateral violence, helped Griffin capture the attention of a large, wide-eyed audience during the National Nursing Staff Development Organization Conference in Orlando, FL, in July.

“From a professional point of view, if we don't address this, we are in a quagmire,” she says. “The work force is shrinking. It's imperative that people work well together.”

### Detecting traces of hostility

Lateral violence exists in every area of nursing, Griffin says. Nurses direct their violence toward themselves, other nurses, and always someone who has less power. The phrase “nurses eat their young” has become so embedded in the context of new nurse socialization that it's scary, she says.

“Eating your young is a counter-instinctual animal behavior,” Griffin said during the conference. “And when is it done? [In] times of inordinate stress.”

It's a phrase that bothers **Melissa Fitzpatrick, RN, MSN, FAAN**, chief healthcare strategist at the SAS Institute in Cary, NC, quite a bit, too.

“It gives me hives to even say it,” she says. “And I do think that our novice nurses—not novice by age, but novice by experience—are particularly vulnerable to it. They may be more susceptible as the low person on the totem pole.”

That perception, Fitzpatrick says, is often flawed.

“Without staff nurses, you don't have a delivery system,” she says. “But they don't see themselves in a power position at all. Our efforts must be geared to building confidence and leadership in our frontline care providers, and to eliminating obstacles to their success, including lateral violence.”

Identifying lateral violence may be one of the keys to stopping it and, in the process, empowering staff nurses. During the conference, Griffin pointed out the 10 most frequent forms:

- Nonverbal innuendo (e.g., raising of eyebrows)
- Verbal affront (e.g., snide remarks)
- Undermining activities (e.g., turning away)
- Withholding information (similar to the “perfect nurse” in the story above)
- Sabotage (e.g., setting someone up to fail)

## Horizontal hostility

- Infighting, bickering
- Scapegoating (blaming everything on one person)
- Backstabbing
- Failure to respect privacy
- Broken confidences or betraying trust

### Holding on to the best and brightest

The connection between retention and lateral violence is strong, Fitzpatrick says.

“We are all looking for the best and brightest to work with. When you lose that person because of toxic team issues, not only is your investment gone, but the bigger risk is that the person will leave the profession.”

Both Fitzpatrick and Griffin agree that happens far too often.

“It’s bigger than ‘Oh no, I have a vacancy in the ICU from 3 to 11. What am I going to do?’ ” Fitzpatrick says. “We make or break a nurse in their first six months on the job. And there’s more at stake now than ever because of the increasing complexity of our patients and because of the ongoing nursing shortage. We can’t be having nurses in a revolving door.”

Getting the information out in the open can help a new nurse feel less attacked, Griffin says. In a sense, it liberates him or her, she adds.

“When you don’t have the knowledge of this behavior, you take it personally,” Griffin says. “It doesn’t lead to confrontation. It leads to the wrong kind of reflection, like asking ‘What did I do wrong?’”

Although Fitzpatrick agrees, she also sees another side to the story. “They can take solace, but it’s very discomfoting as well because it’s such a widespread issue,” she says. “It’s almost like, ‘Nurse-to-nurse hostility is that big of a problem? Yikes.’ ”

### Finding ways to end the violence

Informing staff of examples and educating them about the prevalence of horizontal hostility are just two ways to put an end to the growing problem.

Fitzpatrick also suggests a zero-tolerance policy, encouraging nurses to have crucial conversations when they feel intimidated or disrespected in a situation.

Expectations must be set and team members must be held accountable, she says.

“It’s important to educate team members to have those conversations,” she adds. “In the best of environments, you feel that kind of support and accountability.”

If that fails, intervention may be the next step.

“There can be individual and team intervention,” Fitzpatrick says. “Engage the person. Tell him or her how the behavior is affecting the team, and how it’s affecting their ability to take care of patients.”

During her speech at the conference, Griffin also suggested the following ways to quell horizontal hostility:

- Understand that lateral violence is not a right of passage
- Identify a champion in your hospital for nurse behavior change
- Get top-down, bottom-up support with educational forums and discussions
- Review the areas where lateral violence is suspected or identified
- Increase the awareness of what lateral violence is and how it is manifested

That education, along with openness and a desire to change, will make nursing environments happier and healthier. And, as the nursing shortage continues to grow, the importance of a friendly environment will also continue to grow.

“In the big picture, the work force is shrinking,” Griffin says. “How people work together is more important than it’s ever been.” ■

Source: *The Staff Educator*, November 2006, HCPro, Inc.

**“The work force is shrinking. How people work together is more important than it’s ever been.”**

—Martha Griffin, PhD, RN



## All aboard: Include everyone in survey preparation

**Group effort helps Alabama hospital shine**

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

1. recall at least two tips for preparing for an unannounced survey
2. identify which day JCAHO surveyors are most likely to arrive at your facility

Monday—the day **Karen Holland, RN, BSN**, religiously checked the Jayco™ extranet site to see whether it was unannounced survey time for her hospital—passed by quietly.

She only occasionally checked the Jayco site on Tuesdays. She had heard that most surveys start on a Monday, rarely on a Tuesday or Wednesday, and almost never on a Thursday or Friday. However, on Tuesday, July 11, as Holland got ready for work, she decided to check the site from home.

“I was brushing my teeth and just figured I’d check it,” says Holland, director of quality and regulatory compliance at the 359-bed Jackson Hospital in Montgomery, AL. “It wasn’t a day we were expecting [a survey].”

The JCAHO says surveyors can arrive any day of the week despite any anecdotal evidence to the contrary. About the only thing that you can predict, the JCAHO says, is that surveyors will arrive during weekday business hours.

Despite feeling hurried at the beginning of the day, Holland says the four-day survey with a nurse surveyor and physician surveyor—plus a *Life Safety Code*® surveyor on the first day—played out smoothly and proved to be an educational experience for all staff.

### Make survey prep everyone’s business

One of the reasons why Holland is convinced that her facility had an excellent survey was because the entire facility was involved in preparation, from senior management to the housekeeping staff.

“[The] JCAHO survey is everyone’s business, infection

control is everyone’s business, quality is everyone’s business,” she says.

Of course, someone has to be accountable. In this facility there are teams arranged by the chapters of the standards manual with captains who run meetings every two weeks. They are responsible for updates to the standards and making sure that the facility remains in compliance. They are also responsible for updating documents and data sets that surveyors want to see when they arrive. Postsurvey, the teams meet monthly.

“We’ve changed from being ready for survey to being ready for the next patient, which is where we really want to be anyway,” Holland says, adding that “being ready for the next patient” is Jackson Hospital’s motto.

Holland says physician involvement is to be credited for doing so well during survey, especially with the tougher National Patient Safety Goals. Doctors have bought into the survey process, board members endorse it, and all of them attended the JCAHO’s leadership session.

“The trick is to not present things as ‘regulatory compliance’ but as what it is—patient safety,” Holland says. “If you insist that [physicians] do nothing but the best practices and offer the best care, peer pressure takes over and they all want to outdo each other.”

### Tips for survey preparation

Holland offers the following tips for preparing for an unannounced survey:

- Follow instructions in the *Survey Activity Guides*.
- Have all of the materials that surveyors will need in a “ready room” (some facilities call this “command central”).
- Know where your documents are. Surveyors may not ask for all of them, but be ready to retrieve the ones that they do ask for.
- Educate all staff by involving everyone in mock tracers. This gets staff comfortable with the types of questions that surveyors may ask and with the

## JCAHO

survey process in general. “They don’t care what the leaders know, they want to know what staff know,” says Holland.

- Involve all staff in quality improvement efforts and teach them to be able to speak about improvements in patient care in their departments or units.

Holland says the most satisfying postsurvey comment she heard from staff was, “We knew what to say because we did that in the tracers.” ■

*Source: Briefings on JCAHO, November 2006, HCPro, Inc.*

### More tips for a successful JCAHO survey

*Editor’s note: The following is a list of JCAHO survey tips distributed to staff at Lawnwood Regional Medical Center & Heart Institute in Fort Pierce, FL. These tips are applicable at any facility that is preparing for the JCAHO survey, although you may want to adapt it to suit yours.*

1. Even though the focus of the JCAHO has become more educational, the surveyor’s job is to find the issues not in compliance with the standards. Our responsibility is to keep turning the focus toward the positive and emphasizing the successes in our facility related to the issue at hand.
2. Keep your approach to the survey educational. We can always learn from the surveyors. If they find something, ask and explore with them things in other facilities that work well. This will help to keep the focus on education and will give us ideas about how to make our processes better.
3. Arguing with surveyors is a no-win scenario. If you disagree with a finding or a remark, please note it and let someone from the administrative team know, and it will be addressed in the morning briefing session.
4. Have an unclear/ambiguous question? Asking surveyors to rephrase or clarify is acceptable and expected.
5. Remember to answer just the question—don’t volunteer information. Sometimes this can take a surveyor down a path we would rather they not go. Pretend that you are in a deposition.
6. You are not expected to know the answer to every question. However, you probably do know where to find the answer or whom to ask.
7. Generally, the interview schedules are very tight, so it is important to be on time for all interviews in which you are participating.
8. Have staff available in the designated room of the interview at least five minutes prior to the scheduled time. Tardiness is not acceptable and portrays a negative image.
9. Make sure that all patient charts are reviewed and have documentation of the following:
  - Advance directives
  - History and physical
  - Pain assessment, if indicated
  - Patient education
  - All consents signed by patient, witness, and physician
  - Restraint documentation (must be perfect!)
10. Hallways must be clear.
11. Medication carts must be locked.
12. Refrigerator logs must be current. If the temperature rose too high or too low, make sure to have documentation of action taken (e.g., meds moved to another fridge).
13. Linen carts must be covered.
14. Check drugs, trays, and lab tubes for outdates.
15. Name badges should be visible on all employees.

*Sources: Lawnwood Regional Medical Center and Heart Institute, Fort Pierce, FL. Reprinted with permission. Briefings on JCAHO, November 2006, HCPro, Inc.*

## Communication

## Huddle up: Become a coach and respect your players

The best managers today are coaches—individuals who guide, discuss, and encourage others on their journey.

A coach is a colleague, counselor, and cheerleader all rolled into one. Based on that definition, are you a coach? What about your boss? Or your boss's boss? Why or why not?

Coaching a team isn't easy, and certain characteristics make some coaches better than others. Fortunately, as with most other business skills, you can discover, practice, and improve the traits of good coaches.

The following highlight important characteristics of coaching:

- **Coaches set goals.** Coaches work with their employees to set goals and deadlines for completion. Then they go away and allow their employees to determine how to accomplish the goals.
- **Coaches support and encourage.** Employees—even the best and most experienced—can become discouraged from time to time. When staff are learning new tasks, when a patient experiences a bad outcome, or when nurses are overwhelmed, coaches are there—ready to step in and help the team through the worst of it.
- **Coaches can quickly assess the talents and shortfalls of team members.** The most successful coaches can quickly determine their team's strengths and weaknesses and, as a result, tailor their approach to each. For example, if one team member has strong analytical skills but poor presentation skills, a coach can concentrate on providing support for the employee's development of better presentation skills.
- **Coaches inspire their teams.** Through their support and guidance, coaches are skilled at inspiring their teams to the highest levels of human performance. Teams of inspired individuals are willing to do whatever it takes to achieve their organization's goals.
- **Coaches create environments that allow individuals to be successful.** Great coaches ensure

that their workplaces are structured to let team members take risks and stretch their limits without fear of retribution if they fail. Coaches are always available to advise their employees or just to listen to their problems if necessary.

- **Coaches provide feedback.** Communication and feedback between coach and employee is a critical element of the coaching process. Employees must know where they stand in the organization—what they're doing right, and what they're doing wrong. Equally as important, employees must let their coaches know when they need help or assistance. And both parties need this dialog in an ongoing and timely manner—not just once per year during a performance review.

With the help of coaches, employees can achieve outstanding results, organizations can perform better than ever, and you can sleep well knowing that everything is going to be all right. ■

*Source: Bob Nelson, PhD, president of Nelson Motivation, Inc., in San Diego, is the author of 1001 Ways to Reward Employees, The 1001 Rewards & Recognition Fieldbook, and The Management Bible. For more information, visit his Web site at [www.nelson-motivation.com](http://www.nelson-motivation.com).*

### Upcoming events

**December 14**—“Strategies to Cultivate Cultural Competence: How to assess and train your nursing staff”

**January 11**—“Solutions to End Nurse-to-Nurse Hostility: Tips and tools to create a healthy work environment”

For more information, visit [www.hcmarketplace.com](http://www.hcmarketplace.com)  
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## Dot calm: New computer program provides ICU comfort

**Web-based education helps nurses advance conversations with families and patients**

The ICU waiting room can be a stressful and intimidating place for the family of a hospitalized patient, especially when they're unfamiliar with what to expect upon entering his or her room.

At Rush University Medical Center in Chicago, an American Nurses Credentialing Center (ANCC) Magnet Recognition Program®-designated facility since 2002, nurse professionals are trying to ease the discomfort by offering family members of hospitalized patients the use of a Web-based education program called ICU-USA® that teaches them about the ICU and what to expect.

"We realized that family members waiting in the visiting areas would benefit from having an informational resource available to them in the waiting room," says **Ruth Kleinpell PhD, RN, FAAN, FAANP, FCCM**, professor at Rush University College of Nursing and chair of the research committee at Rush University Medical Center.

### ICU-USA

Rush installed computers with links set to ICU-USA's Web site ([www.icu-usa.com](http://www.icu-usa.com)) in three of the ICU waiting rooms at the hospital. The Web site assists users by explaining ICU-related medical conditions, procedures, equipment and drugs, as well as nearly all aspects of the ICU environment.

The information helps families understand what their loved one is experiencing and prepares them for what they will see in the ICU room. This reduces the amount of time that nurses have to spend explaining basic information about the equipment in the room or ICU care, and allows them to focus on patient care and in-depth family member education or questions.

**Thomas Ahrens, DNS, RN, CS, FAAN**, research scientist at Barnes-Jewish Hospital in St. Louis, a Magnet-designated facility since 2003, is one of three masterminds behind ICU-USA. "The reason we built this was because doctors and nurses don't have

enough time to talk to families," he says. "The computer can't replace a doctor or nurse, and it wasn't intended to. This was designed to supplement doctors' and nurses' conversations with families."

When a patient is admitted to the ICU at Rush, a nurse tells the patient's family about the availability of ICU-USA. There are signs in the waiting room and on the computer indicating the availability of the service and that the computer is for use by family members. "Use of the computer is optional," Kleinpell says. "Nurses are always available to answer questions the families may have."

**Beverly Hancock, MS, RN**, Magnet project coordinator at Rush, says the addition of the computer program is one characteristic of the Magnet status culture that strives to improve the patient and family experience, and much thought went into choosing the program and making sure it is a benefit.

Hancock says her favorite feature of the site is a picture of an ICU room that educates users on all aspects of the room. "It prepares them for what the family member might look like when they go in, and hopefully it makes it not so overwhelming," Hancock says. A user can place the cursor over any object in the room, and a brief explanation will appear. Instead of asking the nursing staff to explain what everything is, family members can learn by using the computer in the waiting room.

### Research study

Rush is conducting a study to assess the impact of the Web-based education program and evaluate its effectiveness in education. "We asked ourselves if this makes a difference in the amount of time nurses spent teaching about things like equipment versus teaching about the plan of care or the patient's progress," says Hancock. Preimplementation surveys assessing satisfaction with communication and education were conducted with ICU nurses and family members and had revealed that a significant amount > p. 10

## Patient education (cont.)

## Computer program

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of nurses' time was being spent educating family members on aspects of the ICU (e.g., equipment). Now, families are able to get information from the computer and can spend time talking with nurses about the patient's unique situation.

"Postimplementation surveys [indicate] that nurses were spending an increased amount of time communicating with the family about the plan of care, and decreased time teaching them about ICU equipment," says Kleinpell.

When Rush applied for ANCC Magnet redesignation earlier this year, the research study was part of its evidence for Force 11: Nurses as teachers, and Force 6: Quality of care.

**An added benefit**

ICU-USA includes a family satisfaction survey, which Kleinpell says she found to be a beneficial feature.

"Previously, we had satisfaction questionnaires in the ICU waiting room, and they were pencil and paper. We would probably get five to 10 per quarter being filled out," says Kleinpell. "In the first four months of use, we had more than 100 family satisfaction surveys completed online. It's really been beneficial for us to get feedback."

Although the survey is directly related to family satis-

faction with care in the ICU, Rush has added five additional questions specific to the computer program.

Hancock says the main feature of the Web-based program may be education, but it also offers information that families may find useful during their time in the waiting room, such as

- eateries in the area
- hotel accommodations
- services that the hospital provides

ICU-USA also gives Rush data so they know how many hits each page receives. This tells Rush what people are looking at and what they find important. "The quality of the information is very reliable and up to date," says Kleinpell. The Web site is updated continuously as new information becomes available. Ahrens says he expects to revise the site to improve its ease of use in the next three to six months.

Kleinpell adds, "This is a program we would advocate for other hospitals because it really is providing families with beneficial resources while they're in the family waiting room." ■

*Editor's note: For more information, e-mail Thomas Ahrens at tom.ahrens@icu-usa.com.*

*Source: Magnet Status Advisor, November 2006, HCPro, Inc.*

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## Patient safety



## New Orleans hospital puts patient care first when faced with disaster of Hurricane Katrina

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

1. describe how hospitals kept patient records safe in the wake of Hurricane Katrina

When Hurricane Katrina hit New Orleans in August 2005, it left Children's Hospital closed for six weeks. Although HIPAA compliance was not a top priority, it did remain a concern. The hospital did its best to not only protect patients' privacy, but also to ensure that they received the best care possible.

"We had no electricity, so we couldn't copy records," says Children's Hospital Privacy Officer and Director of Medical Records **Michelle Hermann, MS, RHIA**. The hospital was forced to send patients' original records with them as the hospital transferred them to other facilities.

It may not have been an ideal approach, she says. "But what other choice did we have? Patient care would have suffered without the records." The hospital broke its own policy—original records are not supposed to leave the building—but it was able to ensure that patients received appropriate care, says Hermann. "And isn't that why we are in this business?"

With the power down, this was one instance in which having paper records—rather than electronic—was a benefit.

### Back to business

Once Children's Hospital reopened in October 2005, the main difficulty that Hermann faced was getting the records back. Six hospitals in the area received the bulk of Children's patients, but some patients went to other hospitals farther away from New Orleans.

It took about two months, but Hermann was able to retrieve the original records for all but one patient.

While outside security staff protected the records—as well as medications and equipment—stored inside the

hospital, Hermann and her colleagues at the other facilities did their best to protect the transferred records.

Some facilities asked for a documented request for the records, she says. "And I was more than willing to provide that, since I would ask for the same." Other times, Hermann had to educate the people with whom she was speaking because they weren't sure whether they could release the records without patient authorization. But they were Children's patients and records, so it wasn't required, she says.

### Disaster planning

If there is one positive outcome that came out of the devastation caused by Hurricane Katrina, it's that it offered them a chance to see how various healthcare organizations responded to an extreme emergency situation. There were several success stories, says **Harry Rhodes, MBA, RHIA**, director of health information management products and services for the American Health Information Management Association.

For example, Kindred Hospital in New Orleans, which had previously backed up its medical records at its central headquarters in Louisville, KY, was able to provide patient information to facilities over the Internet and by mailing and faxing records, says Rhodes. "They were able to not lose a step at all."

On the other hand, some organizations didn't get it quite right. One facility moved all of its records to Texas, but forgot to have staff at the location, he says. Regardless of whether every organization proved to have an effective emergency plan, the tragedy served as a reminder to everyone that it's essential to have a documented strategy and, more importantly, one that works. That means taking a look at your plan now.

"The time to find out if it works is not when everything is coming down around you," says Rhodes. ■

**Source:** Health Information Compliance Insider, November 2006, HCPro, Inc.

## Tip of the month

## Courage can change the way you manage

Courage is one of the most important qualities of effective managers. It is easy to ignore problems, issues, employee behavior challenges, and everything that goes along with these.

Sure, you can address it “next time” or “if it happens one more time.”

However, it takes courage to

- do the right thing
- do it in a timely fashion
- ignore the flack from the few staff that can't believe that you fired a nurse during a nursing shortage
- confront administration and inform them that a decision was not made in the best interest of patient care
- take a vacation and not call to check on how things are going, or be out of cell phone range
- support the staff when they follow the policy in the face of a patient/family complaint

Bravery, guts, nerve, and valor are all words that describe courage.

It comes from experience and knowing your territory and specialty.

However, most important, it comes from always doing what is in the best interest of patient care. ■

*Source: Shellee Cohen, RN, BS, CEN, Health Resources Unlimited, (www.hru.net). Adapted with permission.*

### Questions? Comments? Ideas?

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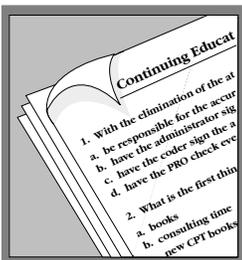
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# Continuing Education Exam

October–December 2006

## Accreditation statement:

HCPPro is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center Commission on Accreditation.

This educational activity for three nursing contact hours is provided by HCPPro, Inc.

## Directions:

Fill out your contact information in the space provided.

Complete the exam by circling the letter that corresponds to the correct choice for each question. The questions are based directly on content from the October–December issues of **SNM**, and you may refer to them as you take the exam.

Return all four pages of the exam to us by **January 1, 2007**. To qualify for three (3) nursing contact hours, you must answer at least 80% of the questions correctly—that's 24 correct answers out of the 30 questions. Upon successful completion of the exam, we'll e-mail you a certificate that you may use for display and documentation of three continuing education (CE) credits toward your nursing certification.

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## October 2006

- 1. Nurse managers were invited to attend the open house at Penn State Milton S. Hershey Medical Center in Hershey, PA, to**
  - a. give the nurse managers a day off
  - b. give attendees a chance to speak with staff
  - c. collect resumes for future job opportunities
  - d. make sure that enough staff were present at the event
- 2. One thing that the JCAHO prep team at Fairlawn Rehabilitation Hospital in Worcester, MA, did *not* discuss was**
  - a. standards issues and changes
  - b. findings from the periodic performance review
  - c. what food to serve during the actual survey
  - d. weaknesses in the mock patient and system tracers
- 3. Nursing units at Fairlawn were given a heads up about when the mock tracer team would arrive, so that**
  - a. managers had a chance to plan participation with staff
  - b. there would be no surprises
  - c. the mock surveys would go much faster
  - d. staff would make fewer mistakes
- 4. The weekly e-mail newsletter that Patricia Garvey, MSN, RN, sent around to her staff included**
  - a. a list of similar hospitals that had recently passed JCAHO surveys
  - b. JCAHO all-stars from the past week
  - c. the 2007 National Patient Safety Goals (NPSG)
  - d. possible dates for the JCAHO survey

- 5. During its JCAHO survey, Fairlawn Rehabilitation Hospital had the toughest time with**
- staff interviews
  - medication reconciliation
  - handoff communication
  - environment of care
- 6. While surveyors were at Fairlawn Rehabilitation Hospital, they**
- did a lot of walking through various units
  - only did rounds at designated times
  - sat in an office and requested to speak with certain individuals
  - only spoke with nurses who had been at the facility for at least one year
- 7. Newborns are at a higher risk for acquiring infections at hospitals for all of the following reasons, except that**
- their immune systems aren't fully developed
  - they have more contact with hospital staff
  - they touch everything
  - they have limited contact with hospital staff
- 8. As of July, the Centers for Disease Control and Prevention said annual influenza vaccinations were recommended for children aged six months to**
- eight months
  - 59 months
  - 60 months
  - five years
- 9. Why does the playroom at MultiCare Health System in Tacoma, WA, include two buckets of toys?**
- So there will be more toys for children, lessening the chances that two will use the same toy
  - One for healthy children and one for infected children
  - One holds clean toys and one holds soiled toys
  - To encourage children to clean up after themselves
- 10. To educate families who are staying overnight at Children's Institute in Pittsburgh, the facility provides a**
- pamphlet
  - quick, five-minute class
  - short video on the importance of hygiene
  - poster in every room

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## November 2006

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- 1. Since the beginning of the year, how often did staff at Florida Hospital DeLand in Daytona participate in mock surveys?**
- Monthly
  - Biweekly
  - Weekly
  - Daily
- 2. One of the goals of the skills fairs that were held at Florida Hospital DeLand was to**
- demonstrate competencies
  - practice interviewing
  - learn to become a mock tracer
  - demonstrate knowledge of patient safety goals
- 3. In addition to talking about it during orientation, how did Florida Hospital DeLand Quality Manager James A. Gomez instill JCAHO knowledge into his staff?**
- A booklet with survey tips
  - Short, weekly quizzes
  - Compliance posters in every room
  - Lengthy PowerPoint presentations
- 4. Florida Hospital DeLand put together interdisciplinary teams to prepare for its JCAHO survey for all the of the following reasons except to**
- make sure that presurvey activities ran smoothly
  - ensure proper education for everyone
  - get everyone involved in the process
  - make sure that staff got to work on time
- 5. How many tracers did surveyors complete during the four-day survey at Florida Hospital DeLand?**
- 10
  - 12
  - 15
  - 20

- 6. According to Quality Manager James A. Gomez, approximately what percentage of the survey at Florida Hospital DeLand focused on the NPSGs?**
- a. 50%
  - b. 70%
  - c. 30%
  - d. 75%
- 7. The shared governance model implemented by Southwestern Vermont Medical Center (SVMC) in Bennington in 1994 consisted of all of the following primary councils, *except* for**
- a. practice
  - b. education
  - c. training
  - d. quality
- 8. The responsibility of the coordinating council in SVMC's shared governance model was to**
- a. coordinate meeting times
  - b. set up site visits with other hospitals
  - c. settle disputes between units
  - d. facilitate communication between the other four councils
- 9. The first shared governance steering committee used by SVMC included**
- a. the chief operating officer
  - b. four nursing directors
  - c. LPNs from each unit
  - d. two nursing directors
- 10. By what percent has turnover decreased at Bronson Methodist Hospital in Kalamazoo, MI, since it began using a concierge service?**
- a. 25%
  - b. 23%
  - c. 44%
  - d. 74%

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### December 2006

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- 1. Setting someone up to fail is an example of what kind of lateral violence?**
- a. Verbal affront
  - b. Backstabbing
  - c. Sabotage
  - d. Nonverbal innuendo
- 2. Blaming everything on one person is an example of**
- a. backstabbing
  - b. scapegoating
  - c. betraying trust
  - d. sabotage
- 3. Which of the following is *not* a way to help quell lateral violence at your facility?**
- a. Identify a champion for nurse behavior change
  - b. Review the areas in which lateral violence is suspected
  - c. Understand that lateral violence is not a right of passage
  - d. Form a committee for retaliation against problematic nurses
- 4. A zero-tolerance policy encourages nurses to**
- a. tell a superior when they see someone taking an unauthorized break
  - b. have conversations when they feel intimidated or disrespected
  - c. stop working when they feel disrespected
  - d. cut themselves off from the unit when they feel wronged
- 5. During an individual or team intervention, it is important to**
- a. tell the person how his or her behavior is affecting patient care
  - b. get the entire organization involved
  - c. put together a presentation on lateral violence
  - d. act out skits that show examples of lateral violence
- 6. A good way to get the entire staff involved in the survey preparation process is by**
- a. conducting mock tracers
  - b. using poster boards
  - c. using PowerPoint presentations
  - d. setting up JCAHO luncheons

**7. Which documents should you know the location of when JCAHO surveyors arrive?**

- a. Nurse order forms
- b. All forms used during the past month at your facility
- c. Uniform bills
- d. All forms

**8. JCAHO surveyors are most likely to arrive on**

- a. a Monday
- b. a Wednesday
- c. any day
- d. a Tuesday or Thursday

**9. How did Children's Hospital in New Orleans transfer patient records to other facilities?**

- a. By fax
- b. By e-mail
- c. The patients transported them
- d. The hospital didn't transfer them

**10. Which forms of communication did *not* help Kindred Hospital in New Orleans effectively provide patient information to other facilities in the wake of Hurricane Katrina?**

- a. Telephone
  - b. Mail
  - c. Fax
  - d. Internet
- 

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- 1. Did this CE activity relate to its stated learning objectives? \_\_\_\_\_
  - 2. Was the format of this CE activity easy to use? \_\_\_\_\_
  - 3. Did we avoid commercial bias in the presentation of our content? \_\_\_\_\_
  - 4. Will this activity enhance your professional development? \_\_\_\_\_
  - 5. How long did it take you to complete this activity (including reading, exam, and evaluation)? \_\_\_\_\_
- 

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