

## Upcoming Events

### WEBINARS

To sign up for a *free* webinar and learn about these nursing online CE programs, call 800-999-6274.

#### September 3



4:00 pm Eastern time

#### **The Joint Commission/OSHA Compliance**

Improves the quality of care and services your hospital provides

*Presenter:* Stephanie Bennett, RN, BSN

#### September 4

4:00 pm Eastern time

#### **Mosby's Essential Nursing CE**

Explores learning styles and generational differences

*Presenter:* Eileen Robinson, RN, MSN



#### September 5

4:00 pm Eastern time

#### **Wound Management**

Ensures consistent application of standards of wound care

*Presenter:* Rose Hamm, PT, DPT, CWS, FCCWS



### 2008 CONFERENCES AND TRADE SHOWS

Visit us at these events to learn more about our products.

#### Sept. 25–27

#### **Booth #1614-1713**

#### **ENA Annual Conference – Scientific Assembly**

Minneapolis, Minnesota  
Minneapolis Convention Center

#### Oct. 15–17

#### **Booth #205**

#### **ANCC National Magnet Conference**

Salt Lake City, Utah  
The Salt Palace

## CPMRC: Improving the Quality of Care

Nursing shortages, Magnet journeys, the call for evidence-based practice changes in legislation and reimbursement criteria, and growing demands for safe, reliable care. These are just a few of the challenges that hospitals face as they work to improve the quality of care and demonstrate measurably better patient outcomes.



CPM Resource Center

The Clinical Practice Model (CPM) Resource Center (CPMRC) works in partnership with diverse healthcare professionals within rural, community, and academic healthcare settings to intentionally design a better system, one that is the best place to work and the best place to receive care. CPMRC, known for the 25-year history of developing the CPM Professional Practice Framework™, is the industry leader in developing executable evidence-based clinical tools, decision-support resources, and professional services designed to transform healthcare. With its recent purchase by Elsevier, the Michigan-based firm has become an important sister company to MC Strategies, expanding the options available to help healthcare organizations improve patient care and safety.



CPMRC's unique, interdisciplinary, evidence-based clinical content provides nurses and the allied health team with executable clinical knowledge (from paper to fully integrated electronic tools) right in the point-of-care workflow, available when they need it most—while they're treating patients. One hundred ninety Clinical Practice Guidelines support the patient's care team and provide a consistent treatment regimen, increasing safety and speeding recovery. CPMRC's Practice Transformation consulting services help healthcare settings standardize their care processes, improve the culture of care, and align it with best practices to improve outcomes.

### CPMRC OFFERINGS

- A comprehensive, evidence-based, integrated point-of-care content solution for interdisciplinary care coordination and documentation is designed for seamless integration into electronic medical records.
- Practice Transformation services help healthcare settings align and sustain organizational strategies and infrastructure to reduce care variability, improve clinical outcomes, and create healthy work cultures.
- An international consortium, with membership across the USA and Canada, engages in advancing the CPM Professional Practice Framework™, including practice-technology integration, clinical scholarship, and clinical content development.
- Practice-Education Partnerships with academic and affiliate clinical settings integrate learning and practice environments.

For more information, see CPMRC's website at [www.cpmrc.com](http://www.cpmrc.com).



## News from The Joint Commission

The Joint Commission Sentinel Event database shows that communication breakdowns are the most frequent causes of errors in healthcare. To reduce errors by improving communication, the Robert Wood Johnson Foundation awarded Joint Commission Resources (JCR) a grant to develop an educational program for nurses, physicians, and other clinical professionals who work in hospitals.

JCR, which is dedicated to helping improve quality and safety through educational programs, publications, and good practice information, was selected because of its patient-safety expertise.

The new program will focus primarily on clinician-to-clinician communication issues, using as many real-world examples and best practices as possible. Expected to be available by the fall of 2008, the program's resources will include:

- Presentation materials
- Trainer guidelines
- Group-participant materials
- Individual-participant materials
- Video scenarios on patient safety
- A website featuring a bulletin-board system and downloadable resources.

For more information, visit [www.jcrinc.com/27006/woodfoundationgrant](http://www.jcrinc.com/27006/woodfoundationgrant).

# MOSBY'S NURSING SKILLS™

## Putting More Skills at Your Fingertips

Mosby's Nursing Skills™, the online nursing skills and reference system, recently added 320 pediatric-specific, Web-based competencies to the existing 510 adult skills. This fall, it will launch a Maternal/Newborn collection of skills. Over the next 12 to 18 months, it plans to add several other collections to its offerings.

"Nurses understand the urgency of having the most recent clinical information at their fingertips," commented Leslie Zacks, Director, Mosby's Nursing Skills. "Mosby's Nursing Skills now meets those needs for nurses working with adult and pediatric populations, and is creating new collections of skills to help improve the quality of care."

For learners, Mosby's Nursing Skills features rationales for all steps, checklists, online testing, over 2,400 illustrations, step-by-step video demonstrations or animations, and references to evidence-based information. The testing process provides instant feedback and concept reviews to help learners master the competencies and develop clinical reasoning skills.

For managers and educators, the built-in learning management system offers the ability to assign, track, and manage skills competency completion. Real-time integration with any existing learning management system is available. Educators and managers can evaluate individual learning needs and create assignments or customized instructional materials to incorporate facility-specific policies and procedures. Tracking and reporting features allow managers to compare staff performance to standards and measure group performance.

For more information, visit [www.MosbysNursingSkills.com](http://www.MosbysNursingSkills.com).



## mc strategies

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\*Elsevier/Mosby is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Elsevier/Mosby is provider approved by the Florida Board of Nursing. The provider number is #50-4681. Elsevier/Mosby is provider approved by the California Board of Registered Nursing. The California Provider number is CEP 3257.



# NURSING NEWS

BRIDGING THE GAP BETWEEN NURSING EDUCATION & NURSING PRACTICE

SUMMER 2008



## Solving the Top Problems in Patient Safety

The purpose of The Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. According to The Joint Commission, certain National Patient Safety Goals commonly account for compliance deficiencies in hospitals. These compliance deficiencies include improper medication reconciliation, poor communication of critical test results, and preoperative verification and time-out deficiencies. To help overcome these deficiencies, The Joint Commission recommends specific solutions for each problem area.

### SOLUTIONS TO IMPROPER MEDICATION RECONCILIATION

National Patient Safety Goal 8 advocates for the development of an effective medication reconciliation process that establishes a method for comparing the patient's current medications with those ordered while the patient is receiving care in your organization. The medication reconciliation process follows these steps:

1. Develop a complete and accurate list of patient medications.
2. Compare the listed medications with each new order, reconciling omitted, duplicate, or interacting medications and avoiding name, dose, and route confusion.
3. Update the medication list as orders change.
4. Communicate the list to other healthcare providers and the patient.

Common barriers to sustained compliance with the medication reconciliation process include a lack of physician buy-in, mentality that "it's not my job," and concern that this is just another added responsibility.

#### Physician buy-in

- Collaborate with physicians about ways to ensure the success of the program before developing your policies and procedures.
- Demonstrate the program's value in terms of patient safety—and in terms of increased efficiency for the physician's practice.

#### "It's not my job"

- Make medication reconciliation a team activity with clear responsibilities across the continuum of care.
- Communicate your policies about documentation on the medication list to all patient-care services.

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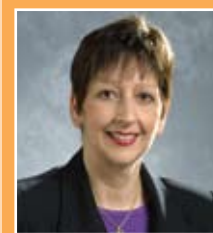
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### Ask the Director

**Q. After Hurricane Katrina, we dealt with a number of unexpected events in New Orleans. Most nurses and local residents were not prepared for home devastation and its lasting effects, including problems related to transportation, storage of belongings, personal document access, child care, and pet care. Does the *ReadyRN* course address these issues?**

**A.** ReadyRN: Disaster Nursing and Emergency Preparedness covers them thoroughly. The online course includes a *Personal and Family Disaster Plan*, which can be printed for personal use. It provides a household disaster



**Cindy Trynieszewski, RN, MSN** Executive Director, Clinical e-Learning

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## Ask the Director

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plan to help nurses and others prepare for any emergency or disaster. Also, the *Psychological Impact of Disasters* lesson shows nurses how to provide psychosocial care for affected individuals, and explores the effects of disasters on healthcare providers. For details, call 800-999-6274.

Thanks for your thoughtful questions. Whether you have comments, questions, or ideas to share, e-mail me at C.Tryniszewski@elsevier.com. I look forward to hearing from you.

**Cindy Tryniszewski, RN, MSN**  
Executive Director, Clinical e-Learning



## Baylor Health Care System Wins Award for Quality Care

This spring, Baylor Health Care System received the 2008 National Quality Healthcare Award from the National Quality Forum. The award recognizes exemplary healthcare organizations who are role models for achieving meaningful, sustainable quality improvement in healthcare and is presented in partnership with *Modern Healthcare* magazine and Studer Group.

According to Joel Allison, Baylor's President and CEO, "We are honored to receive this very prestigious award from the National Quality Forum. At Baylor, our healthcare team is continuously working to develop innovative, evidence-based protocols that positively impact the health of our patients and our community. We want to change clinical processes, practice, and technologies to enhance patient care and provide a more efficient system for care givers, creating consistency in the delivery of care and ultimately improving outcomes."

MC Strategies congratulates Baylor Health Care System and takes pride in providing online continuing nursing education to the organization.

## Solving Top Problems in Patient Safety

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### Add-on responsibility

- Avoid making this task a separate process. Instead, integrate the steps of medication reconciliation into the existing workflow.
- Make sure that each step adds value to patient safety.

### SOLUTIONS TO POOR COMMUNICATION OF CRITICAL TEST RESULTS

- Educate staff members so they know the policies and comply with them.
- Commission your performance improvement team to measure the length of time from the time of the order to the report and from identification of a critical result to the time of the report.

### SOLUTIONS TO PREOPERATIVE VERIFICATION AND TIME-OUT DEFICIENCIES

#### Preop verification

- Make sure the physician documents up-to-date, clinically pertinent histories and physicals that meet The Joint Commission and the Centers for Medicare and Medicaid standards for timing (obtained within 30 days of patient admission and updated within 24 hours of admission).
- Have the surgeon who will perform the procedure mark the operative site before the patient is moved to the operative area and, as appropriate, while he or she is awake, coherent, and able to verify the site.
- Ensure that the site is marked directly on the skin so that the mark is visible after the patient is prepped and draped. Mark the patient by labeling a simple yes or no. Do not use ambiguous marks, such as an X.
- Do not allow marking of any nonoperative site.

#### Time-out

- Make the time-out procedure a team effort, checking for the correct patient, procedure, site, patient positioning, and the presence of correct implants and equipment.
- Ensure that the time-out happens where the procedure will be done.
- Involve the entire team in *active* communication.
- Have the nurse document the time-out, such as with a checklist. However, the nurse should never complete the checklist before actually performing the time-out procedure.
- Develop a process for reconciling differences discovered during the time-out.

Besides these recommendations, Stephanie Bennett, RN, BSN, suggests using the online *Joint Commission/OSHA Compliance* course. As Clinical Editor for Nursing e-Learning, she notes, "This course was authored to help healthcare organizations meet the education and training requirements mandated by The Joint Commission, Occupational Safety and Health Administration, and the Centers for Medicare and Medicaid Services. Its lessons are designed to help hospital staff understand how to maintain compliance with accreditation and regulatory standards. The course helps staff articulate their roles in patient safety with surveyors."

Information adapted from *Joint Commission Resources*. 2008 Hospital Executive Briefings. Oak Brook, IL: Joint Commission Resources; 2007.

## Introducing the First Four Forces of Magnet Hospitals

How do hospitals attract and retain the very best nurses? As described in the previous *Nursing News* issue, magnet hospitals must demonstrate fourteen clearly defined characteristics, according to the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®. These characteristics foster the highest quality of care—and attract the best and brightest nurses. They also make these “magnet” hospitals among the most desirable employers.

To help achieve or maintain Magnet designation for your hospital or healthcare network, consider the first four “forces of magnetism” closely.

**1. Quality of nursing leadership** – A magnet hospital has strong, risk-taking nurse leaders who take a strategic, visionary approach to daily nursing operations and who advocate for their staff and patients. For example, the Chief Nursing Officer (CNO) includes nurses at all levels in decision-making about nursing care and advocates for adequate and appropriate human and material resources to ensure safe, quality patient care.

**2. Organizational structure** – The structure is flat, decentralized, dynamic, and responsive to change. And it includes nurses on interdisciplinary and nursing department committees and at the executive level. For instance, the CNO reports directly to the Chief Executive Officer and enables decentralized decision-making through education, facilitation, and support.

**3. Management style** – Nurse leaders are visible, accessible, and communicative. Managers



encourage participation and feedback from staff. To illustrate, management fosters horizontal and vertical communication among nurses at all levels, and direct-care nurses can lead initiatives to improve patient care, nursing practice, or the work environment.

**4. Personnel policies and programs** – Magnet hospitals offer competitive salaries and benefits, use creative and flexible staffing, develop personnel policies with direct-care nurse input, support professional growth in administrative and clinical tracks, and offer programs that enhance nurses' work-life balance. For example, magnet hospitals minimize shift rotations and reduce the number of scheduled weekends, allowing staff to accommodate their personal schedules more easily. They have career ladders, which promote staff professional development.

To learn about the other forces of magnetism, look for this column in upcoming issues.

## JCR Partners with MC Strategies to Offer Online Courses

Joint Commission Resources (JCR) recently formed a partnership with MC Strategies to distribute JCR online courses as a series targeted to hospital leadership and healthcare professionals. Series 1 includes:

- Who's on Your Staff? Credentialing and Privileging: The Fundamentals
- Turning Data into Useful Information
- It's a Long Way Down: Reducing the Risk of Patient Falls
- Patient Safety on the Line: Using Technology to Aid Effective Communication Among Caregivers
- Environment of Care: Fire Safety
- Accreditation Update: S3

- Environment of Care: Utilities and Clinical Engineering
- Challenging Standards in Hospital Accreditation.

These online courses were developed with the content expertise of Joint Commission surveyors, JCR consultants, and experts of The Joint Commission to provide the most up-to-date, accurate information. The courses are accessed through MC Strategies' Learning Management System. For courses offering continuing education (CE) credit (the first four listed at left), you can complete the course online and instantly receive a certificate of completion with your earned CE credit.

For more information about JCR online courses, call 800-999-6274.

## Managing Type 2 Diabetes Mellitus

Patients newly diagnosed with type 2 diabetes mellitus have a lot to learn, and you and your colleagues need to ensure that patient teaching is based on current research. Above all, patients must learn that controlling their condition requires a day-by-day commitment.

Because obesity is the most significant risk factor related to type 2 diabetes, teach patients and their families how to manage their diet and obtain regular exercise. Also teach them how to administer prescribed medications, regularly monitor blood glucose levels, and recognize signs and symptoms of complications. To help you help your patients, follow these evidence-based guidelines:

### ASSESSMENT

- Obtain a complete health history, including current medications, vaccination status, and substance use.
- Evaluate the patient's nutritional status and eating patterns.
- Assess for early signs and symptoms of complications: changes in vision, mental status, urinary habits, and sexual activity; decreased peripheral sensation and perfusion; and dysrhythmias.
- Obtain vital signs, height, weight, and waist circumference.
- Check for infections, especially skin, dental, genitourinary, and foot infections.
- Monitor the results of laboratory tests, especially for plasma glucose, serum electrolytes, and urine chemistry.
- Determine the patient's knowledge of diabetes and readiness to learn.

### PLANNING AND IMPLEMENTATION

- Consult a diabetes educator on admission.
- Develop a plan of care—including medications, meal plan, exercise regimen, and blood glucose testing—with the multidisciplinary team.
- Review the treatment plan with the patient.
- Teach the patient how to self-monitor blood glucose levels, recognize the signs and symptoms of hypoglycemia, and treat it.
- Advise the patient to monitor fat and carbohydrate intake and participate in physical activity.



- Teach the patient about prescribed medications, including antidiabetic and anti-obesity medications.
- Monitor intake and output. Weigh the patient daily.
- Monitor the patient for signs and symptoms of hypoglycemia.
- Treat hypoglycemia and recheck the blood glucose level in 15 minutes.

### EVALUATION

By discharge, the patient and family should:

- Demonstrate an understanding of all self-care practices and an ability to correctly perform blood glucose monitoring.
- Be able to state the signs and symptoms of complications.
- Have contact information for available support resources.
- Verbalize post-discharge follow-up instructions.

For *Mosby's Essential Nursing CE* diabetes topics, call 800-999-6274.

Source: *Evidence-Based Nursing Monographs* at Mosby's NursingConsult, [www.nursingconsult.com](http://www.nursingconsult.com)