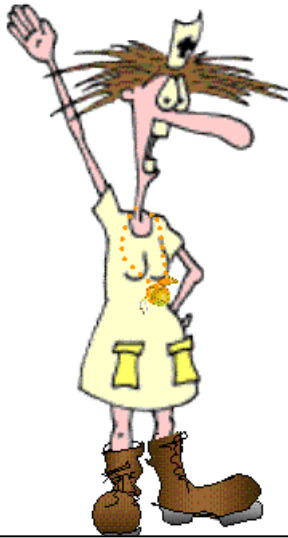


The Nurse Manager Boot Camp E-zine...

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Editor: Leah Curtin, RN, FAAN



FOLLOW-UP CHATS ON:

January 12, 2007 Leading a Diverse Workforce
3:00 - 4:00 PM EST

February 16, 2007 Nursing Models
3:00 - 4:00 PM EST

March 2, 2007 Spirit-Based Leadership
3:00 - 4:00 PM EST

April 6, 2007 What is Safe Staffing?
3:00 - 4:00 PM EST

10 quick ways to reduce stress

The body takes a beating from chronic stress, but there are many ways you can relieve stress:

1. Worry about only one thing at a time.
2. Take a few minutes a day to focus only on your senses - a beautiful sight, the sound of music, a delicious smell...you choose!
3. Talk about what's worrying you - and if you can't or won't talk to someone else, then write about it.
4. No matter how busy you are, exercise!
5. Touch and be touched - make love; yes! - but massage, manicure, pedicure also helps.
6. Avoid absolute statements like "I am a failure" Say instead, "I made a mistake this time."
7. Use 'stressless language' and avoid negative self-talk.
8. Meditate for 15 minutes a day - or, if you're not into mediation, just "check-out" -- and try to make it at the same time.
9. At the end of each day, make a list of good things that happened this day!
10. Own your own stress - identify,

10 LAWS OF HEALTH CARE QUALITY

by Lillee Gelinas, RN, MSN, vice president and chief nursing officer at VHA Inc, and Co-chair, NQF Nursing Care Performance Measures Committee, 2003 and Agenda Subcommittee Chair, Institute of Medicine Crossing the Quality Chasm Summit January, 2004 (adapted with permission from JCSM v6#8&9).

#1 Law of Eventuality:

There's no changing the demographics at this point. Whether we're talking about the nursing shortage, the reality of clinical quality outcomes and public reporting of data are coming and there's no turning back.

#2 Law of Nonsense Tolerance

We've made an art of tolerating insanity. I can think of several examples:

.For example, Kaiser Permanente's CNO Marilyn Chow RN, DNSc, FAAN and I had lunch together recently at the DFW Hospital Council CNO Meeting. Marilyn was reflecting on the current California experience related to mandating nursing ratios, and she reminded us that in the 1980's we set ICU nurse patient ratios in the U.S. at 1 to 2 - and stuck to it. But today's med/surg patient is typical of what we used to find in ICUs of the 1980s - with ratios we agreed needed to be 1 RN to 2 patients for care. Right? And now we debate 1 to 4 or 5 for Med/Surg?

#3 Law of Perpetual Novelty

In healthcare, we seem to thrive on fad surfing. We need to attach to the latest, greatest idea. Think of how many times quality improvement strategies have been named: Quality Circles in the 1980's, TQM and CQI in the 1990's, now we're trying to take waste out and improve with "Six Sigma" approaches.

#4 Law of Discounted Administrative Evidence

Consider the preponderance of studies ignored that correlate the connections between workforce issues and clinical quality! The JCAHO published a great work a few years ago called: The Role of Nursing in Preventing Sentinel Events. Read hard evidence around such issues as medication errors and failure to rescue. Yet I find that talking to groups around the country, most healthcare administrators (including CNOs) haven't read it.

The National Quality Forum also had identified the critical role of nursing in their Nursing Care Performance Measures project. Now we have the Institute of Medicine 2004 report on the issue: Keeping Patients Safe - Transforming the Work Environment of Nurses. Enough talk about what it takes to provide quality health care already. We don't lack knowledge. What we lack is execution.

#5 Law of Addition by Subtraction

Why do we think we can cut our way to a black bottom line? Many of our hospitals have learned that by investing in their workforce, they actually increased quality of care and lowered costs. Before cutting labor costs, we need to clearly understand where we can cut non-labor costs.

#6 Law of Urgency

The Urgent Drives out the Important. Day in and day out.....we fight fires and manage by crises....rather than consistently thinking strategically and planning thoughtfully about the consequences of actions.

#7 Law of Speed

We may need to slow down in order to actually speed up. Faster is not better ... but we think it is. We are adhered to the concept of "fast" - fast food, high speed internet, fast facts for learning. Fast works in codes and resuscitation.....not in strategy aimed at getting it right.

#8 Law of Fatigue

Fatigue matters.....airlines know it, NASA knows it, truck drivers know it. They put limits to work hours to prevent human error due to fatigue. See Law #1! But in healthcare we have been slow to learn this one.....as we staff our hospitals everyday with 10, 12 and 16 hour shifts. More and more evidence is bringing this issue to the forefront.....imagine a patient asking a nurse how long they have been working before allowing them to administer care!

#9 Law of Margin

No margin....no mission (see Law #5). But as a result of assuring margin, we may not make the best decisions in the long run. There is a collision of finance and morality....case in point.....why is it that the higher the sign on bonus....the worse the working conditions (but that's not advertised!)

#10 Law of Six Sigma Avoidance

The data is clear....healthcare is just slightly less hazardous than bungee jumping and mountain climbing!. (print slides?) And General Electric's Six Sigma work has highlighted the fact that many healthcare processes are even less efficient than airline baggage handling. What do we need to do? We need an uncompromising commitment to values and standards.

DISCIPLINE YOUR THOUGHTS!

One of the most difficult challenges one can face at any time in life, but most particularly when one is in a leadership position, is to discipline your thoughts. By this I do not only mean 'to concentrate on one thing at a time' but rather to determine what you will -- and will NOT -- allow to dominate your thoughts.

For example, to dwell on a slight -- real or imagined. To focus on what went wrong rather than what went right. To allow your unexpressed expectations to determine whether or not you are pleased -- or unhappy about -- the way things turned out.

More often than not, your displeasure, disappointment or even downright unhappiness is a direct result of your expectations rather than of something that actually did or did not occur.

Worse, your disappointed expectations may lead you to make assumptions, or even to take action, upon matters that would be better left alone. When you feel angry, or let down, examine why you feel that way: did someone actually make a promise and break it? This is what takes discipline!

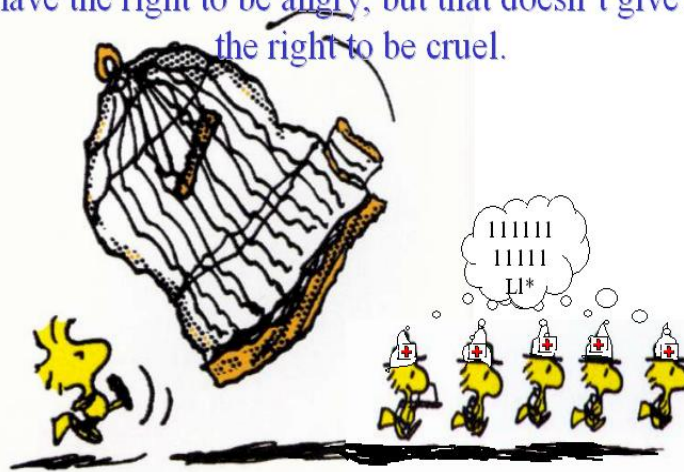
And once you have made a fair assessment, take action. How often have we said, 'so much of effective leadership is about communication'? Communicate your expectations clearly! How often have people said that they want to know what is expected of them? And yet how pervasive -- and perennial -- is this problem!

And the same, I must say is true about your own emotions -- especially discouragement. Allowing oneself to dwell on all that's wrong, to wallow in self-pity about how hard you tried, or to blame others when something turns out wrong -- is nothing other than self-indulgence. Most of the time, we are the authors of our own problems.

If you must indulge yourself, do so at home, in your own room, and limit it to no more than one hour. Then discipline your thoughts, communicate your expectations clearly -- and get moving. LEAH CURTIN, RN,FAAN

A Bit of Wisdom from "What the Books Don't Tell You..."

I have learned that sometimes when I am angry I
have the right to be angry, but that doesn't give me
the right to be cruel.



* Translation, "Oh brother!"