

Exchange

Information brought to you by nurses ... for nurses.

June 2006

*Wash your hands for
patient safety.*

Help fight infection.



Medical Surgical Journal Club

Monday, July 10th
Dinner at 6:30 p.m.
(Order and pay there)

Paradise Café at Regency
No registration required
For more information, contact
Deborah Conley #4661.

From our May Journal Club...

*"I have a feeling that something's
just not right with Mrs. Smith."*

Have you ever said that to a physician? At the May Medical Surgical Journal Club meeting, we discussed a published study that was based on nurses' intuition in the patient-care setting. The meeting was attended by nurses from several different areas. Journal Club is a great forum for discussion, sharing ideas, and earning CEUs!

— Sue Barnes, RN, HealthWest

It's All In Your Hands



— Leona Adams, RN, ONC, CMSRN, Staff Nurse Ortho/Neuro

The No. 1 reason for hand-hygiene compliance is patient safety: hand washing prevents infection. The JCAHO standard requires 90-100 percent compliance with hand hygiene.

According to a 1st quarter infection control audit, the current house-wide compliance with hand hygiene is only 56 percent.

In order to improve hand-hygiene compliance, the Practice and Research Council has kicked off its "Hands Up" for hand-hygiene campaign.

Yellow "yield magnets" have been placed on the door frames of all patient rooms. A visual prompt for proper hand hygiene, the magnets are reminders for staff, physicians, patients, and visitors to wash their hands before entering and leaving a patient's room. "Hands-Up" Campaign posters will be placed throughout Methodist Hospital and Nebraska Methodist College.

- **Do you know what it means, when a peer or supervisor uses the "Hands Up" gesture as shown above?**
This is a reminder — to everyone — to wash your hands before and after patient contact. When you see staff members place their "Hands Up," please wash your hands.
- **Let's keep each other accountable with this simple gesture developed by the Practice and Research Council.**
With your help, we can reach the JCAHO standard!

In addition to poster and magnet displays, each nursing unit will be conducting hand-hygiene audits, monitoring staff members for opportunities to wash their hands (before entering and leaving patient rooms, when the computer keyboards are touched, etc.).

It's all in your hands. If you have questions or concerns, please contact Deborah Conley (#4661) or Leona Adams (#4474), or any other Practice and Research Council Member. ♦

Nurse Satisfaction Survey Results

— *Marky Weeks BSN, RNC*

Staff Nurse, Birth Services/Magnet Co-Coordinator

Remember taking the NDNQI Nurse Satisfaction Survey last September?

The survey is a tool to compare nurse satisfaction here at Methodist Hospital with nurse satisfaction levels at other hospitals in the nation.

The response of 470 nurses from 26 different units at Methodist Hospital represents a 65 percent response rate, up from 48 percent in 2004, and slightly higher than the national response rate of 64 percent.

Because most of the hospitals that participate in this survey are either Magnet hospitals or hospitals interested in obtaining Magnet status, we are comparing ourselves to some of the best hospitals in the country.

Here is a synopsis of the 2005 results.

Scoring

Scores < 40 indicate low satisfaction.
Scores 40-60 indicate moderate satisfaction.
Scores >60 indicated high satisfaction

The 2005 Nurse Satisfaction Survey portrayed moderate to high satisfaction scores in all areas of the survey.

In all categories of the survey, Methodist nurses' responses were comparable to or higher than the national responses.

The lowest scores on this year's survey were found in the Task (44.50), and Decision- Making (49.80) categories. These same low scores were also felt nationwide, according to the survey.

Taking Action

The Shared Governance Model of councils was implemented in direct response to the low scores in decision- making and autonomy in the 2004 survey,

In 2005, four central councils were established in addition to the 15 unit-based councils.

Staff nurses chair each of the unit-based councils, and three of the four central councils. The chair of the Coordinating Council is also a staff nurse.

Decisions that are made at every level of the Shared Governance Model have input from staff nurses.

Future Satisfaction

We anticipate higher levels of RN satisfaction with the growth of this shared governance model and staff nurse presence on the councils.

If you would like information on how your unit responded, contact your Service Leader. ♦

Magnetized with Certification

— *Elizabeth Baker, RN, ONC, OR Nurse*

The last time you went to the doctor, did you look for a license placard on the wall? Did you also look for certification in the area of specialty that your appointment was for? Did the specialty certification give you an added sense of security in the care you would receive?

Our specialty certifications tell our patients they can have an added sense of security in the care given and received.

Everyone looking for a care provider wants that extra bit of skill and knowledge in the nurses and doctors who care for them and those they care about.

Certification gives me a sense of confidence in the care I provide, and the care of the people I come in contact with every day. ♦

Professionalism Continues to Blossom!

Chris Donovan, MSN, APRN, BC, ACE Unit, and Diane Smith, MSN, RN, Emergency Department Core Coordinator, both passed the ANCC certification exam to become certified gerontological nurse practitioners.

Our Annual Interim Report for Magnet was completed in April!

The American Nurses Credentialing Center (ANCC) has accepted our documentation and Methodist Hospital continues to enjoy Magnet Status!