Thank You

Thank You. Gracias. Danke. Two simple words. It really doesn’t matter what language we use—the influence of these two words is phenomenal! Saying thank you can change a bad day into a really good day. Saying thank you can turn a tear into a smile. It can change a “hurt” into a “doesn’t hurt so bad.” We all have daily events that can lead to saying thank you. For example, if someone lets you in to merge onto the interstate, you give a little thank you wave. If someone opens the door for you, you say thank you. So why do are those words so important in the healthcare workplace? Evidence based leadership tells us that by saying thank you, it can lift the productivity of your team by letting them know you appreciate their hard work. It fosters intrinsic motivation to perform your job at a higher level. Saying thank you acknowledges that you recognize the work being done and have taken the time to distinguish the effort. Reward and recognition for a job well done leads to a positive work environment. Saying thank you can even lead to retention of employees.

Bottom line—saying thank you feels good—by those who say it and by those who receive it.

Who have you recognized and said thank you to lately?

Thank You to the UAB staff who consistently strive to improve patient outcomes with every patient every time.

And thanks for taking the time to read our December Newsletter!

The Power of the Thank You Note

A written thank you note can have a huge impact on employee satisfaction. A thank you note can come from your supervisor, senior leadership or a co-worker. Here are a couple things to keep in mind when writing notes. Tell the person what they did right. Tell the person the behavior that was above and beyond the call of duty. Think of everyone who contributes to the patient’s outcome—environmental service, dietary, pharmacy, nursing, PCT’s, respiratory, patient escort, secretaries, physicians, and others.

A thank you note is powerful way to build a positive culture and help employees and co-workers feel valued.

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Special points of interest:

* Evidence Based Practice is a key component of nursing practice.

* Nursing Sensitive Indicators are owned by Nursing Service.

* Using the best Evidence and Quality Practices improves Patient Outcomes.
Shaping the Patient Experience: The tools of success...

By David James

As our healthcare model moves from a ‘fee for service’ to ‘Value Based Purchasing’ model we are increasingly focusing on outcome metrics. One of the key strategic outcome metrics for UAB Hospital is our patient experience data. In addition to the increased market share generated from the positive word of mouth from our patients, patient experience data measured through the Centers for Medicare and Medicaid Services (CMS) Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS) survey’s accounts for 30% of the at risk dollars associated with ‘Value Based Purchasing’.

As front line staff, we have many opportunities to shape the patient’s experience. For example, the AIDET tool fosters consistent communication across the healthcare team. By consistently utilizing the AIDET framework we can reduce our patient’s anxieties and miscommunication. It all starts with the A-Acknowledge. After acknowledging the patient and any significant others with the patient, the next step is I-Introducing yourself and your role on the healthcare team. The introduction is a great time to ‘manage up’ other members of the team. Remember we want patients to know they are in great hands.

The next two steps D-Duration and E-Explanation are key strategies to helping alleviate patient and family anxieties. The D-Duration is our opportunity to manage patient expectations. How long will this take? When can they expect follow up? Combined with hourly rounding, the D-Duration creates an informal contract with our patients and their loved ones allowing the peace of mind in knowing we are watching out for them. The E-Explanation allows us to provide the all-important WHY? and how do we address these service failures? Service Recovery provides a framework for all employees to respond to patient’s complaints. It all starts with Awareness, simply being in tune with patients and families verbal and non-verbal communications. Once we are aware of an issue we show ownership by making an apology for the frustration or service failure. Although patients do want to hear that we are genuinely sorry for the issue, they do not want to hear us make excuses. A blameless apology, avoids the blame game while still communicating concern and empathy. For example, “I am sorry you had to wait for the test results” is a different message that “I am sorry those people in that department are always slow”. After the apology, we are in a position to correct the issue. Taking action includes not only correcting the immediate issue, but also communicating the issue to managers so future issues can be avoided.

We all play a part in shaping the patient’s experience. Every interaction creates an impression and the sum of those impressions is the patient’s experience. By using AIDET and Service Recovery we are able to shape positive experiences for our patients and their families.
Kudos to the Infection Control Practitioners! By Shannon Graham

A huge kudos to our Infection Control Practitioners: Martha Long, Amanda Beverly, Mariann Schmitz, Rashida (Rosie) Khalid, Elisa Mejia, Cecelia Sims, Angela Pontius, and Angela Akinsanya. As you may know, the definition of CAUTI has recently changed, impacting our CAUTI rates. However, through the leadership, support, and collaboration of the Infection Control Practitioners, we are well prepared to conquer CAUTI! Over the last year the Infection Control Practitioners (ICPs) have worked very hard to help decrease our infection rates, specifically CAUTI rates. They have worked with a team of nurses to create the Nurse Driven Foley Removal Protocol. This protocol, incorporating the latest evidence and national guidelines, walks nurses through a decision tree to determine when the Foley should be removed. In addition, the ICPs have created an information and education page on the ONE website. Check it out by going to the ONE website — Groups — Nursing — Councils and Committees — Nursing Quality — Infection Control. Not only is there information on CAUTI, but there is information on CLABSI too. Remember that the ICPs are a great resource when you have questions or concerns regarding CAUTI, CLABSI, or other hospital acquired infections. Next time you see one of the ICPs, give them a big “thank you” for all of their hard work!

Who do you Want to Thank?

We’ve listed a few groups in this newsletter. But we want more. Who would you like to thank for a job well done? Please submit a story to be published in this newsletter on how someone went above and beyond their normal duties to make a patient’s outcome better or works to improve quality indicators on your unit or performs outstandingly every time they are at work. Take a moment to say Thank You!

WOCN’s Rock by Shannon Graham

From daily consults to data collection, our WOCNs ROCK! Over the past year, you may have heard more than one person say “this is the year of the pressure ulcers”. That’s because over the previous two years we began house wide data collection and started looking at our pressure ulcer rates... they were not good. Thus we turned to our experts: Catrice Potts, Najla Washington, Karen Edwards, Kelly Suttle, Amy Armstrong, and Sharon White. Together they have educated staff during critical care competencies, conducted vendor fairs, led “hands on” classes to teach staff how to properly apply dressings and use wedges, led the PUP (pressure ulcer prevention) Team, created a Pressure Ulcer Prevention Bundle and a Pressure Ulcer Treatment bundle in IMPACT, and finally, led the data collection teams. They are the experts and the ones we all want to call when we are not really sure what to do about a wound! In addition to all the awesome activities listed above, the WOCNs also precept nurses in a “unit expert” program. This program is designed to equip the staff nurse with the knowledge to be a resource at the unit level. Ask your WOCN if you are interested in this opportunity! And don’t forget, next time you see one of the WOCNs, give them a “high five” for a job well done!
The EBNP and Research Council meets every first Wednesday of the month from 12 to 1:15pm in the West Pavilion Conference Center Room E.

The Nightshift meetings are in JT 1014 at 7:30am on
March
June
September
December

Go to the EBP and Research Website for a complete list of 2014 EBP and Research Education

Upcoming Quality and EBP Education

**EBP, Research, and Quality Improvement 101: Definitions and Processes**
Total number of participants per workshop: 20
Place: 1014 Jefferson Tower Center for Nursing Excellence
February 20, 2014, 11:00am to 12:30pm
May 22, 2014, 11:00am to 12:30pm
October 14, 2014, 11:00am to 12:30pm

**Journal Club 101**
Total number of participants per workshop: 20
Place: 1014 Jefferson Tower Center for Nursing Excellence
February 19, 2014, 9:00am to 12:00pm
March 26, 2014, 9:00am to 12:00pm
April 23, 2014, 9:00am to 12:00pm

**"Hands On" How to Search the Literature (3 hours)**
Total number of participants per workshop: 25
Place: Lister Hill Library G40
March 6, 2014, 11:00am to 12:30pm

**Poster Presentations Workshop**
Total number of participants per workshop: 20
Place: 1014 Jefferson Tower Center for Nursing Excellence
March 31, 2014, 11:00am to 12:30pm
August 7, 2014 11:00am to 12:30pm

**Heart Failure Education Day**
Place: West Pavilion Conference Center Room E
Date: February 14, 2014 from 7:30am to 4pm