

Communication: the positive effects within an organization

Becoming of Sentara!!!



-Dixie Hospital/Hampton General



-Sentara Carplex

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Sentara healthcare system has been operating for more than 125 years. It was first established in the year 1888 near Union station in Norfolk, Virginia. It is now a premiere health care system in the region and is widely known and recognized for its leadership in healthcare. The first ever Sentara facility which was called the Norfolk retreat for The Sick, which is now widely known as Sentara Norfolk general hospital. It opened on June first of 1888. Back then a patient only paid \$2.75 for an overnight stay in the hospital. This overnight stay included treatment for which the patient had been admitted for and 3 hot meals. Only about a few years later 2 other hospitals (who were not yet named a Sentara facility) were being established. one of which was the Dixie hospital that was built in Hampton Va. In 1892 the Dixie hospital moved to a new location to begin expansion and relocated again in the year 1913 and once again in 1959 to Victoria boulevard in Hampton. This hospital was built with the most advanced diagnostic and technological capabilities and consisted of private and semi-private patient rooms. Between the years 1960 to the late 1980s were very important years for the Sentara healthcare system. In 1967 Norfolk General Hospital was the very first in the region to perform an open-heart surgery. In that same year the Dixie hospital was officially renamed Hampton General hospital. Just a few years later Norfolk general was recognized again for one of their many FIRST accomplishments. In 1981 Norfolk general delivered Elizabeth Carr, America first in-vitro baby. In vitro fertilization is a medical procedure whereby an egg is fertilized by sperm in a test-tube or somewhere else outside the body. After the birth Norfolk General was known as the site of a modern miracle. The following year the air ambulance service, known as the Nightingale, was introduced to Sentara. Sentara Norfolk general hospital celebrated its 100th anniversary in 1988 and in 1989 another ground-breaking miracle occurred. Sentara performed Hampton roads first open-heart transplant surgery at Sentara Norfolk general hospital. just 3 years after this, Sentara

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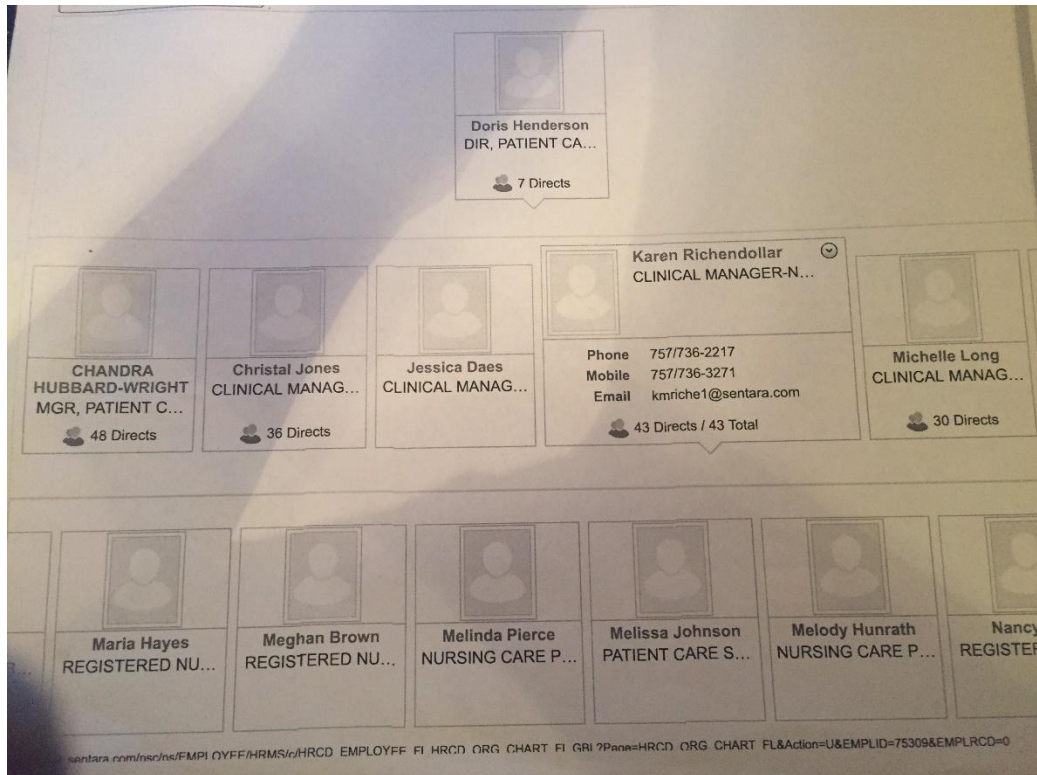
Hampton general celebrated its 100-year mark. 10 years after its 100th year anniversary Hampton general and its employees said farewell to the 100-year-old building and said hello to its new home Sentara Careplex hospital located 3000 coliseum drive Hampton Va. It opens with the mission to improve health every day. As the Sentara Careplex system grew, they focused on the values of the People, Quality, Patient Safety, Service and Integrity, and still do till this day.

Sentara CarePlex Hospital is a 224-bed hospital that offers advanced surgical programs, emergency cardiac intervention and fellowship-trained physicians. Additionally, it is a Certified Primary Stroke Center and is home to the Orthopedic Hospital at Sentara Careplex Hospital, the area's first dedicated orthopedic hospital. Sentara Careplex offer great service to those who seeks it, maternity care to soon to be mother which was just reintroduced in January 2018. It also offers great job opportunity's, volunteer experience, fellowships, as well as strong encouragement of furthering educations. This is one reason I was glad I had the opportunity to job shadow here

The person I had the pleasure of job shadowing is a current employee of Sentara healthcare. She has Over 30 years of dedicated service to Sentara Healthcare, Over 10 years of experience as a staff development educator and just a little Over 4 years of experience in a managerial role. She has Led a successful journey to Magnet designation as Magnet Program Director and helped Sentara Careplex become recognized as a Magneti Hospital. She's currently registers with the Virginias State board of nursing and certified as a Nurse Executive- Board through the American Nurses Credentialing Center. The person I choose to job shadow is my manager MS Doris Henderson MBA, BSN, RN, NE-BC. She joined the Sentara healthcare system in the year 1986 after graduating from the University of Maryland with her Bachelor of Science in Nursing. She started at Sentara Hampton general hospital as a critical care nurse and Team leader. While working at Hampton general she attended Old Dominion University where

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she received her Master of Business Administration in 1994. She continued working at Hampton general until 2002 when she decided to become a staff development Educator when the organization moved to Sentara Careplex Hospital.



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Journal Entry #1: 11/08/2018

During my job shadow today I had the chance to get to know my manager a little more. She told me about her love for nursing, where she was born and raised and about her high school and college experience. She allowed me to ask question about her feeling of the medical field. She gave me the positive as well as the negative about becoming a Register Nurse the struggles of nursing school and the many accomplishment she has made thus far. I was happy to know that she too attended Old Dominion University and received her Masters in Business administration.

Also today I had the opportunity to accompanied Doris Henderson to a RN coordinators meeting. The Presenter during this meeting was Kelsey Jones whose an employee at Sentara Lee hospital located in Norfolk, VA? Those in attendance were Registered Nurses, coordinators and representative Unit leaders from each inpatient floor. Also, the charge nurses from each floor as well as the Emergency department, Education, nursing leadership were in attendance. In this meeting several things were talked about and introduced. Shared governance was one main key components of the meeting. Shared governance is collaborative, it may include staff scheduling, education staff, executing evidence-based practice. shared decision made based on the principles, equity, accountability, and ownership at the pit of service. shared governance is important because it is working together to make the best decisions about patient care, nursing practices and the effect of such. Another key component of this meeting was the introduction of a new patient acuity nursing tool (PANT) score. The information was presented to the group via power point presentation. This new tool was said to be introduced to the hospital on December 4, 2018. The objective of the new tool is to runs in the background and account for how much work is being done. Current nursing orders and anything charted into the system such as Admissions, Discharges, ADLS (activities of daily living), Medication administering, Ambulation, Wound

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care and anything else that is done directly to the patient will collect points. It was stressed to the nursing employees to chart everything that they do so that their work is accounted for accurately. Score reflect work done by charge nurse, Registered Nurses, Nursing care partner (which is my title), respiratory therapy, rehab as well as nursed in the emergency department. The PANT Score Eliminates the use of paper work, faxing, making phone calls, and making nursing assignments because the system will update information automatically. This PANT scoring tool is very important when making assignments for the nurse staff. These assignments contain what nurses will be on which floor, and which nurses will have what patients. It will assist the nurses by make assignments from the total score the patient received from information charted from all aspect of the hospital. This will help Even out assignment for the nursing staff. This new tool was introducing to consider how much time a nurse is spending with patients in hopes of hiring new staff to alleviate some stress off current staff due to current staffing issues. soon the PANT scored technique can provide evidence for staffing needs and where most of the staffing issues Occur. As a healthcare administrator this would be something my manager would collaborate on with other administrators to help solve the staffing issues from the accumulate scores when this program is up fully functions.

I found his presentation to be very informative and all the nursing staff was very tentative to the information they were receiving. Many questions were asked, and a lot of the staff seem very interested into seeing how this too will benefit them in the long run. The information that was introduced on today was explained as a take back tool. Before this information will be introduced it was a good idea to gather everyone beforehand so that these leaders of the floors can take the information back to their team and inform them on the PANT score and the important of it!

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After this meeting we spent some time with the PCS (patient care supervisor office). My manager usually checks in with the PCS to check the flow of the hospital's admission, discharge and inpatient care. The pcs job is to assign bed to patient who are being admitted that are waiting in the Emergency department or being transferred from other hospitals. They also step in when staffing on the floor need help. They make sure that the ratios of patient to nurse are safe per protocol. They also communicate with the team leaders on the floors if any issues arise. I got the chance to round on the floors with the PCS to see what my manager sees and does daily. Visiting each floor talking to staff, listen to comments and concerns to take back, look at and report to the proper departmental heads if need be. Although we did not today, somedays the PCS would go talk to patients who have address some issues to their nurse, or higher up or who have been rude and vulgar to the nursing staff. Our job is to deescalate the situation in as few steps as possible and reiterate the policies and procedures that can and will be don't to protect the patients as well as the staff.

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Journal Entry #2: 11/13/2018

Today my manager Doris Henderson and I attended a SCH Professional Nurse Practice council meeting. This is a staff lead meeting that's takes place on Tuesday morning from 08:00am to 10:00am. In attendance were a representative from care coordination, and a couple of RNs. The issues with the meeting like this are that not everyone who signed up to be a representative shows up. One thing I would do is make sure that everyone who signs up are committed to come and attend and be receptive of the information that is being presented. During the meeting some hospital goals were discussed such as how the hospital should celebrate Hospital week which is May 12 through the 18 and Nurses week which is May 19 through the 24. Doris Henderson who is the current magnet director gave us an update on Sentara as a Magnet hospital. She let us know that our magnet manual review is currently underway. To have magnet status means that the hospital is considered a hospital that delivers excellent care to patients, nurses have a high level of job satisfaction and there is low staff turnover rate and an appropriate grievance tenacity. It is an award given by the American nurses credentialing center, the ANCC that satisfy a set of criteria designed to measure the strength and quality of their nursing care. The ANCC is part of the American nurses association. an affiliate of the American Nurses Association.

Another topic of discussion was the Changes of the professional practice model. At Sentara we use the Parthenon to show how we practice. We have Parthenon's on display through out the hospital. It Consist of a roof, 6 columns, and a 3-step based which is the foundation. Sentara nursing vision is to create an environment of health and healing. the Parthenon columns represents concepts of shared decision making, coordination, collaboration, patient outcomes, innovation, and evidence-based practice which is the explanation of why we do the things we do. with evidence. The Foundation represent the focus of relationship-based care, culture of safety

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and accountability. The new Parthenon is to be implemented in 2019 and in efforts to help decrease the risk for mistakes.

The last topic was the Medical-Surgical practice council updates. Somethings that were discussed were the Policies needing approval, the important of Bedside shift report, and issues with patients leaving the unit. All these issues are being look at further by other personnel as well as my manager Doris Henderson who is the director of patient care services

For the second half our day Doris and myself spent time in her office doing some housekeeping. We answered emails, sent emails, returned phone calls and scheduled meetings for the upcoming yearly evaluations. Being able to be an effective communicator is very important when you become a healthcare administrator. We also went through education folders to ensure everyone's policies and procedure handouts were up to date. Ms. Henderson job is not only to make sure thing run smoothly with the hospital but also with her employees. Because my manager is taking on a new position in 2019, she has been orientating and showing Ms. Karen Richendollar the ins and out of her position as director of patients care services. So, we also spent time with her and I observed them in their element. One thing would have done differently was I think I would have had Karen round on the floors with. Or allowed her to answer some emails with us just to get some insight on questions that's arise. Issues that Ms. Henderson must deal with on a regular basis just to help her get use to the other side of being an administrator.

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Abstract:

In this research paper you will learned about the important of communication. It explains what communication is, the different forms of communication, and how its important pertains to the organization I choose as my job shadow location, Sentara Carplex Hospital!

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Speech, text, face to face, over a mobile device, and sign language are all type of communication that people engage in every day. Communication is the process by which information and meaning of such is transferred from sender to receiver. Communication can be classified as being one way, two-way, verbal, formal, non-verbal and Visual. How does communication work? For communication to work you must have a sender and/or a receiver. One person starts the communication process by sending a certain message. The message is sent with an encoding mechanism. This message is sent through a communication channel and the receiver decodes and received the message. This type of communication is known as verbal communication and can also be referred to as oral communication. This is considered the most precise form of communication and carry a message conveniently. During my job shadow experience, I've learned that verbal communication is very Important especially when working as a healthcare administrator. There's a lot of communicating that must be done when you're working as a healthcare administrator. Speeches, coordinating and conduction meetings with staff members, and attending seminars and classes are all activities that require verbal communication. In an organization formal as well as informal communication is heavily use. Formal communication is defined as the communicating of specific information that flows along an already defined channel. Whenever the information is transferred it is through an established chain of command within the organization. Report, request, and orders are all types of formal communication. Downward and upward communication are sub categories of formal communication which are significant in an organization as well. When working as a manager

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you must engage in downward communication as well as upward communication. Downward communication flows from a higher level in an organization to a lower level. Such communication can occur between a manager down to his/her subordinate. Upward communication would be from these same subordinated initiating the conversation up to their manager or even to the managers supervisor. It's important for verbal communication to contain information richness. Information richness is the amount and depth of information that gets transmitted in a message. Face to face communication has the highest level of information richness because body language, tone of voice, and facial expression is being translated as well. All three of these can influence communication. It allows the receiver to be more receptive to the communication and the communicators can distinguish If the communication is being interpreted properly.

Not only is verbal communication important nonverbal communication being just as important. Nonverbal communication is also known as interpersonal communication. During nonverbal communication there is two different types: one-way and to-way communication. According to Management: leading & collaborating in a competitive word, during one-way communication the information flows in only one direction which is from the sender to the receiver. The receiver gets the information but does not reply. One example of one-way communication is when a manager sends an informative email to her staff, but this email requires no reply from her staff. Another form of non-verbal communication is two-way communication. When the receiver replies to the communicating initiator then it is considered two-way communication. Two-way communication is only effective when the sender delivers the information, the receiver receives the information and gives effective feedback. Two-way communication is more effective than one-way communication because it is more accurate and

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fewer problems arise when completed. Two-way communication allows the receiver to ask questions, share comments and concerns, and consciously know what they are to do with the information that they are receiving.

and receiving information being transferred from the speaker. Visual communication is another very important form of communication. It is the communicating of information and ideas by using symbols and imagery. Just like verbal and non-verbal communication visual communication is just as important because people rely on it just as much. It includes signs, graphics designs, films and several other forms. When using a road sign to drive, or a map to try to find your way around town this is all consider using visual communication. In your text book the charts, graphs, and figures that accompanies the works written you are also considered visual communication. Visual communication is used every day just like verbal communication, and a lot of times alongside it. During lectures or seminars when presenters use PowerPoint presentation to accompany their lectures, they are using the form of visual communication to make a statement. Visual communication can use colors design, advertising, animation, illustrations, typography to capture the attention of their audience. A lot of companies for example hospitals, uses visual aide in their organization such as Pamphlets, billboards, posters and handouts.

Sometime when communication issues can rise. Perception and filtering can cause communication issues. Perception is the process of receiving and interpreting information

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(Bateman, Snell, & Konopaske). Communication can be mis-interpreted but it's all on one perception. Everyone interprets thing differently. some people even filter information received. Filtering is when information is withheld, ignored and/or distorted. In organizations filtering happened because of the chain of command and respect for you superior. What you think and what you communicate comes out differently because you say what you think they want to hear and not what you actually want to convey.

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