

May 2006

WSNA Local Unit
SKAGIT VALLEY HOSPITAL

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Local Unit Officers

Julia Weinberg	Chair
Shelly Vampelt	Co-Chair
Jammie Jenkins	Secretary
Thomas Nyland	Treasurer
John Tweedy	Grievance
Marsha Leigh	Membership
Kathleen Brown	Membership

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*The Oldest and
Largest Union
Representing
Registered Nurses
in Washington State*


**WASHINGTON STATE
NURSES ASSOCIATION**

Nurses Week May 6th thru May 12th 2006



We celebrated this year's Nurses Week with special delivery of WSNA gifts and the 2006 ANA lapel pin to all our nurses. Your WSNA Local Unit Executive Leadership Team thanks you for all you do each and every day here at Skagit Valley Hospital.

Because WSNA has been representing nurses here at Skagit Valley Hospital, we approached the Mayor of Mount Vernon with a special request. We thought it would be such a wonderful thank you from the City of Mount Vernon if the Mayor issued a Proclamation for all nurses who work and live in the city of Mount Vernon, to which he agreed.

City of Mount Vernon **PROCLAMATION**

WHEREAS, the nearly 2.9 million registered nurses in the United States comprise our nation's largest healthcare profession, and

WHEREAS, the depth and breadth of the registered nursing profession meets the different and emerging health care needs of the American population in a wide range of settings, and

WHEREAS, professional nursing has been demonstrated to be an indispensable component in the safety and quality of care of hospitalized patients, and

WHEREAS, the demand for registered nursing services will be greater than ever because of the aging of the American population, the continuing expansion of life-sustaining technology, and the explosive growth on home-health care services, and

WHEREAS, the more qualified registered nurses will be needed in the future to meet the increasingly complex needs of health care consumers in this community, and

WHEREAS, the cost effective, safe and quality health care services provided by registered nurses will be an ever more important component of the U.S. health care delivery system in the future, and



*WHEREAS, along with the American Nurses Association, the Washington State Nurses Association has declared the week of **May 6th thru 12th** as **NATIONAL NURSES WEEK** with the theme “**Nurses: Strength, Commitment, Compassion**” in celebration of ways in which registered nurses strive to provide safe, quality patient care and map out the way to improve our health care system.*

***NOW THEREFORE, BE IT RESOLVED** that I, Bud Norris, Mayor, ask that all residents of the City of Mount Vernon join me in honoring the registered nurses who care for all of us, and be it further*

***AND BE IT FURTHER RESOLVED** that the residents of Mount Vernon celebrate registered nursing’s accomplishments and efforts to improve our health care systems and show appreciation for the nation’s registered nurses not just during this week, but at every opportunity throughout the year.*

*Signed on this 1st day of May, 2006
Bud Norris, Mayor*

As nurses we should be proud of the work we do each day in the midst of “Chaos”! We go the extra mile for our patients and each other. We give of ourselves beyond the bounds of caring and working above and beyond, to meet the needs of our patients and each other. We need also to remember to care for ourselves just as we care for others. YOU are a Valued Member of our WSNA and Skagit Valley Hospital Nursing Team. Thank you!

Assignment Despite Objection (ADO) Process and Using the Chain of Command:

We had a Local Unit educational seminar on Guidelines for the Registered Nurse in Accepting or Rejecting an Assignment on March 10, 2006. Barbara Frye, WSNA Director of Labor Relations Director presented. This seminar included discussion of the Registered Nurse’s obligation to

inform his/her employer of problems in delivering safe patient care. ADO forms are WSNA’s version of a QMM. They are discoverable in a court of law. QMMs are not. Therefore, an ADO shows a Good Faith effort to notify your employer of difficulties.

For example, you may be assigned to a unit for which you’ve not had orientation. You may be given assignment that has the types of patients you’ve never worked with before. You may be faced with broken equipment. You may miss rest breaks and lunches because you are so busy. These types of issues are to be documented on the ADO form.

However, the forms do not substitute for communicating your needs. If it is a patient safety or staff safety issue, it is vital that the problem be resolved immediately.

ADOs are also to be used for missed lunches and breaks. If you aren’t relieved for your rest-break or meal-break, fill out the ADO form AND the Kronos form for missed rest or meal break. Even though things seem to be “falling apart” you still must take the needed steps to get help. If you have exhausted all the steps and have received no help, document on the ADO form.

Take a look at an ADO form to see all of the categories listed.



Where Do the Copies Go? Give the white copy to Jammie Jenkins 2NW. Give the pink copy to your unit manager. Keep the yellow copy for yourself. Please WRITE HARD enough so that all three pages of the ADO form are readable. You can also make a photocopy if the third copy is illegible. Attach additional documentation (no confidential patient information, please) that you believe helps to tell just what happened, what you tried to resolve the issue, and anything else you believe will help us understand what happened.

What is the chain of command? First, you must notify the Charge Nurse. Your charge nurse can make an adjustment in your assignment and

redistribute patients differently. If the charge nurse and staff are unable to resolve the issue, you then contact the Nursing Supervisor. If your concern is still not resolved, call your Nurse Manager. Next to contact is the Administrator On-Call (contact the Switchboard and they will let you know who it is).

What happens to the ADOs after you've filled them out? WSNA and the Unit Managers investigate all ADOs. They may ask for clarifying information and help you brainstorm with helpful suggestions. They are presented at Nurse Conference Committee each month.

Watching for Trends: We collect all of these ADO forms and we watch for trends. If we begin to see similar issues cropping up, and they are not resolved, we will address the issue in a more formal fashion.

Where can I find ADO forms? Each unit is equipped with a blue WSNA folder which has a booklet called Guidelines for the Registered Nurse in Accepting or Rejecting an Assignment and the ADO forms. There are more ADO forms on the WSNA bulletin board on 1NW in the yellow envelope.



If you would like another class on ADOs, we will invite Barbara Frye back again. Let us know via our WSNA/SVH e-mail communication at julia_we@hotmail.com.

Conference Committee updates:

Each fourth Monday of the month, your Local Unit Officers and management meet to talk about issues affecting the nurses here at Skagit.



We have been working on the issues surrounding the QMM and corrective action process these many months. At one of our last meetings, the managers agreed with us to form a sub-committee of the Conference Committee. Staff nurses have been selected to work with nursing managers and

other departments to focus on how to improve our QMM process. We appreciate the opportunity to be working collaboratively and giving input to finding solutions that meet each others mutual interests and concerns.

We will keep you updated as this very important work that the sub-committee is doing on our behalf. The recommendations coming forward from this group will be presented to all of the members of Conference Committee.

Another topic which has been discussed in Conference Committee these last couple of months has to do with the hospital's interests regarding "Customer Service." We all know how and what customer service looks like and sounds like and what the end result feels like to everyone, especially our patients.

However, we think all of us have been experiencing increased symptoms of **JOB STRESS**.

We have taken a lot more in trying to do additional duties. We have had short staffing due to illnesses and vacant positions. We've had higher acuity in our patients. Despite it all, we are striving to do the best we can, to give safe patient care.

Stress is a fact of life. Each of us tries to balance our everyday stresses in individual ways.

There are those times that the apple cart is just too full and it begins to tip over. Then we may go into reactionary mode, and sometimes say or do something we may not ordinarily say or do. Sometimes our colleagues, volunteers, or other assistive personnel become the targets of our stress. A good example is the JCAHO visit. We all know how stressful it is to prepare for the actual accreditation process. We then face three grueling days and the actions and output all of us experienced first hand or prepared for. Add to this the rest of the organizational stressors of NO space, limited beds for admits and post-ops. Also add the updates to the EMR/Meditech, as well the slowness, constant lockouts and shutdowns that happen with

this computer system. Also, issues of meds coming correct the first time from pharmacy to the unit and at the right time to be given. There is constant turnover of patients. We can go on and on . . .

We all talk about these issues over and over with each other, at unit meetings, in the hallway, in the lunch rooms if we get a lunch break and it seems nothing ever gets done or improves. These issues add up which only then adds to the challenge of coping with the stresses of day to day.

NIOSH indicates that job stress is an occupational hazard.

The employee survey done last year did identify staff as being overworked and not having enough staff to do the job.



Communication is an ongoing issue which also adds to the same problem of increased stress. What is being done to address the issue of these organizational stresses? 1NW and 2NW units have a new staffing matrix to help with the workload issues. Management has been adding more staff also. Flow issues in the ER are being addressed by assigning patients to color zones which is helping decrease stress. We are building a new hospital so the space issues will be dealt with. However, in the meantime, we need to continue the daily bed meetings. Work with the hospitalists to get patients discharged ASAP and continue to streamline that process. We have the documentation task force to look at Meditech and streamline that process. The hospital continues to hire more staff, nurses and assistive personnel, yet it takes time to get them oriented and on the units for that needed relief.

The NIOSH web site has great ideas for decreasing stress and we suggest you visit that web site at <http://www.edc.gov/niosh> to help yourself so that you can continue to help others.

We have also requested that the EAP (employee assistance program) be utilized to give some classes on decreasing stress, de-escalation, identifying burnout and what to do about it, etc.

Taking your breaks and getting lunch away from the busy workplace areas is the most beneficial to taking care of yourself and your patients. Nurses that do not regularly take lunches and breaks experience greater burnout.

Nominations and Elections for Local Unit Officers being sought:

The WSNA/SVH nomination board will be posted on the WSNA/SVH bulletin board, which is located on the 1NW unit hallway at SVH, **June 7, 2006, until June 22, 2006.** For those seeking an elected position, please fill out a Consent to Serve form, available on the nomination board. Place the form in the nominations envelope on the nominations board.

Positions that need to be filled: Co-Chair (1) , Co-Membership (2) Co-Grievance Officer (2) and Treasurer (1). These are two-year terms. As Local Unit Officers you commit to attending all the (paid) meetings of Conference Committee once a month, the WSNA Executive Committee meetings (non-paid) once a month. Local Unit officers are also the contract negotiating team for the bargaining unit. Negotiations will be in 2008.

WSNA sends out the election ballots. These mail-in ballots are sent to the WSNA office to be counted. WSNA will then report the winners within five calendar days after the deadline. Then WSNA and the new local unit co-chairs notify the hospital administration of those newly elected.

Magnet Status: What is it? Why?

Magnet status is the highest level of recognition that a health-care organization can achieve for excellence in nursing. It is considered the “gold standard” in the nursing world because Magnet recognition is awarded for excellence in nursing services.



Benefits to patients: Improved quality of care, increased patient/family satisfaction; decreased risk of falls, medication errors and post procedure complications; increased confidence in the hospital because it has obtained the highest honor awarded for nursing care.

Benefits to nurses: Autonomy in clinical practice and decision-making, participation in nursing leadership and organizational decision making, adequate nurse staffing, higher RN job satisfaction, enhanced nurse-physician collaboration, and integration of professional models of care (to name a few).

Is it worth it?

Currently there are over 190 Magnet designees nationally and internationally. These facilities cite several benefits: The practice environment becomes more supportive of nursing and

professionalism. Staff education is emphasized more. Magnet encourages lower turnover, higher retention, and improved recruitment. Magnet leads to better nurse-patient and nurse-physician relations.

What better way to emphasize what we do here at Skagit Valley Hospital. We give good quality nursing care to each of our patients right now, you might say. Yet how are we valued for our nursing care? We all know we can improve even more at what we do. If we go through the application process and are approved, we could achieve nursing excellence. NPPCC and Nursing Administration are exploring the possibilities.

You can read more about Magnet, by going to American Nurses Association (ANA) website, at **NursingWorld.org** and then go to the ANCC (American Nurses Credentialing Center) link and look for Magnet Accreditation.

