

WSNA Local Unit  
SKAGIT VALLEY HOSPITAL

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**Local Unit Officers**

Julia Weinberg	Co-Chair
Shelly VanPelt	Co-Chair
Jammie Jenkins	Secretary
Thomas Nyland	Treasurer
John Tweedy	Grievance
Linda Warman	Grievance
Marsha Leigh	Membership
Allyson Watts	Membership

**WSNA Nurse Representative**

Kate Boyle  
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**WSNA Web Site**

www.wsna.org

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



**WASHINGTON STATE  
NURSES ASSOCIATION**

**The holidays are over and we are well into the New Year of 2007.**

**Welcome to Newest LU Officer!**

We would first like to extend a Big **Thank-You to Linda Warman, RN**, who is our newest appointed Local Unit Officer. Linda has agreed to fill the unexpired grievance position which was vacated last year early fall by Liz Rainaud, until we have elections again this year in July.

Linda works on 2 NW as a staff nurse, day shift. She has served our local unit in the past as Chair of the NPPCC, participated on numerous task forces in addition to the hospital safety committee. Linda has always used her voice and time, advocating and supporting our nurses and patients. Welcome Linda!

**Personnel Records in HR**

We are going to start asking all of our nurse members here at Skagit Valley Hospital with this year 2007, to take the time to view your personnel record in H.R.

**Our WSNA contract article 14.1 Personnel Files states:** *A single official personnel file shall be maintained for each nurse. Nurses shall have access to their personnel file. After completion of the probationary period, the Employer shall either remove or destroy reference verifications and other third party material, or, if such materials are not destroyed, they shall be made available to the nurse concerned. No documents other than routine payroll and personnel records will be inserted in a nurse's file without knowledge of the nurse. If a nurse believes that any material placed in his/her personnel file is incorrect or a misrepresentation of facts, he/she shall be entitled to prepare in writing his/her explanation or opinion regarding the prepared material. This shall be included as part of his/her personnel record until the material is removed. **NURSES MAY REQUEST, IN WRITING, THAT THEIR PERSONNEL FILE BE REVIEWED AND THAT RECORDS OF DISCIPLINARY ACTIONS BE REMOVED.** Records which are agreed to be removed shall not be considered relevant for future progressive discipline.*

The current hospital policy that directs how/when corrective actions will occur and be applied stipulates that at the end of two years (staff) nurses can submit in writing to their department manager a letter requesting any and all discipline be removed from their personnel file, if there has been no reoccurrence of incident within that two year time period.

We want all of our nurse members to know that you have this right to review and to be assured that your personnel record reflects that which you are aware. We also want all of our nurse members who have had any form of disciplinary actions, at any level, in the past to take the time to write the letter for them removed today. Better to be proactive, rather than reactive.

If anyone has questions or concerns as you review your file and write your letters requesting removals of discipline (or anything else): please contact either of these local unit officers, John Tweedy, Shelly VanPelt, Julia Weinberg and/or Linda Warman.

## **Rumors**

How do rumors get their start and why do we all need to check things out with the source?

Rumors generally get their start due to misunderstandings of the communicated or missed facts. Sometimes it is the perceptions and feelings of people who try to pass these on as fact and truths.

With that in mind, each month during Conference Committee, we bring forward to the table the latest rumors heard flying around the hospital. It is our responsibility as Local Unit Officers and the nursing management members to check these “Rumors” out rather than have them continue to spread. If it is established that the rumor has any merit, then we find out what the facts are and what is a just rumor. These are then reported and the clearer message sent out.

What we need and want from our nurse membership is for you, if you hear of a rumor, please communicate to the person who may not be aware of the same information you have at that time. If you both do not know the answers, then we encourage that you check it out together with those who really know fact from fiction. You can also bring it to the attention of any of your Local Unit Officers and we can also check it out with you.

## **Transition to the New Hospital Expansion:**

There has been a sub committee of the Conference Committee, meeting and discussing the best options for the new units which will be opening in the new hospital expansion in June this year.

Their focus has been to look at the needed skills and abilities for each of the units, especially the “Progressive Unit” on the second floor and the new Medical/Ped/Onc Unit which will be combined on the third floor.

They have also been exploring the staff selection process, for these units forming, so that it will be fair and the least disruptive for all.

Most fair would be to open it house wide to all. However, that would also be the most disruptive, especially since we have more units moving who would not be affected at all and we have other units who would not be moving at all. One possibility would be to have those units most affected by the move, given the opportunity to choose (of the three new units) where they would like to work. This would be based on skills and ability and the training needed for the job selected. There will be a seniority list used for those who are affected to select the position of choice. It is still being decided if there will be training if staff does not meet all the criteria initially.

We believe that this committee will come up with a selection process which meets everyone’s interests and is the least disruptive to all.

What everyone who goes through this process needs to know is that the union can only control your shift, FTE and unit selection. We will monitor the process closely to ensure that your rights under the contract are enforced. The employer/manager of the unit controls how schedules will be developed once everything is finalized. We know from past that all the managers who have gone through similar



experiences have worked collaboratively with staff to have schedules work out as best they can and still meet the needs of the unit.

Those positions we know right now not filled at the end of the selection process will be posted and those positions will be filled according to the job posting language. So stay tuned. We will keep you posted as soon as the process has been finalized.

## ***Vacations and Requests for Vacations during May/June and early July!***

We know how important vacations during the early summer are for all of us, and our employer knows this too. During our recent discussions in Conference Committee and also the sub committee for transition, we talked about this very important issue. The employer has said they will honor the already granted vacation requests which have been pre-approved during the dates of the training and the move. We know that it is going to take all of us to make the move, learn our new areas and equipment while taking care of our patients. Management has also said they will probably look to staffing us up for this transition process so the learning can be as easy for all of us as possible.



If anyone has any questions or concerns, please contact any of your local unit officers or call Kate Boyle our WSNA Nurse Rep. in Seattle.

*Thanks Everyone!*

## ***What does it really mean for Nurses to be the Patient's Advocate?***

When was the last time you heard yourself or a colleague talk about what it means to be the Patient's Advocate? Was it just yesterday or maybe nursing school?

You may have discussed with another nurse an error found in the patient's chart or MAR and whether the need to document the error on the hospital Quality Management Memo was necessary.

Maybe the error occurred and you realized that it was your responsibility. Being accountable to the patient, and the organization, as well your own Code of Ethics, you filled out the necessary form and handed it in to your manager. Doing this action and filling out the QMM, as the patient's advocate, you accepted the responsibility and accountability for the error.

Many times when an investigation into what a QMM describes, it leads back to a system failure or a process that needs improvement. If nurses do not take the time to document an omission, an error, a failure of equipment, etc., the issue continues to go on and on and on. This kind of inaction or non-reporting does nothing to fix the problem or refocus attention to a re-education or training opportunity for the nurses or staff involved.

We have in our WSNA contract article 6.3 Discipline and Discharge for Just Cause. We discussed this article in one of our last newsletters and explained what this really means to a union represented nurse. To our knowledge as local unit officers we have, yet, to ever see a "3 QMMs filed against you, complaints etc.... or you documented on yourself an error and a nurse is terminated". The above article in our contract protects these kinds of actions being taken, and discipline must be done on a progressive way, if it is proved by management and is even warranted. Unless the investigation proves otherwise and even then WSNA asks: "Is the discipline appropriate for the infraction/error which has been proved to have happened."

The hospital has committed to change some time ago from a "blame free" culture to a "Just Culture". There is an algorithm for which all errors found and other issues are put through. This algorithm tests to show if it was a system error,

process error or nurse error along with the root cause analysis done too.

We are human after all and we are not infallible to error and mistakes can and do happen.

We are nurses and as nurses we have a Code of Ethics as well as a nurse practice act which dictates that we have a duty to report error. When we do report, we are saying, as nurses, we accept the responsibility to be accountable to our patients, especially, as well as to ourselves and the organization for which we are employed.

If we call ourselves Patient Advocates and we believe that patient safety and nurse safety is of highest priority, then we need to do what is expected by reporting mistakes and errors, and to be responsible and accountable and then deal with the consequences, if any.

WSNA will be there for us, anytime. If WSNA finds any action to be unjust or if the nurse feels that it is unjust, we have a grievance process which we can access at anytime. WSNA will support the nurse throughout the entire process.

Your Local Unit Officers have provided for each of the units (please do not remove from your unit) at SVH a current copy of **the ANA's Code of Ethics for Nurses with interpretive statements**. We encourage everyone to read this very powerful and informative tool which helps to define who we are as a nursing profession.

### ***Assignment Despite Objection (ADO'S) Workshop Planned:***

We will be providing again the ADO workshop for all our nurses to come and learn the reasons why, how and when to fill these out as we strive to protect our patients and our practice in the workplace.

Barbara Frye, RN is the Director of our WSNA Labor program and she will be our speaker and instructor for this workshop.

So plan today to attend:

**MARCH 6, 2007**  
**At SVH**  
**3:30pm to 5:30pm**  
**In the**  
**CASCADE CONFERENCE ROOM**

**Snacks and coffee/tea provided**  
**by the WSNA/SVH local unit**



### ***A couple of updates to hospital policy you need to know about:***

**ALL OVT** must be authorized and a **KRONOS** form must be signed by the charge nurse of the shift you worked, the unit manager or the on coming charge nurse before you leave to go home. Your WSNA/SVH Local unit officers are asking our nurses: when you fill out the KRONOS please

be very descriptive as to why the OVT occurred and especially if you did not have your 30 min. unpaid meal break at all or it was interrupted. Make a copy of these and keep them in your own file at home just in case the original becomes lost, which has happened. It is best to be proactive rather than reactive.

## **VOCERA IS NOT TO BE USED AT ALL FOR ANY INCOMING OR OUTGOING PERSONAL CALLS PERIOD.**

The phone policy has been changed to include VOCERA and to give clear use and restrictions of this **new in-house communication device**. The latest policy will be available in MANUALS ONLINE.

If anyone has any questions or concerns please let one of your local unit officers know or call Kate Boyle at WSNA 1-800-231-8482 ext. 3022.

## ***Board Meeting News***

At their last board meeting January 26<sup>th</sup>, the Board of Commissioners reaffirmed the on-going commitment of the employee's and providers of Skagit Valley Hospital to provide and continuously improve quality and patient safety compliance. So what does that mean to us?

Your local unit officers discussed this Board action with Nursing Administration and felt it important to send out this communication. It is important to understand what efforts are underway to reach our goals and enlist all of our patient care staff in this effort.

Nursing Leadership is committed to working with us to focus on important aspects of our quality goals, such as documenting CHF discharge teaching, timing of antibiotics and documentation of physician notification of critical lab values. We will be hearing more about the IHI, Core Measures and National Patient Safety Goals and see how we compare to other hospitals in Washington State or nationally. If you haven't seen your unit's quality report card, please talk with your Manager.

In addition to the Manager's support, we will also be seeing a Nurse Auditor on the units working along side us. This RN will be doing "real time" chart auditing so that we can make sure our documentation or provider orders are in place right away. In the past, our data had been collected after the patient's discharge. Now, we can make corrections during the patient's stay. These activities are NOT meant to be a "watchdog" or a "got you" type of process. Instead, the efforts now are focused on educating, mentoring and improving processes.

To reach our goals of 100% it takes all of us doing our part of the actions and the plan. The end result of working together is excellent patient outcomes and a great patient experience.

We encourage everyone to be open, participate, share ideas and help each other. If anyone has any concerns or questions please contact any of your local unit officers.

### **Make Your Plans Now to Attend the 2007 WSNA Convention**

- Nationally Recognized Speakers
- CE Sessions
- WSNA Recognition Awards
- Poster Sessions
- Exhibits
- Networking Opportunities

**May 3 - 4, 2007**

Visit [wsna.org](http://wsna.org) for more information & registration.

Washington State Nurses Association  
**CONVENTION**