

local unit Newsletter

WSNA Local Unit SKAGIT VALLEY HOSPITAL

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Local Unit Officers

<i>Julia Weinberg</i>	<i>Co-Chair</i>
<i>John Tweedy</i>	<i>Co-Chair</i>
<i>Jammie Jenkins</i>	<i>Secretary</i>
<i>Tom Nyland</i>	<i>Treasurer</i>
<i>Lorraine Landstrom</i>	<i>Grievance</i>
<i>Linda Warman</i>	<i>Grievance</i>
<i>Juli Hansen</i>	<i>Membership</i>
<i>Jean Engbrecht</i>	<i>Membership</i>

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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**

WSNA/SVH Elections Results Are As Follows!

Co-Chair:	John Tweedy
Treasurer:	Tom Nyland (reelected)
Membership:	Juli Hansen & Jeannie Engbrecht
Grievance:	Lorraine Landstrom (appointed due to lack of Candidate who would run for election)

Continuing Officers:

Co-Chair:	Julia Weinberg
Secretary:	Jammie Jenkins
Co-Grievance:	Linda Warman

Congratulations and Thank-you to all our newly elected, appointed and returning Officers to our WSNA/SVH Executive Committee of Skagit Valley Hospital Local Unit.

We extend our appreciation and thanks to those Officers stepping down from their positions as **Co-Chair - Michelle "Shelly" VanPelt** and **Membership Officers - Allyson Watts and Marsha Leigh**.

Marsha has served for 16 years as one of our WSNA Local Unit Officer here at SVH. It was this year she decided to retire and not seek reelection to our WSNA/SVH Executive Committee. We celebrated and presented to Marsha on behalf of all our members, a small gift for her to remember us and we also shared with her our appreciation for all the work she has done on behalf of all of us here at SVH and WSNA.

New Skagit Valley Hospital Staffing Committee

Staff Nurse Members Selected by WSNA:

The new Washington State staffing legislation, which passed in February 2008, has a requirement that needs to be fulfilled before September 2008: The members must be selected to represent WSNA and the staff nurses of Skagit Valley Hospital on this newly formed committee.

Your WSNA/SVH selected representatives are:

Dave Montague	ER
Tamara Mayo	MPC
Kyla Dennis	Surg. SVC
Rhonda Kahl Conway	Surg. SVC
Tim Davis	Hospice
Glenda Small	OSC
Tom Nyland	OSC
Jeannie Engbrecht	FBC
Linda Warman	PCCU
Kati Morton	PCCU/CCU



Both Julia Weinberg and John Tweedy will serve in an EX-OFFICIO role for now.

Election Process For The On-Going SVH Staffing Committee Will Begin In 2009:

There will be 50%, of this initially appointed team, who will be asked to step down in 2009 as we run an election in July. The other 50% who were initially appointed will fulfill a full 2 year term, and in 2010 again an election will be held for the positions open in July. The interest is to always have some representatives who know process and tools and can teach newly elected members their roles and responsibilities. This election process is very similar to what your WSNA/SVH Executive Committee does for elections of Local Unit Officers.



This is the beginning of what we needed to do to get this very important committee formed. *Thanks everyone.*

Unit Councils Forming At Skagit Valley Hospital!

We are all aware that each unit in the hospital usually have unit staff meetings (or maybe specific staff meetings e.g. Surgical Services – PACU, O.R., Endoscopy, Pre-op, O.R. and/ or Clean Core). Most meetings happen monthly on average.

Unit Councils are formed with staff on the units who volunteer to work on projects that staff has identified as needing improvements. These projects could be related to policy/processes, equipment management, supplies and locations or anything else that seems to be a daily

operation. The criteria and outcomes are defined by that small work group initially and carried out by the unit afterwards if shown to be successful. A few staff could volunteer to work with the new staffing committee representative on improvements in staffing.

Since the move to the new facilities there have been repeated issues that seem to keep coming up and yet there has been no follow-through to get to the “root cause.” Once identified, the situation needs to have a solution presented and then implemented. This will be the Unit Councils focus and assigned responsibility.

The councils will be working on a specific issue or project at a time to improve patient care and satisfaction for both our patients and nurses.

These proactively involved staff and the activities they will be doing are to improve workplace and work life experiences for both staff and patients. This can be very empowering for all involved and we encourage everyone to be a part of the solution and become involved as well.

What is LEAN?

The literature that is on the web, states that this is a performance improvement process that involves direct staff (who actually do the work) to identify the things they see and experience everyday that causes work flow to bog down or to stop all together.

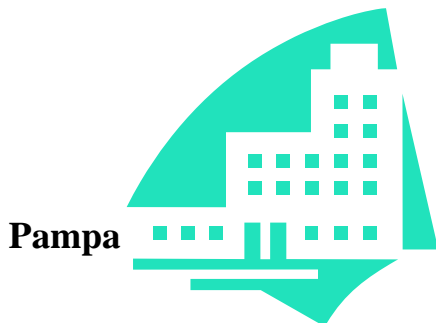
These same direct staff would define the issues and then propose a project

improvement plan with the outcomes listed. Then they would check that indeed the improvements saved the steps and the time to meet improvement criteria. Sometimes it is as simple as moving a linen storage cart to help staff save time and steps. The time saved could be added to the time spent with the patient and family.

The Skagit Valley Hospital Board brought the LEAN process improvement idea forward a few months ago for the hospital administration to explore. The Board's interest was to see if this might be something that SVH administration and staff would want to invest in learning and implementing.

Here in Washington State, Virginia Mason has been doing LEAN since 2002 and some of our Administrative team had a site visit there recently to see what LEAN is all about. You will be hearing more about this in the next couple of months.

Let us try and do our best to remain open and positive. What may be interesting as you read the article below is that you might begin to think about how the LEAN process might work within the Unit Councils that are forming and will be working on fixing issues and addressing processes? Stay tuned - we will be hearing more information about LEAN in the Fall.



Center: Staff Works (to improve patient experience)

By Julie Ann Thompson, The Pampa News

No one likes to go to the hospital...it can be scary, frustrating and let's face it, hospitals smell sort of funny. However, Pampa Regional Medical Center recently put together a team to address the hospital experience from not only an employee's perspective, but from a patient's as well.

The team participated in what they called a rapid improvement workshop. Together, they focused on waste reduction both in unnecessary work for nurses and the unnecessary wait time and confusion in a patient's stay.

"This week is all about fixing frustrating problems," Dave Spencer, VP Signature Corporation said. "This is not a one week or one month deal. This is the way we'll run this hospital in the future."

Known simply as Lean, which is taken from the term "lean production," the program is derived from the Toyota Production System and two weeks ago, I followed the team of hospital employees as they implemented its idea. The program challenged staff to recognize the hospital's pitfalls and then take steps to fix them on their own. Despite the fact that most of their days needed to begin at 6am to catch the early admissions, they were already excited by what they'd learned after just two days.

"I think this is the future of healthcare," Cheryl McFall, RN and Director of Med-Surg said. "We get to get in on the ground floor."

Throughout the week, they discovered that some patients had wait times of more than an hour between the necessary steps of admission and discharge. Some patients didn't even know why they had been sent there. There was a lack of communication between doctors and nurses about when and where they would be and much of their time was spent trying to locate each other.

"The patient I followed went an hour and fifteen minutes without his vital signs and weight taken and

then the family beat the nurse to the room,” Tina Swimmer, RN, said of following a patient who had been admitted through the emergency room. “The most difficult thing is to stand a watch.”

Another group followed a nurse as she went through the process of admitting a patient, hoping to discover the “waste work” that was keeping her from spending more time with her patients. In just over two hours, the nurse answered 19 calls, three patient call lights and dealt with various interruptions.

They also charted, using pencil and a map of the hallway, the various intervals of walking that the nurse underwent between tasks. At the end of two hours, the paper was almost full of black.

“The atmosphere is that they’re in chaos all the time, especially the LVNs,” Team 1 leader Brenda Thompson said. “One nurse said, “If I knew exactly what I was supposed to do and so did my RN, my day would go so much smoother.” They are not sure what they can and can not do.”

After assessing the way the hospital staff worked and areas of weaknesses, the team began making seemingly small changes that greatly impacted a nurse’s (and patient’s) day.

By moving linen carts to be accessible halfway down the hallway, the team saved an average nurse 63 miles of walking per year and 21 hours per year. By moving supplies that nurses regularly use upon admitting a patient, they saved the average nurse 100 miles of walking per year. By clustering the patients to one side of the hallway rather than leaving them dispersed, they saved 133.3 miles of walking per year.

Other changes were made as well. Cordless phones were given to certain nurses constantly on the move. The communal coffee pot was moved from behind the nurses’ station to a nearby waiting room so that it was more accessible to other members of the staff. The group also designed a new communications board to denote what sort of

patient was in what room and what specimens were needed to be taken. By redefining each employee’s roles, the nurses were then certain of what they were capable of and could see at a glance what needed to be done.

Overall, the team saved a total of 300 miles per caregiver per year. By giving the power to change the system to the employee’s, the team hopes to increase the time a caregiver spends at a patient’s bedside from 20% to 50%.

At the end of the week, the team gave a power-point presentation in the hospital cafeteria to relay what they had been working on to the rest of the staff.

“We want to stop the train when we find something wrong, analyze it right there and fix it,” McFall said. “The most important thing I think we have done is defining roles. As a Director, I see this as a huge way to increase nurses’ satisfaction and patient’s satisfaction.”

The group will meet again next month to continue adjusting hospital operations through lean production. “We have done more here in a week than I have seen in six months at other places,” Denise Daves, RN, said two weeks after the Lean ideas were implemented at PRMC. “The staff really feels empowered to change their working environment. It is going great.”



New WSNA/SVH

Contract

Contract is available now on the Skagit Valley Hospital intranet at the hospital for you to review and use as a resource.

Your own copy of the new contract should be available soon. The Local Unit Officers will be getting these delivered in a CD format and will get them to you in the near future.

Each of us will get the new contract on a CD. You can then load this into your home computer or take the CD to a copy place and have them make you printed paper copy of your contract.

In order to get the new \$1.00 BSN premium, each RN must produce his/her diploma or you can present your transcripts to HR (physical proof needed). You will see that premium added to your base rate in the next pay period after HR receives your documentation.

HR and Conference Committee Clarification for all RNs

Use of Annual Leave to make up for Low Census lost wages on your paycheck. You have a choice as RNs!



If you do not want Annual Leave used to make up for lost wages due to Low Census hours that pay period, you must fill out a KRONOS form stating your preference. This is each nurse's responsibility. The KRONOS is automatically set up to pay annual leave hours to make up for not working while you are on Low census status.



**Chelan 2008 WSNA
Leadership Training
September 28th to 30th**

*The WSNA/SVH Local Unit Executive Committee has passed a motion to support **five (5)** of our nurse members to attend this years WSNA Leadership training in Chelan. Registration, mileage, and room double occupancy will be paid. Please submit your registration forms to one of our Co-Chairs, Julia Weinberg or John Tweedy by **September 15th**.*

