

WSNA Local Unit SKAGIT VALLEY HOSPITAL

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Local Unit Officers

Julia Weinberg	Co-Chair
John Tweedy	Co-Chair
Barbara Briggs	Secretary
Tom Nyland	Treasurer
Lorraine Landstrom	Grievance
Linda Warman	Grievance
Juli Hansen	Membership
Jean Engbrecht	Membership

WSNA Nurse Representative

Kathi Landon
(206) 575-7979, Ext 3015
klandon@wsna.org

WSNA Web Site

www.wsna.org

*The Oldest and Largest Union
Representing Registered Nurses in
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Happy New Year to all our WSNA/SVH local unit members!

Message/Reminder from your WSNA/SVH Local Unit

Officers: *it is that time of year for your officers to take the time to remind everyone that if you have had a discipline action in your personnel file for 2 years or more, now is the time to write your manager for it to be removed; especially if there have been no repeated offences.*

We also want to remind all our nurse members that it is always a good idea to review your personnel file from time to time, to make sure that there is nothing in your file that you did not know was there, or did not sign for or receive.

New Appointed Officer!

We would like to announce that since December 2008, Barbara Briggs Hospice Staff Nurse has agreed to be appointed to the unexpired term of Secretary of our WSNA/SVH local unit.

Having Barbara on our team brings a voice that helps our Hospice nurses and all our nurses both at Conference Committee and our WSNA/SVH Executive Committee.



Thank-You, Barbara, for your willingness to serve in this much needed role as WSNA/SVH Local Unit, Secretary until June 2009.

What is going on in Conference Committee and Staffing Committee? Stay informed!

We have an official WSNA bulletin board which is in the main campus behind the Whidbey Coffee shop wall in the employee only hallway. K. D., Hospice and Onc. Clinic (off campus) have their own boards or communication books for posting Conf. Comm. minutes on/in their units.

We do our best to keep you updated with the minutes of both these committee meeting minutes. If anyone has an interest to review the ADO report, you can ask Julia Weinberg to review the local unit copy or Bev Carter also has same copy in the Nursing office for nurses to request review.

Staffing Committee is seeking your Input on the Current Staffing on your units:

The members of Skagit Valley Hospital Staffing Committee have developed a written survey for all staff nurses working on their units all shifts to share with us right now **“How is staffing on your unit”**. **Your input is very important to the committee members!**



Please take the time to fill out the survey. If you need to add more pages to give more information, please do.

When you have completed the survey, please follow the instructions in the MEMO attached to the survey, return the survey with additional attached papers to the yellow envelope which will be in your nurses' lounge or designated spot on your unit, **no later than March 13, 2009**.

CSI, is it working? Do you know what this is? How and where do you post the staffing for each unit and shift so that the public can view and if wanted request copies of the unit staffing for that shift?

These are just a couple of the agenda items for the Staffing Committee that is still on-going and being discussed. Action plans are being developed by the committee members.

For the list of these staff nurse members, go to our WSNA/SVH local unit bulletin board on campus or you can look up a previous local unit newsletter that is posted on our WSNA.org web page, local unit, Skagit Valley Hospital.

PEER REVIEW COMMITTEE:

We have begun some very beginning discussions in Conference Committee last month, about forming a Nursing Peer Review Committee.

WSNA/SVH Local unit officers received a very DRAFT, DRAFT of a supposal from nursing admin. and Grace Gordon risk management.

There is information out there on the web about what these committee's are and what they can do to help improve the care of patients and nursing practice.

WSNA does not want there to be any punitive actions in any way, to come out of having formed this committee. Nurses from this committee's investigations of our own nurses and also those who would be sought for and would be participating on this committee and rendering decisions of what findings are discovered should not be rendering any kind of punitive/discipline recommendations/actions at all.

We have only just begun discussions. We will do our best to keep you informed. When done right and non-punitive, but treated as a need for learning and

training, these committees can be very helpful for getting nurses closer to practicing nursing excellence.

The MPC is trialing 12 hour shifts as a pilot for about 3 months

Staff nurses on MPC are interested in doing 12 hour shifts. The nurses want to see if this schedule of 12 hour shifts for some works for this unit, nurses and patients. Outcome measures will be for improved nurse satisfaction and patient care and patient satisfaction.

Those nurses who do not want to be involved in the pilot and want to stay on 8 hour shifts are doing so and will continue to do so even if the 12 hour shift pilot works for those who *mutually agreed* to do it. **Read article 7.2 in our WSNA/SVH Contract which provides for innovative shifts.**

The 2009 JCAHO "Disruptive Behaviors is a patient safety issue." This is one of the new sentinel event alerts which went into effect January 1.

Titled: Behaviors that Undermine a Culture of Safety:

In our last couple of newsletters and for about a year, we have been trying to educate all of our members that disruptive, intimidating and bullying behavior was not going to be tolerated and especially after 2009. This is a safety issue for our patients and a working environment issue for each of us here at SVH.

An Article that appeared on Nurse.Com near the end of last year 2008 talks about how to handle conflict and help facilitate interpersonal communication between co-workers and with patients, which we thought may help as a tool for us, as we need to move forward and stop these behaviors in ourselves and each other.



****READ as an FYI****

Article Titled: Providence Newberg's Method Aims to Resolve Workplace Conflict

From the web page Nurse.Com

When her patient became frustrated and raised his voice, Patty Yates, RN, was caught by surprise. "He was very upset because of the delay in his treatment plan, and he took his anger out on me," says Yates, a nurse on the medical floor at Providence Newberg (Oregon) Medical Center. She felt her blood pressure rise in response to his anger. Then she remembered her hospital's policy of handling conflict: a "SMILE".

Using an approach designed to involve every member of the healthcare team in conflict resolution, two nurses from Providence Newberg created a quick way to diffuse a tense situation. **SMILE** – developed by Donell Campbell, RN, BA and Kathi Norberg, RN.ADN – is an acronym to ensure employees are communicating with respect.

Providence Newberg created an interdisciplinary team to look at hospital-wide behavior standards in order to build on its core values of respect, excellence, justice, compassion, and stewardship. **SMILE** was developed out of that committee as a model to facilitate interpersonal communication between coworkers and with patients.

"You can't say the word **smile** without smiling," says Campbell, a clinical educator. "Often, that's enough to dissipate any conflict."

The concept is simple: If you see an interaction that is high in tension, tell the participants to **SMILE**. This will, in turn, give the communicators the chance to redirect their communication. It also reminds people of positive communication.

"You can say it to anybody," Campbell says, "and it gives the other parties the opportunity to process their communication without a volcanic reaction."

It works because it is the buy-in of all the employees at the organization, from the management team down. Conflict resolution that engages every employee by making it an expectation and basic skill leads to positive

outcomes for the entire organization. It empowers employees to feel they have an active role in the resolution of difficult situations.

Campbell credits the program's success to its ease and to its creation by nurses. "It's not a trickle-down effect," she says. "It's a personal responsibility we each take for our own actions."

The approach embodies the philosophy of nursing, as well. Campbell notes. "The **SMILE** approach is a quick way to remind people to treat others with respect. It goes along with our mission of compassion and care for the other person."

When a patient expresses discontent, try the **SMILE** technique:

State your positive intention. Tell your patient that you want to understand his situation and that you are willing to help.

Make the other person feel important. Reinforce your patient's feelings by telling him or her that you understand why he or she is upset.

Involve the other person in the solution to the situation. Offer your patient the chance to give his or her own solutions to the problem. Allow him or her to communicate his or her needs before offering your solution.

Let the other person know you care. Use empathy and compassion in communication. Apologize for the inconvenience and offer alternatives.

Encourage dialog, questions, and discussion. Listen to your patient's concerns. Sometimes listening can provide more comfort than a solution. Be sure to provide honest answers to your patient's questions.



**WSNA 2009 Convention
April 29 to May 1
Plan today to attend!**

We have WSNA/SVH local unit funds available for which WSNA local unit fund policy allows us to spend these dollars to be utilized for nurses from our local unit who want to attend functions like the WSNA convention.

Your local unit officers would like to extend an invitation to the members of our bargaining unit to write a 250 word essay as to why you would like to be selected to attend this years WSNA convention.

We will select 5 lucky winners from all those received. As winners: your registration for convention; room to stay for two nights' dbl occ. and mileage R/T will be paid.

Your essay may also appear in the Washington Nurse and/or our WSNA/SVH Local Unit newsletter for all our nurses to read and enjoy.

You need to submit your essay to Julia Weinberg in the PACU at SVH or you can e-mail your essay entry to julia_we@hotmail.com. Only one entry per person. All essays must be received by: **April 3, 2009**.

Each winner will be notified by mail.

For each one entry submitted: Please include your name, SVH nursing unit working and shift, your home address and your home phone number or best number to reach you.

**Thanks Everyone and
Good Luck!**

We are looking to reestablish the Local Unit Rep. Council at our hospital.

The purpose of this council is to be the eyes, ears, voice and support for the nurses on your unit. You would be responsible to the WSNA/ SVH Local Unit Officers for getting any concerns, issues, ideas and any other needs for communications about what is going on in your unit to the officer contact assigned.

Sometimes there maybe issues with your nurses on your unit as it relates to practice, contract issues/violations and any other unit updates that you may want to inform the officers of that which could and/or may affect the nurses on your unit.

Ideally, it would be great to have one rep. from each unit and even each shift.

We have 20 separate units right now. The current Local Unit Officers are from OR, PACU, PCCU, OSC, Pre-Op/SOU, FBC, ENDO and Hospice.

You must be a WSNA dues paying member to fill this volunteer role. The meetings will be determined at the first meeting of this council. Local Unit dues can be used for R/T mileage to the meetings held, child care for the meeting time only and food/drinks if provided at the meeting held.

Nurses interested from any of the unlisted units not already represented, who want to be a Local Unit Rep. for their unit, please contact John Tweedy Co-Chair in the OR, M-F. Or you can e-mail him at: JTweedy@wavecable.com

ADOs are on each of the units. If you need forms call **Julia Weinberg 360-766-6576** or

e-mail: julia_we@hotmail.com. Julia Weinberg is the Local Unit Officer in PACU who is to receive the White copy after you have gone through the full process. Notifying the charge nurse, then your supervisor and if necessary call the Administrator who is on-call. We need you to go through this process first so we can get a fix right now for an unsafe staffing issue/concern at the time it is identified. Situations due to staffing issues, equipment issues, and mandatory OVT issues or even if it is something not listed already on the ADO form, mark the other box and identify what the issue is. If no relief is received right then or during the shift when notification has occurred, then follow-through and fill out the form right then.

Remember to give the pink copy to your manager. Fill out the form as complete as you can and write details and if necessary, add more paper to explain what happened in detail. Then attach these extra sheets of detail written to each copy of the ADO and keep the yellow copy for your self. Each of these are reviewed in Conference Committee and with your manager every month. We look for trends and work on trying to find solutions. Sometimes there is no solution; however, taking the time to document the unsafe issue for the sake of your patient's safety is important, just in case.