

**WSNA Conference Committee**  
**January 11, 2006 1100 - 1215**

**Members Present:** Kathy Ball, John Bitting, Leigh Cooper, Janet Gaston, Jan Maham, Judy Moore, Carolyn Pape, Jacqueline Scott, Hanna Welander

**1. Housewide Position Control Review**

Update on new positions posted to accommodate newly identified FTEs due to Position Control review.

MAC - three new MAC positions posted today (.2 FTE, .5 FTE, .5 FTE)

In-Patient Nursing – Position Control review did not define needs for additional postings.

ED – had already posted and filled additional position

**2. Bereavement Leave**

Jacque reviewed her discussion with the Admin Team and stated the contract would certainly be honored and if employees have a signed Domestic Partnership Affidavit on file, the Bereavement Leave language in the contract will be followed. The examples that were previously brought to Conference Committee were circumstances where employees did not have the Affidavit on file. Leigh reiterated that it is the individual responsibility of each employee to understand the contract.

**3. Practice Council of Nursing**

Structure and Operating Principles & Guidelines of the Council distributed by Jacque and reviewed. Jacque provided an oral list of the Membership and Leigh stated that more than half of the membership is in the bargaining unit which meets the contract language (Article 16.2). There was additional discussion about how the information from the Council is disseminated. The Stethoscope will be a primary method of communication although every Department is represented and is individually responsible for sharing information. Additionally, Hanna made the suggestion for minutes to be provided to the Conference Committee which will begin at the next meeting of the Council.

**4. Staffing Update**

Jacque revisited her previous discussion regarding the possibility of adding CNAs to the staffing mix in Med/Surg. Jacque stated that in the final review, the decision was made not to add CNAs at this time. Some of the discussion addressed concerns about putting too much of a strain on the RN staff, particularly as we function as a Critical Access Hospital requiring a rapid turnover of patients. Additionally, there is often high turnover with CNAs which can be costly and disruptive. Leigh asked if there was any discussion of the LPN role and better utilizing LPNs in the hospital. Jacque stated that discussion of the LPN role is in our work plan for this year and Arlene Taylor and Tessa Gavin continue to look at the competency and skill set of this role.

**5. Meals and Breaks**

Jacque informed the group that all the Specialty Nursing positions had been filled (2.6 FTE) and the meal/break coverage was going well. In general the staff are appreciative but initially there was occasional dissatisfaction with having a scheduled meal/break period. Hanna reiterated how she has shared this as a model practice for other facilities,

**6. Mandatory Staff Meetings**

Leigh discussed an issue in In-Patient nursing where some nurses feel that they are not notified when staff meetings are scheduled, yet they are held accountable (on their evaluations) for attending. The question was asked whether a Manager had the right to make staff meetings mandatory and Hanna responded that it was within a Manager's rights to set this requirement. There was additional information from Jan regarding improved notification to staff of upcoming meetings (currently schedule posted in the CCU and Med/Surg Conference Room as well as in each individual mailbox). Patsy has just published the meeting schedule for the remainder of the year for Med/Surg and the CCU meeting schedule is already posted. Jan also stated that CCU nurses are required to attend the Med/Surg staff meetings because they are cross trained and do float to other units.

**7. Benefits/Benefit Committee**

Leigh asked whether the hospital would consider contributing to a Roth 401(k) or Roth 403(b) on behalf of employees. This was considered a topic for upcoming negotiations and was tabled. Hanna also followed up on when the Benefits Committee would begin meeting. Carolyn hoped to schedule the first meeting late January or early February.

**8. Critical Access Update**

Jacque and Judy provided a brief update on Critical Access. It has been a period of adjustment and we are still in the process of determining appropriate staffing levels, bed flow, and necessary communication between departments. Some challenges with computer issues with the new Interqual software (which supports the decision making in categorizing patients) as well as our anticipation of the delivery of our gurneys on Monday, January 16<sup>th</sup> (which due to the change in the timing of the effective date of our CAH status could not be on site when the change occurred).

Currently the beds are identified as follows:

CCU	5 (+ 1 flex)
OB	3 (+1 flex)
Med/Surg	17 (+1 flex)

Anticipated Care Manager staffing will be 0700 – 2300. Staffing not quite at the level yet and training is still underway.

Respiratory Therapy will begin working 24/7 as soon as the new posted position is filled. For the last few years, Respiratory has been staffed 0500 – 0100 with an RT on call.

**9. New Clinical Documentation System**

The new Clinical Documentation System for In-patient will be coming online in April with training beginning in March. The Systems looks good and the nursing and medical staff are generally positive about this upcoming change. Hanna stressed the importance of appropriate education regarding improper access and HIPAA violations. Judy stated that we had done an audit a few months ago and the audit results were very good. The hospital continues to identify opportunities to provide education and reminders to staff.

**10. Nurse Legislative Day**

Hanna reminded the nurses that Nurse Legislative Day is January 30<sup>th</sup> and encouraged nurses to attend.

**Next Meeting:** Tuesday, April 18th @ 1100 Conference Room B