

# WSNA/YAKIMA REGIONAL MEDICAL CENTER

Washington State Nurses Association

## LOCAL UNIT NEWSLETTER

August 2005



The WSNA Local Unit Officers met with Tim Trottier, CEO, Ron Fought, CNO, and Stephanie Durand, HR Director, on August 3, 2005, to

discuss our issues and concerns and to hear management's plan of action for Yakima. There was agreement that the Registered Nurses at Yakima Regional and hospital management have a shared interest in seeing the hospital be successful. WSNA believes that the success of the hospital is directly related to having an adequate number of Registered Nurses and support staff who are committed to providing excellent care to patients, nurses who are actively involved in decisions and planning that impact patient care, and providing and safe working conditions for nurses in the interest of patient safety. We agreed to begin a dialogue, which is hoped to be collaborative, that would result in some creative ideas and solutions to what the nurses view as very serious problems.

WSNA provided Tim, Ron and Stephanie a memo outlining the issues of concern which are in four major areas: Staffing, support services, RN retention and recruitment, and financial. The following are recommendations made by the nurses:

### Staffing

- Conduct a survey on each nursing unit to assess what nursing staff see as a workable staffing level and mix for their specific area. Use that data to work collaboratively to solve problems identified.
- Look at an expanded Nurse Tech 2 pool of staff to supplement the RN/LPN mix in appropriate areas.
- Design specific cross training to be offered to interested RN staff in census driven areas like OR, PACU or SDS.
- Plan for education of all staff (new graduates, travelers and floats) to ensure that they are able to perform the basic functions of a staff nurse. For example, admission procedures, safe lifting policies, and basic and routine procedures such as glucose monitoring.
- Discuss how all ACLS trained nurses could be utilized in times where staffing is critically low or unsafe, (not just ICU nurses).
- Examine the current staffing model in the Emergency Department. Is being a "closed unit" meeting the needs of patients and staff?
- Examine orientation, including computer training, provided when nurses float to ER and ensure it is adequate.
- Explore the feasibility of the critical care float pool floating to all departments
- Develop ways of encouraging staff to be more welcoming and understanding towards staff who are floating in.

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- STAT Nurses: Explore having a Stat Nurse on both Days and Nights. Explore duties as EKG tech, IVs, 2<sup>nd</sup> PACU nurse.

## **Support Services**

### **Unit Secretary:**

- As an important support, examine how many are needed as well as job duties.
- Explore to have, at a minimum, one full-time on night shift and adequate numbers on day shift.
- Examine the possibility of cross training in order to perform other specific duties on the unit.

### **Transport:**

- Review current number of transporters and shifts they are assigned. Suggested assignment would include a 7:00a-3:30p shift , and a 7:30a-4p and 3p-11:30p. This would include provide overlap.
- Explore the possibility of transport staff making deliveries or to be crossed trained as EKG techs.
- Examine at the feasibility of 24-hour EKG coverage throughout the hospital.
- Examine the possibility of the Radiology Tech transporting patients to and from Radiology when there is no ER Tech.

### **Volunteers:**

- What is the plan?
- Explore what nurses roles could be in helping build the volunteer program.

### **Central Supply and Stocking:**

- Examine the frequency of stocking, especially during the week.
- Examine the impact on patient care when Central Supply runs out of items that can only be accessed from warehouse.

### **Dietary:**

- What is the impact on patients and staff with current system?

### **Pharmacy:**

- Review issues related to night pharmacy and access to stat medications.

### **Equipment:**

- Develop a better system for ensuring equipment is available and functional.

## **Retention and Recruitment:**

- Utilize RNs to meet students at job fairs and schools of nursing
- Examine web-based posting and advertising
- What is plan for recruiting/filling positions?
- Market new grad residency program
- Explore residency plan with community college-certificate programs for experienced nurses.
- Work with community college faculty in developing a mentor program with current students and Yakima Regional nurses.
- “Return to work” programs for retired nurses (example: Rogue Valley in Oregon)
- Sponsor current techs or CNAs for further education with community college-WSNA to help with mentors/preceptors
- Hire headhunter firm to recruit RNs
- Implement innovative staffing models-- Baylor plan
- Retention bonus for longevity
- Short term-bonus shift program

## **Education Dept**

- Address the state of the RN residency program
- Forms/charting
- Look at ways to decrease duplication and decrease number of documents. Forms committee

## **Financial**

- Look at re-instituting bonus shifts
- Recruitment bonus for nurses who recruit nurses

Ron Fought presented the hospital's plan:

### **Patient assignments:**

- ◆ Look at acuity model for staffing

### **Staffing Support and Recruitment:**

- ◆ Establish additional patient transport
- ◆ Recruiting stat nurse
- ◆ Float unit secretary
- ◆ Nurse tech II for each unit
- ◆ Utilize 13 week travelers until core positions are filled (currently have 16)
- ◆ Build float pool with emphasis on critical care
- ◆ Hire clinical resource nurses to enhance just-in-time learning
- ◆ Add two charge nurses to ACU
- ◆ Split ACU floor
- ◆ Post and hire RN positions, CNAs, additional staffing clerk, directors for cath lab and ICU, ANS
- ◆ Residency programs

### **Recruitment**

- ◆ Designing new ad campaign in August
- ◆ TV and radio spots beginning August through October
- ◆ Newspaper postings throughout state (Portland, Spokane, Tricities, Seattle)
- ◆ YVCC and WSU first quarter welcome
- ◆ YVCC and WSU graduation ceremonies
- ◆ Clinical rotation site
- ◆ Job fairs
- ◆ Personal contact with Sacred Heart and Deaconess, recruiting laid-off workers including special publication recruitment
- ◆ Health skills panel member (Stephanie)
- ◆ New Junior Volunteer Program
- ◆ Tentative LPN grant
- ◆ Volunteers for job shadows

Through the discussion, among many other ideas, it was determined that nurses can assist by notifying their managers or direct supervisors of problems. So, please be sure to communicate any deficiencies or problems on your units. Examples of problems to which Ron, Tim and Stephanie offered solutions: travelers not having badge access to chem BG and having to ask core staff to assist them; ICU badges not working in the ER—badge issues will be addressed immediately. Par stocking: CS doesn't have adequate supplies because they are in warehouse, supplies are only delivered 3 times a week to ICU, for example. That will be addressed immediately by Tim and Ron to adjust par level with Brian Fisher, CS. Running out of "banana bags" and on-call pharmacist isn't called in: Ron and Tim will talk with Keith about ANS calling in pharmacist during night shift and this will also be addressed in Nurse Practice Committee. ICU/CCU beds no longer weigh—new beds are being ordered in a staggered fashion. Dietary: not having food to give to families. A new dietary director will be hired. Patient satisfaction scores are very much tied to food.

### **Tell Us What Your Issues Are!**

We will continue to work with hospital management on problems. However, we need YOU! Please report to your direct supervisor when you are encountering problems. If you'd like the Local Unit Officers to present problems to the Nurse Conference Committee, please contact Carmen Garrison, RN, Local Unit Secretary, and she can place your issue on the agenda.

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### Local Unit Officers

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### Conference Committee

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## UPCOMING EVENTS AND MEETINGS

### *Annual Leadership Development Conference Lake Chelan, WA September 25 – 27, 2005*



Please see [WWW.WSNA.org](http://WWW.WSNA.org) for a registration form.

### **Membership Reminder**

It is the responsibility of each nurse to notify the Washington State Nurses Association of any change in work status which may include but are not limited to: **name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit.** This change must be done in writing either by using a *Change of Information Card* or sending an email to [wsna@wsna.org](mailto:wsna@wsna.org).

The Cabinet on Economic and General Welfare (E&GW) policy states, when a nurse is on an unpaid leave of absence, the dues are adjusted to the Reduced Membership Category during the unpaid Leave of Absence period. The accumulated dues payment is to begin within 90 day of return to work. The nurse will have up to twelve months to complete payment of these dues. *It is the responsibility of the nurse to notify WSNA of this change in work status.*

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