



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION

Nurse Conference Committee (NCC) Meeting Minutes

Date: September 6th, 2023

Time: 1:00-3:00 PM Location: WebEx

NCC Members	Delegate	7/26/23	9/6/23	10/18/23	11/29/23
Bonnie Fryzlewicz	TBD	Present	Present		
Danica Pytte	Tammy York	Present	x		
Holly Beauchene	TBD	Present	Present		
Kara Yates	-	Present	Present		
Kelsey Gellner	-	Present	Present		
Kristie Page	TBD	Present	Present		
Laura Licea	TBD	x	x		
Linda Burbank	-	Present	Present		
Lindsey Kirsch	-	Present	Present		
Lori Chudnofsky	Molly Aaseby	Present	Present		
Mary Field	TBD	X	x		
Sam Forte	-	x	Present		
Annika Hoogestraat	-	Present	Present		
Stefanie Chandos	-	Present	x		
Katie Podobnik	-	Present	Present		
Te'onna Adams	-	Present	Present		
Therese Hill	-	x	Present		
Guest(s): Michelle Parton, Shannon Currier					
Notetaker: Sarita Wall					

ITEM NO.	AGENDA TOPIC	DISCUSSION	COMMITTEE ACTION
I.	Approval of July 26,2023 minutes	<ul style="list-style-type: none"> Motion to approve 7/26 minutes. Minutes will be posted on the WSNA site as of July 2023. 	<ul style="list-style-type: none"> 1st Annika 2nd Bonnie

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II.	<p>End of shift OT at 2300: update</p> <p>Poor staffing at 2300 resulting in mandatory OT – Kristie to update on recorded report out, assignment balancing and skill mix.</p>	<p>Kristie updated the team on end of shift overtime.</p> <ul style="list-style-type: none"> • Recorded report out. <ul style="list-style-type: none"> ○ The Medical Unit are doing recorded hand-offs. ○ There has been miscommunication as to when it would be used and what the hand-off would consist of ○ The Medical Unit has received the feedback and will update their document to be clearer. ○ It is intended to be utilized if a RN is unable to stay and for transitions. ○ This will be added to be discussed with the Housewide Staffing Committee for tracking because they should be receiving updates in that group. ○ From a nursing perspective, it seems to be working well so far. ○ Forest and River 4 may differ due to short-term vs. long-term. ○ There have been minimal situations where RNs felt they didn't get adequate info. ○ Kristie to check in with medical for feedback. ○ The feedback will be treated similar to any other complaint. • Assignment Balancing/Skill Mix. <ul style="list-style-type: none"> ○ There was feedback from RNs that float to the Medical Unit that they weren't aware about the recorded report outs and are uncomfortable with hand-off. ○ Kristie will confirm that the message was communicated properly and to the correct teams and make sure teams know when to and when not to use it. 	<ul style="list-style-type: none"> • Kristie to add recorded report to be discussed at HWS. • Kristie to check in with the Medical Unit for feedback. • Kristie to confirm it was communicated properly and ensure teams know when to use and when not to. • Kristie will report out at the next NCC meeting.
III.	<p>Tier 3 incentive unavailability: update</p> <p>Kristie to provide updates on CICU data.</p>	<p>How to capture the info from someone actually working on the floor instead of staffing office. Units request and staffing try and fulfil need. They do go by what unit is requesting and if a unit is short, SA helps decide which units can go tighter, it can be challenging. Unit CN then determines how best to use their resources.</p>	<ul style="list-style-type: none"> • Kristie to research data support and provide an update. • Kristie to send out

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	Request that leadership send out communication clarifying elimination of tier 3 was SCH decision.	<p>Kristie provided updates on CICU data for when a unit is out of their staffing plan, if the staffing office documented how many RNs the unit requested vs. the number of RNs they received.</p> <ul style="list-style-type: none"> • There were a couple instances when the unit didn't receive the number of RNs requested. • Per the Hours of Care Tool, they were still within their staffing plan. • It hasn't been a common occurrence for units to go under what they've requested. • A unit may request more than the minimum on the staffing plan. • There has been feedback that specific technology trained RNs are preferred over "just any nurse", due to safety concerns. • The data didn't speak to the level to see if technology needs were met. However, shifts were filled with the skills needed. • Recently, there were 3-4 ADOs that spoke to not having VAD nurses with a high sense of technology. Charge nurses (not technically trained) have had to take VAD patients and sometimes they weren't able to meet rehab needs of those patients. • With the new SB5236, part of the work moving forward is to manage and monitor when a unit is outside of their staffing plan; tracking when variations have been made. Currently, there are some tools to understand what happened on a given shift, but it's difficult to pull that past data. Part of the upcoming work will be trying to define how to create better systems to document. • The below questions were raised: <ul style="list-style-type: none"> ○ Define when a staffing plan has been met when someone is covering? <ul style="list-style-type: none"> ▪ The staffing office documents how many nurses were requested for a unit. ▪ The number requested includes Charge Nurses, RNs, etc. ▪ Some units may pull charge nurses to cover, while other units may increase the number of patients that the bedside nurse will have. It can vary based upon there the unit feels comfortable placing their resources in a safe manner. 	communication r/t no Tier 3 with the new schedule incentive communication next week.

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		<ul style="list-style-type: none"> ○ Is the need for charge nurses to give CNAs, sitters, and watches breaks being considered when looking at whether or not a staffing plan has been met (the concern is loss of charge nurse and RN resources to giving breaks)? <ul style="list-style-type: none"> ▪ With the new law, CNAs are part of the staffing plan, however, it has to be more detailed on how they're being utilized. ▪ If a unit has a need for a CNA, sitter, or patient watch, a person (CAN, RN, etc.) will be provided. It should show up in the roll-up. ○ Could we track the # of RNs/CNAs requested and how many were used? The charge nurses provided feedback that it is a lot to track. They only use the tool once per day (for some units), so they are unable to capture all of the information. <ul style="list-style-type: none"> ▪ That is one of the challenges. Staffing office does track this information, though we are looking for more sophisticated ways to get some data support to track. Bonnie to research and provide an update. ○ The WSNA team requested that that leadership send out communication to staff that the elimination of tier 3 was eliminated by SCH and not WSNA (for transparency that it wasn't a WSNA decision). 	
IV.	<p>Supervisors/managers at bedside/CN roles: update</p> <p>Frequency, competency, liability, safety – tracking of data.</p> <p>Michelle Parton from Urgent Care to provide information.</p>	<p>Michelle discussed updates on Urgent Care roles.</p> <ul style="list-style-type: none"> • There was a staffing model change. There were a significant amount of nursing roles that were moved to MA roles (<i>COVID agency traveling nurses</i>). Staffing was hit hard due to MAs no showing or dropping out last minute, so the staffing model was updated to pull in supervisors. <ul style="list-style-type: none"> ○ During that time supervisors were being pulled 3-4 times per week. ○ Standards were set in the new staffing model. <ul style="list-style-type: none"> ▪ It speaks to how often per week supervisors can be pulled during a 2-3 week periods throughout the year. 	<ul style="list-style-type: none"> • Michelle's team to create a system for monitoring if Supervisors are clinically competent. • NCC team to send additional questions to Michell via email.

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		<ul style="list-style-type: none"> • This is done prior to double time. <ul style="list-style-type: none"> ▪ Even when double time is offered, often time there's minimal signup. ▪ This is being tracked via daily staffing sheets. ○ The process is being evaluated and monitored. <ul style="list-style-type: none"> ▪ Making sure units are hired up. ▪ Continuing to monitor the need for double time. ▪ Ensuring supervisors/managers are clinically competent. ▪ Conducting bi-annual emergency simulations ○ All RN supervisors are trained to cover. Supervisors and managers are trained for bedside level of care to step in on a routine basis. <ul style="list-style-type: none"> ▪ As of now it's voluntary, but not a requirement. ○ Urgent care model is different from other settings. They are stepping in as a resource support role (extender role). They are not taking a full patient assignment. They will support in whatever ways they can safely support. 	
V.	<p>Addendum D: update</p> <p>End of shift OT – not getting paid for it per ETM.</p>	<p>Bonnie provided update on Addendum D (<i>on behalf of Danica</i>).</p> <ul style="list-style-type: none"> • The Oversight was due to the leader not having the RN schedules in ETM. It relies on the schedule being in ETM in order to recognize that it would be an end of shift OT. <ul style="list-style-type: none"> ○ This has been corrected. • The WSNA team requested that leaders communicate to managers to ensure they're inputting schedules into ETM. • WSNA is concerned about managers not being aware about schedules being put in ETM and requesting communication/FAQs be sent to managers and supervisors. • It was suggested to communicate broader FAQs to go out to nurses on how it impacts them and when it will kick in. 	<ul style="list-style-type: none"> • Kristie to loop back to Danica to work with payroll to look at more systemically and to catch any previously impacted hours. • Kristie and Danica to work offline to understand why Ambulatory is not adding schedules to ETM. • Linda to forward email examples

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			to Bonnie calling out End of shift OT confusion amongst managers.
VI.	<p>Ambulatory Residency: update</p> <p>Danica/Holly to give update on Ambulatory Float Pool posting.</p>	<p>Bonnie updated the team on using ambulatory as a residency pipeline.</p> <ul style="list-style-type: none"> • Most units are already “hired up”. • Moving forward, ambulatory will be used as a place for residency nurses to start building skills and then hiring them into their intended units when those units are able to accommodate. • Bonnie to gather the below information from Danica: <ul style="list-style-type: none"> ○ Where are the ambulatory float pool roles posted? ○ Are the residents being hired being hired into ambulatory residency and then at the end of their residency being sent directly to the ambulatory float pool? ○ Are the ambulatory float pool roles being posted internally for ambulatory nurses to fill before the residents? 	<ul style="list-style-type: none"> • Bonnie to follow up with Danica to gather posting information and send an update to the group via email.
VII.	<p>Viral season plans PPE: new.</p> <p>Plans to ensure proper PPE always available</p>	<p>Bonnie addressed concerns about viral season plans in regard to PPE and its availability.</p> <ul style="list-style-type: none"> • WSNA team asked what SCH plans for PPE are (N95 masks, etc.) as we move into the viral season? <ul style="list-style-type: none"> ○ There was a gap in supplies for main campus urgent care. It has been mitigated by the supply chain team. ○ Supply chain is stabilizing and looking at the influx of supplies to ensure there is enough. ○ Supply chain attends RN and director huddles to ensure managers and supervisors are aware of supply issues. ○ On the weekends it has been a struggle to get supplies to the units. Nursing staff often has to track down lifesaving equipment. <ul style="list-style-type: none"> ▪ There is there a leader on-call to escalate supply chain issues after hours and on weekends. ○ The WSNA team requested to have a robust plan as the viral season approaches. 	<ul style="list-style-type: none"> • Bonnie to follow up with Terry for inventory increase strategies and escalation pathways on weekends and after hours

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		<ul style="list-style-type: none"> ○ Bonnie called out the need for an overall plan for after hours and weekends, not just during viral season. 	
VIII.	<p>Parking: new Transportation bonus Parking rates Shuttles</p>	<p>Bonnie provided updates about transportation changes.</p> <p>See updates on CHILD</p> <ul style="list-style-type: none"> • Commute bonuses are decreasing. <ul style="list-style-type: none"> ○ The reduction of the commute bonus was a financial decision. It aligns with like orgs. SCH is obligated to achieve a 30% no drive alone rate in order to expand. It is a mitigation strategy. • Parking rates are going back to pre-Covid rates. <ul style="list-style-type: none"> ○ The rates are going to half price in 2024 and plan to return to pre-Covid rates in 2025. • Shuttles are currently running less frequent. <ul style="list-style-type: none"> ○ This is due to workforce issues. The changes are meant to be on a temporary basis as the transportation team rebuilds staffing. ○ The WSNA team is concerned about not having times on the schedule so no one really knows how long they will be waiting for the next shuttle. ○ Nurses are still expected to be on time out of respect to those that they are relieving (<i>speaking to being late due to missing the shuttle</i>). 	<ul style="list-style-type: none"> • Bonnie to check in with Jamie Cheney to see when the shuttle driver workforce will be stabilized. • Bonnie to follow up about shuttle times not being on the schedule.
IX.	<p>Cameras: new Monitoring of cameras Maintenance of cameras Action plan when cameras fail. Location of cameras</p>	<p>The WSNA team requested an update on the broken/failing cameras.</p> <ul style="list-style-type: none"> • The below questions were raised: <ul style="list-style-type: none"> ○ How can staff protect their bikes/property when people are using alternative ways to get to work? Cameras are often down. Staff ends up replacing their own items. ○ What is the location of cameras? ○ Who monitors/maintains the cameras. <ul style="list-style-type: none"> ▪ Security monitors cameras. • Bonnie suggested to leverage the Workplace Violence Prevention and Safe Environment Committees to address this topic along with 	<ul style="list-style-type: none"> • Nothing further needed.

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		<p>the preceding topic, as the goal should be to ensure that key stakeholders are in the conversations.</p>	
X.	<p>Workplace Violence/ASR: update/new</p> <p>Progress on: One page tip sheet Inpatient order set Maya rounding on units – what ones to date and plans for future.</p> <p>Discussion of metal detectors https://www.childrenshospitals.org/news/childrens-hospitals-today/2022/10/how-to-protect-staff-and-patients-from-violence-in-the-hospital</p> <p>Cost benefit of metal detectors, wands, dogs – SCH to provide data.</p> <p>Active shooter drills – when was last drills by unit and frequency of drills.</p>	<p>Continuing from the camera topic, Bonnie provided updates on WPV and ASR.</p> <ul style="list-style-type: none"> • The WSNA team stated to leadership the importance and impact of continuing WPV as a standing item for NCC meetings. <ul style="list-style-type: none"> ○ Escalations and specific instances called out by ADOs, which will still be discussed during NCC (to address concerns). ○ Systematic discussions will live with the appropriate committees (to utilize the organizational structure to drive the overarching philosophy and plan). ○ Bonnie is working on how to leverage NCC time and the relevant committees. • Nurses expressed concerns that bedside nurses aren’t represented on the committees. <ul style="list-style-type: none"> ○ Need to determine how to get more front-line RN involvement. ○ Nurse leaders are currently being asked to work with Sue’s committee, as they are closer to the work. • Regarding previous discussion to create a one-page tip sheet for ASR. <ul style="list-style-type: none"> ○ Hux sent a draft to Bonnie, which is under review. • Regarding previous discussion to add order sets for every admit. <ul style="list-style-type: none"> ○ There was no alignment on moving forward, as there are already processes for social work consults and that an order set would create a demand that the BST team can meet. • Regarding previous discussion on Maya rounding on the units. <ul style="list-style-type: none"> ○ No update. Bonnie requested Hux to document the frequency in when the BST is doing proactive rounding. ○ The WSNA team asked, if not already, could there be a BST representative for each unit (especially the ED and ICU)? • Nurses point out that resources have been very little to low on night and weekend shifts. 	<ul style="list-style-type: none"> • Bonnie to email a draft of the one-page ASR tip sheet. The WSNA team will provide feedback. • Leaders to find a way to leverage committees to ensure the correct people are at the table and use NCC time to report out after those discussions. • Bonnie to reach out to Sam offline for further discussion about her experiences. • The NCC team will discuss the linked article: metal detectors, wands, dogs, and active shooter drills at the next NCC meeting. • Bonnie to follow up with Juliet on HEAL signage

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		<ul style="list-style-type: none"> ○ Leaders are discussing night and weekend coverage, as there is a gap in resources at night and over the weekends and only offered these resources during the day shift and/or after the weekend is over. ● The group was informed that HEAL signage placed around the org. has been defaced, removed, etc. . <ul style="list-style-type: none"> ○ How are anti-racism violations being escalated to protect patients, families, and staff (are there conversations happening in the moment)? ○ The nursing team requested for leadership to send out a communication about racism. 	<p>Bonnie will follow up with Hux about rounding and report back at the next NCC meeting.</p>
XI.	<p>Roster: update</p> <p>WSNA officers not receiving updates.</p>	<ul style="list-style-type: none"> ● This was not discussed 	<ul style="list-style-type: none"> ● HR to send out in October.
XII.	<p>Education Budget Metrics: update</p> <p>WSNA still not receiving reports.</p>	<ul style="list-style-type: none"> ● This was not discussed 	<ul style="list-style-type: none"> ● HR sent via email.
XIII.	<p>Follow up Meeting Necessity:</p> <p>September 20 meeting</p>	<ul style="list-style-type: none"> ● The group agreed the September 20th, interim meeting is not needed. 	<ul style="list-style-type: none"> ● The next NCC meeting will be on 10/18.
XIV.	<p>Leadership Change: Update</p>	<p>Unfortunately, Dinarte has officially resigned. Lori, Kristie, and Molly to continue support. Active recruitment is in progress to replace the VP/ACNO position.</p>	<ul style="list-style-type: none"> ● Nothing further needed.

Committee Action Items: *Inform, Discussion/Feedback, Decision, Action*
Include: *Who, What, When*

Next Meeting: October 18, 2023, Virtual Meeting

Committee Action Items – Rolling Queue

Topic	Frequency	Next Agenda this would be on
Expense reimbursement	Twice per year	October 2023
Education Budget Metrics: <ul style="list-style-type: none">● Education leave hours (budgeted vs actual)● Professional leave hours (budgeted vs actual)● Total funds awarded (can report out on this 2x/year)● Any denials of leave requests (and the nature of the denials)	Twice per year	October 2023
WSNA Roster	Quarterly	October 2023