

Nurse Conference Committee (NCC) Meeting Minutes

Date: January 10th, 2024

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

The purpose of the Nursing Communication Committee (NCC) is to enhance communication between SCH Leadership and the nursing staff, fostering collaboration to address issues affecting the nursing team. The committee's role is advisory in nature, focusing on providing recommendations rather than making decisions.

NCC Members	Delegate	12/13/23	1/10/24	2/21/24	4/3/24
Bonnie Fryzlewicz	TBD	present	present		
Danica Pytte	Tammy York	present	present		
Paulene Toussaint	Holly Beauchene	present	present		
Kara Yates	-	present	present		
Kelsey Gellner	-	present	х		
Kristie Page	TBD	present	present		
Laura Licea	TBD	Х	present		
Linda Burbank	-	present	present		
Lindsey Kirsch	-	present	present		
Lori Chudnofsky	Molly Aaseby	present	х		
Mary Field	TBD	present	present		
Sam Forte	-	present	х		
Annika Hoogestraat	-	present	present		
Stefanie Chandos	-	Х	Х		
Katie Podobnik	-	present	present		
Te'onna Adams	-	present	present		
Therese Hill	-	present	present		

Guest(s): Chris Patin, Maureen O'Brien, Ashley West, Jacob Yee

Notetaker: Sarita Wall

ITEM NO.	AGENDA TOPIC	DISCUSSION	COMMITTEE ACTION
I.	Opening: Trial of new agenda style	 Lindsey informed the group of the new agenda format and how it will work. Statistics/Data to report out at each NCC meeting. 	Members to send Paulene data/statistics they would like to be updated on
II.	Approval of November 6, 2023 and December 13, 2023 minutes	 Motion to approve November 6, 2023 meeting minutes. Motion to approve December 13, 2023 meeting minutes. 	1 st Therese Hill 2 nd Danica Pytte 1 st Bonnie 2 nd Danica Pytte
III.	Hospital Staffing Committee: Nothing yet	 First Staffing Committee meeting was on 1/9. Educated members what items they will be working on. Welcome letter was sent out to all active members. 	 Nothing further needed
IV.	Workplace Violence: Updates on the following needed 1. No tolerance violence policy. 2. Cost/benefit of metal detectors/wands/dog, etc. 3. Active shooter drills – Have these been scheduled? 4. HEAL signage update on destruction. 5. Tip sheet – Is it completed and has it been distributed?	 Sam Forte and Mary Field will be the leads on these ongoing items (will delegate as necessary) No Tolerance Violence Policy Workgroup is still meeting on the no violence tolerance policy. The Verbal and Harassing Language Task Force are in the process of make addendums and adjustments to the policy. This work has not been completed. In regard to "no tolerance," "zero incidents" has been the philosophy and behavior incidents have always been addressed. No tolerance can be viewed as reactionary and zero tolerance can be viewed as preventative. There will be adjustments to language on how to categorize both actions/behaviors and subsequent reaction/consequences for those actions (focusing on being proactive). 	 Mary to provide updates from the Verbal and Harassing Language Task Force meeting at the next NCC meeting Bonnie will inform Lindsey and Linda when the environmental assessment will be on the ELT agenda (including agenda items) via email

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		 It was discussed that some nurses have been asked to take on security roles and how that made the nurses feel uncomfortable. The workgroup is working on adjusting language (definitions of unsafe and uncomfortable). Nurses will not be required to take on security roles or deal with WPV alone. The security team would coach staff and give them options to try depending on individual incidents. The Verbal and Harassing Language Task Force has an upcoming meeting and is working to align intended responses with behaviors. WSNA members requested to update signage to align with WA state code <u>W9520</u> that states it is against the law to threaten a public healthcare employee as support to bedside nurses. Security already utilizes the law as policy criteria. There has been a disconnect when there are verbal threats vs. verbal insults. See details below about work completed on updated signs The existing signs do state that it is against the law to assault or threaten to harm a healthcare employee Taskforce Update 	
		 Nearly finished with updated the verbal harassment and abuse policies, as well as the companion job aid. Recommended updating patient facing signage to align with pediatric institution peer's signage. Met with patient and family education specialists, a family rep, patient experience, and risk management and finalized a draft sign. executive sponsors to review. Created companion document to go in every admission packet (patient education flyer). More detailed than the sign. 	

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		 After ELT approval, it will be posted on CHILD to allow all 	
		staff the opportunity to give review.	
		Cost/benefit of metal detectors/wands/dog, etc.	
		Security presented an environmental assessment to the safe work	
		environment committee.	
		 Next step is to go to ELT on how to move forward with 	
		those recommendations.	
		 Bonnie is working with Lisa Hayward to add to the 	
		agenda	
		Active shooter drills – Have these been scheduled?	
		Active shooter drills are done at the department level.	
		The drills are scheduled by leaders to include security.	
		 Security conducts random active shooter drills and hospital 	
		lockdown drills.	
		 Last year, security conducted 20 active shooter drills. 	
		 Testing competency of security department skills 	
		and ensuring staff has an idea of run, hide, fight	
		principles, where safe room locations, exits, and	
		what their protocols are.	
		WSNA members requested having scheduled drills for	
		each department on a cadence similar to an annual	
		competency and making it priority over competing priorities.	
		 SC leaders advised that is the expectation to have 	
		department leaders conduct annual active shooter drills	
		for their units/areas (incorporating security).	
		 Need to work on a schedule. 	
		 Determine appropriate areas. 	
		 The WPV committee could be the governing body 	
		that provides the framework for the departments.	
		■ WSNA members suggested using a "train the	
		trainer" approach to help with security bandwidth	
		issues.	

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		HEAL signage update on destruction – Housewide communication	
		 Individuals have submitted EthicsPoints. Follow up has been done. These were kept confidential. Currently looking at communications improvement to address these types of issues Housewide and show support to the reporters. Paulene took this back to the HEAR action committee to improve the quarterly report.	
V.	People Operations Matters: 1. ADOs filing and participation. 2. Collaboration with SCH/WSNA for state support 3. Data for the following: a. Tun/churn b. Goal FTE/current FTE c. Travelers d. Retention/recruitment efforts	 Paulene will be the lead on these ongoing items ADOs filing and participation. Paulene requested assistance from WSNA members to promote responsiveness of nurses when leaders reach out (for timely follow up) and reporting if they aren't hearing back from leaders after ADO filing. WSNA members reiterated the angst that some nurses feel around perceived retaliation for submitting ADOs. Collaboration with SCH/WSNA for state support 	 Lindsay to remind nurses to be collaborative with leaders for ADO follow-up Invite government affairs to the next NCC meeting to discuss state support

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	e. Percentage of shifts	There have been conversations about how to collaborate	Invite lan
	with CDNs	collectively to rally the support of the state for our communities	Johnson to the
	GCO: Ideas on how to	and population.	next NCC
	collaborate on timing of		meetings on a
	presentation and amount	Data for the following to be presented at NCC meetings	quarterly basis
	of time to present		to discuss
		> Tun/churn.	recruitment
		Goal FTE/current FTE.	data
		> EDI metrics.	Bonnie to invite
		Travelers.Retention/recruitment efforts.	GCO leaders to
		o 70-80 traveler conversions in 2023.	the next NCC
		 The boomerang campaign wasn't as robust as planned. 	meeting to discuss how to
		Continuing to look at diverse recruitment and	be collaborative
		retention.	with WSNA for
		 Currently, ADN nurses can apply for tuition support to 	orientations
		obtain a BSN.	
		 WSNA members raised the issue that new graduates find it 	
		difficult to get into SC residency due to the commitment	
		time (regarding second careers and vacation).	
		 Per SC leaders, when residents are hired, they are 	
		asked if they have any known time off needs (first	
		3 months) so that they can be scheduled around	
		that time.	
		Able to request time off (can use accrued)	
		banks)	
		 The 18 month no vacation rule is 	
		untrue.	
		Residents have been hired as second	
		careers.	
		Descentage of chifts with CDNs	
		Percentage of shifts with CDNs.	
		GCO: Ideas on how to collaborate on timing of presentation and amount of time to present	
		 Requesting to be last to present at orientations to allow more time to complete forms, distribute info, and have open dialogue (WSNA) 	

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		reps are feeling rushed). Also, to have more time depending on how large the group is. GCO meeting schedule has changed to Fridays from 2:25-2:45pm. Therese's schedule was rearranged to accommodate the GCO schedule. Previous WSNA membership officer weren't inpatient nurses. Being held off campus makes it difficult to attend (was previous on campus). Nurses are coming on their days off for 20 minutes to present.	
VI.	WSNA Questions: 1. Ambulatory nurse residents transition to Ambulatory Float Pool 2. Ambulatory OT – Is it all paid and how many and who affected? Stocking – lack of pillows and supplies because of CNA shortage.	Ambulatory nurse residents transition to Ambulatory Float Pool Hired up through November. Paused February residency. No residents have been hired. No residents have been transitioned to the float pool. Proposal submitted to Bonnie. There are current residents in training (going from clinic to clinic). Encouraging to apply for open ambulatory roles. Temporary plan to be discussed with Linda for approval. WSNA members advised that there are some residents that have been informed they will go to the float pool as a backup plan. Ambulatory OT – Is it all paid and how many and who affected? Nurses must be scheduled in ETM to get credit for OT. Homecare and central WA cardiology was not in ETM. All up to date and to be paid on 1/12 paycheck Stocking – Lack of pillows/supplies CNAs were restocking supplies during night shifts. Now, there aren't enough CNAs to restock. Affects day to day bedside care. WSNA members asked if there is way to bring back a model similar to when it was shared governance and the	 SC leaders to send proposal to Linda Burbank for approval of temporary resident plan Danica to follow up with Kate Burke to discuss float pool roles Danica to work with Kate Burke, Katie Podobnik, and Kara Yates to brainstorm on process for ambulatory Danica to work with managers to manually confirm schedules are in ETM by the next NCC meeting

operations council audited unit specific equipment and supplies, folding it into care delivery. SC leaders are working with the recruiting team to recruit night shift CNAs. Offering smaller FTE. Looking at daytime workflows and systems to identify how to be prepared for night shifts. Molly is standardizing when to use sitters (to free up CNAs) There are virtual sitters for lower acuity needs to keep CNAs in the care model. WSNA members requested CNA competency to help with understanding their role and expectations. Katie to send examples to Danica to validate auditing was complete (by Megan Brandes) Danica to complete a limited audit (homecare and central WA cardiology) and report back by the next NCC meeting	ITEM NO.	AGENDA TOPIC	DISCUSSION	COMMITTEE ACTION
			supplies, folding it into care delivery. SC leaders are working with the recruiting team to recruit night shift CNAs. Offering smaller FTE. Looking at daytime workflows and systems to identify how to be prepared for night shifts. Molly is standardizing when to use sitters (to free up CNAs) There are virtual sitters for lower acuity needs to keep CNAs in the care model. WSNA members requested CNA competency to help with	examples to Danica to validate auditing was complete (by Megan Brandes) Danica to complete a limited audit (homecare and central WA cardiology) and report back by

Committee Action Items: Inform, Discussion/Feedback, Decision, Action

Include: Who, What, When

Next Meeting: February 21st, 2024, Virtual Meeting

Committee Action Items – Rolling Queue				
Topic	Assigned To:	Status		
Follow up from letter to Bonnie:				
Present CLABSI data	Bonnie Fryzlewicz	In progress		
 Gather data for Acute care data and discuss ambulatory with Tammy 	Kristie Page	Complete		
Forward email to Bonnie regarding Bellevue surgery nurses	Linda Burbank	In progress		
Follow up with Bellevue surgery leaders	Bonnie Fryzlewicz	In progress		
 Share with leaders how to be more intentional about speaking and addressing EDI items proactively 	Paulene Toussaint	In progress		

Workplace Violence/ASR		
 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. 	SCH Nurse Leaders	In Progress
Follow up with Juliet on HEAL signage.	Maureen O'Brien	Complete
 Follow up with Security leadership to dispel budget rumors and report back via email. 	Bonnie Fryzlewicz	In Progress
 Invite Laura Knapp to discuss ED mental health plans and present the PBMU Task Force dashboard. 	Paulene Toussaint	In Progress
Communicate PBMU Task Force roster	Paulene Toussaint	In Progress
Take badge alert system to the SWE committee for discussion.	Mary Field	In Progress
 Follow up about workplace violence/racism org-wide communications and signage. 	Paulene Toussaint	Complete
 Consider different communication pathway regarding WPV to WSNA RNs. 	Sam Forte	In Progress

PBMU Follow up:			
•	Paulene to gather PBMU/security historical data and invite security leadership to an upcoming NCC meeting to discuss what the work will look like and hear the needs of the PBMU staff in the spirit of collaboration.	Paulene Toussaint	In Progress
•	Paulene to email Linda a list of the retention team members.	Paulene Toussaint	In Progress
•	Paulene to gather information from Kristie about float staff training.	Paulene Toussaint	Complete
•	Paulene to send responses to PBMU questions via email.	Paulene Toussaint	In Progress
•	Henry and Josh to update their teams on the discussed updates during today's meeting.	Henry Jones Joshua Pickett	In Progress
•	Paulene to send the model of care update to WSNA via email.	Paulene Toussaint	In Progress
•	SC leadership to add Josh, Henry, Shadi, and Adam to the new security roles planning meetings.	SC leadership	In Progress
•	Bonnie to confirm OT changes and send out communication via email to nurses by end of day today.	Bonnie Fryzlewicz	In Progress
•	Bonnie, Maureen, and Kristie to align on PBMU incentives criteria and report back to the group via email next week.	Bonnie Fryzlewicz Maureen O'Brien Kristie Page	Complete
•	PBMU nurses, Kristie, and Maureen to meet offline regarding incentives.	PBMU RNs Maureen O'Brien Kristie Page	In Progress
•	Bonnie to pass this to ED leadership PBMU. mentioned willingness to help the ED mental health team.	Bonnie Fryzlewicz	In Progress

New Items			
No tolerance violence policy	Bonnie Fryzlewicz to provide updates from the taskforce meeting at the next NCC meeting	In Progress	
Cost/benefit of metal detectors/wands/dog, etc.	Bonnie Fryzlewicz will inform Lindsey Kirsch and Linda Burbank when the environmental assessment will be on the ELT agenda (including agenda items) via email	In Progress	
Active shooter drills	Lindsay Kirsch and Mary Field to work offline on any remaining ASR gaps.	In Progress	
ADOs filing and participation	Lindsay Kirsch to remind nurses to be collaborative with leaders for ADO follow- up	In Progress	
Collaboration with SCH/WSNA for state support	Paulene Toussaint to invite government affairs to the next NCC meeting to discuss state support	In Progress	
Retention/recruitment efforts	Paulene Toussaint to invite Ian Johnson to the next NCC meetings on a quarterly basis to discuss recruitment data	In Progress	
GCO: Ideas on how to collaborate on timing of presentation and amount of time to present	Bonnie Fryzlewicz to invite GCO leaders to the next NCC meeting to discuss how to be collaborative with WSNA for orientations	In Progress	

Ambulatory nurse residents transition to Ambulatory Float Pool	SC leaders to send proposal to Linda Burbank for approval of temporary resident plan Danica Pytte to follow up with Kate Burke to discuss float pool roles and work with Kate Burke, Katie Podobnik, and Kara Yates to brainstorm on process for ambulatory	In Progress
Ambulatory OT	Danica Pytte to work with managers to manually confirm schedules are in ETM by the next NCC meeting and complete a limited audit (homecare and central WA cardiology) and report back by the next NCC meeting Katie Podobnik to send examples to Danica Pytte to validate auditing was complete (by Megan Brandes)	In Progress
Topic	Frequency	Next Agenda this would be on
Expense reimbursement	Twice per year	March 2024
 Education Budget Metrics: Education leave hours (budgeted vs actual) Professional leave hours (budgeted vs actual) Total funds awarded (can report out on this two times/year) Any denials of leave requests (and the nature of the denials) 	Twice per year	March 2024
WSNA Roster	Quarterly	April 2024