

Adult Critical Care – September 25, 2012, 1 PM (30)

- **Incentive for certification** – Lorna responded that she does not support specialty pay as all nurses have a specialty. The topic of paying for certifications up-front is still on the table and Lorna is persistently pushing and supporting this.
- **BRAVO cards** – let's get the physicians on board with this initiative – staff love it.
- **Priorities** – can we find a way to balance the in the moment priorities of nursing with the audits and reports? Staff feel bombarded by the auditing reminders, etc. while in the middle of patient care.
- **Patient Satisfaction** – could we hire Patient Satisfaction staff who would focus on this initiative only? One attendee stated that the Peds floor is having SW discuss patient satisfaction related issues/topics with patients and families.
- **Support Services** - support services are not supporting nursing, i.e. supply room, equipment, dietary, HR, physicians, housekeeping, pharmacy, linen. Staff stressed supplies, pharmacy and linen. Lorna to follow up with pharmacy regarding RNs picking up meds and supply chain regarding continuing supply issues.
- **Compensation for degrees** – the compensation committee has not approved this at this time.
- **Visibility** – staff prefers to see Lorna/Senior Leaders on the unit - attending staff meetings – holding forums on the unit. Saturday PCS rounds to begin in November.
- **MET Team** – offices in the basement, is there another location?

Adult Acute Care – September 27, 2012, 9 AM (32)

- **Recognition** – Bravo cards are great, staff like Friday's Before Five, need more in-the-moment recognition, PUP Recognition Event was great. Providing feedback and knowledge to employees can also be a form of recognition and satisfaction.
- **Trust** – place more value on employees versus the bottom line by providing more resources, i.e. float pool, IV team. Need more managers to assist in calling in staff when staffing is short. Lorna stated that she is looking at options to change the structure of the pool, i.e. having a set schedule for pool staff versus working at choice (Linda Dedo talking with peer institutions).
- **HR** – significant HR delays, i.e. took one RN 5-6 months to come back to UVA with previous experience. Lorna noted that we have a new Director of Recruitment and should see changes being made.
- **Preceptor Pay**- Can nurses receive additional pay for precepting? Like the shift manager diff? Lorna reported that it came up at Cabinet and the suggestion for a preceptor differential has been proposed to the compensation committee. It is being evaluated and she expects a decision at the November meeting.
- **Exit Interviews** – staff would like to see these happening to determine why staff leave and what we can do to retain more staff.
- **Visibility** – staff want to see Senior Leadership attend staff meetings and just listen – see and feel what happens on the units.
- **PCA and/or Sitter Float Pool** – staff would like to see this. Linda Dedo looking at options.
- **HUCs** – staff would like to see HUCs on night shift.
- **Kudos to Margaret Dolan** – staff want to see more proactive, outgoing HR representatives like Margaret Dolan who come to the floors and talk to managers and staff.

Perioperative Services – September 27, 2012, 10 AM (30)

- **Orientation** – want smaller orientation classes, worried that staff are not receiving quality education due to the large number in each group. Staff are concerned about recent new graduates/staff precepting new staff. Filling the vacancies at a fast rate was a mandate by Lorna.
- **Through-put** – staff concerned about bed availability and the Bed Center not forecasting. Lorna discussed potential expansions that could create additional OR/PACU space and stated that all HBE beds would be opened in 2013 as staffing is available.
- **Surgery Arrivals** – patients are arriving too early for surgeries. There is a lack of communication between the surgery clinics and PETC and work is becoming repetitive. Staff would prefer surgery clinic staff to send a paper packet of information with patients as the data is not available in EPIC for several days.
- **Anesthesia Techs** – short staffed, off-site locations being added, lack of equipment, cases being posted prior to checking to see if equipment is available.
- **Surgical Supplies** – Sterilization wrappers consistently torn, supplies not replenished as needed.
- **Surgical Tech Clinical Ladder** – on today's Compensation Committee agenda.
- **Green Sheets** – green sheets for charges are not received consistently – need to remind circulators that this is their responsibility.
- **OPSC Food Supply** – Morrison's is not able to supply food at OPSC within the parameters of current contract, however, we are looking at other vendor possibilities, more to come.
- **Recruitment and Retention** – staff concerned about the institution's focus on recruitment and retention. Lorna noted the following incentives – surgical ladder (awaiting approval), recognition events, market adjustments, tuition reimbursement, PCT Program beginning in October.
- **Dealing with Difficult Physician Behavior** – staff asked how this is being handled. Lorna stated that Dr. Chhabra is now on-site and there are SOM policies in which physicians are being held accountable to.

- **Salary Caps/Raise vs. Bonus** – staff expressed frustration around salary caps and receiving a bonus versus a raise. Lorna stated that this is an industry standard and to remember that HR is reviewing salaries on an annual basis and doing market adjustments as necessary.

Facteau's Fall Forums

Heart and Vascular (Wozneak and Barbieri) – September 27, 2012, 2 PM (27)

- **Cath Lab Staffing** – staffing in the Cath Lab can be difficult due to the nature of the role. Staff at times work later into the evening, return home and can be called back in for a case. This can be a significant burden on the staff. Staff are also required to live within 30 minutes of the hospital.
- **Engagement** - staff are impressed with Lorna and Bo's attempts to reach out to staff, i.e. employee forums, Uteam, etc. and would like to see this transparency continue.
- **ADN/BSN Hiring** – staff questioned whether or not Lorna will hire ADNs. Lorna responded that she is willing to hire ADNs with an agreement that they will obtain their BSN within 5 years. By 2020, we will likely be held to a standard of 80% BSN staff. In order to assist staff in obtaining a BSN, the following incentives are available – flexible scheduling, tuition reimbursement, and the SON is offering classes on Tuesdays only to allow staff to complete their BSN (if prerequisites already met) and keep a consistent schedule.
- **HR** – staff reported delays in hearing back from HR. Job descriptions associated with open positions are not helpful at all, very vague.
- **Staffing** – *Lorna supports and encourages managers to **hire 2 additional RN staff to cover future vacancies.***
- **Garage/Way-Finding** – garage does not accept credit cards, patients/visitors trying to exit and don't realize they need cash – this slows traffic and causes patients/visitors to have to park again, find an ATM, etc. Need additional wheelchairs in the garage. 2nd floor, West Complex is incredibly confusing for patients – staff at the meeting noted that typically once/day they escort patients to various locations. Need additional signage from the 2nd floor link to the West Complex.
- **Travel and Meal Reimbursement** – staff in other areas, outside of PCS, are reimbursed for meals and not asked to double-occupy hotel rooms. Staff feel that this policy should remain consistent across all areas; same rules for everyone should apply. Lorna to take this idea to her administrative group for review.

- **Manager Feedback/Evaluations** – staff want a consistent method of providing feedback on their managers during yearly performance evaluations.

Facteau's Fall Forums

Heart and Vascular Ambulatory – September 27, 2012, 3 PM (10)

- **US News Rankings – Plan to Improve** – what is the plan to enhance US News rankings after the decrease in physicians ranked this year? Our Magnet status played a role in this and we are on the path to apply for Magnet in 2014. We need work on mortality, core measures, items as simple as patient flu shots, etc. to increase these rankings.
- **Clinic Scheduling** – clinic scheduling is inconsistent across the board. We do not have a centralized scheduling department which would have a positive impact on this issue. Lorna stated that leadership is pushing hard to move this agenda.
- **Medical Discounts for Employees – Negative Messaging** – employee felt that the message received at a recent Uteam meeting regarding decreased co-pays for employees who receive medical services here at UVA was delivered in a confrontational manner as it was stated that services outside of UVA would result in higher charges. Do we have enough resources available to care for our own? It feels that we cannot care for the patients we have now in some cases. This employee felt penalized by Bo's response and felt that it was an emotional burden to increase costs at other healthcare organizations.
- **Staff feel that we React vs. Strategically Planning**
- **Recognition** – prefer to receive a thank you face-to-face.
- **Nurse Manager Training** – staff want to feel ensured that their Nurse Manager is trained in leadership and management. Lorna responded that training has been completed in the past by Nurse Managers and a new program is being developed for the coming year. Nurse Managers will be held to a higher standard. Can we look into creating management CBLs?

Outpatient Women's and Children's - Northridge – September 28, 2012, 4:00 PM (30)

- 'It feels like senior leadership wants what we all want, but ideas are **not** coming from the grass roots.'
 - There's a disconnect between us-it feels like you are not listening
 - Pushing us to see follow-ups in 20 and initial visits in 40 min-can't always be done in pediatrics
- Who are the administrative docs?-Lorna explains Drs. Gibson and Truwit's role; Dr. Tracey Hoke and Dr. Dan McCarter (Ambulatory)→KnowledgeLink Org chart
- What resonates with you?
 - Pay—Ambulatory pay should be changed→ 8% gap
 - We should close the gap or have it equal to inpatient
 - We are working weekends and until 9 pm three nights per week
 - Lorna will take it to the compensation committee
 - Lorna, "We need to look at the nature and the scope of the work."
 - Procedure area paid like inpatient but some areas are doing procedures in their clinics
 - Attracting Good People
 - No formal exit interview process
 - Let's us work on the problems
 - 12.7% turnover in nursing
 - Big Turnover rate after 2 years
 - "Send people who want to talk to me", says Lorna.
- Strategic Plan
 - Three Centers = Heart, Cancer and Neuroscience
 - No matter who wins in November there's going to be less Medicare \$
 - 2015 = \$1.7M decrease
- Other issues-**Jan will contact Tom Harkins and Mary Ann Gritmon**
 1. Patient and Guest Services need to be contacted to secure greeters and valet parking
 2. Lighting is not good→ getting out at 9 pm and uncomfortable going to car
 3. Security→ no one is here after hours

Outpatient Women's and Children's - PCC – October 1, 2012, 4:30 PM (16)

Trust

She asked, "How would Senior Leadership change their behaviors to earn your trust?"

- **Communication:** staff feel they get snippets of information from here and there but are never really fully informed about what's going on. "We feel like we're not part of the plan." Nurses from Women's Health stated they feel that most of the staff vacancies that they have could have been prevented by better communication.
- Out-patient staff feel they are never consulted about "what works" before decisions are made
- **"We've lost our passion."** States Women's health – too much cross training and trying to be a business model decreases the passion for nursing

Attracting and Retaining Staff

"Are we able to hire experienced ambulatory nurses?"

- Big learning curve for nurses coming to ambulatory clinics because the focus is different
- Multi-clinics, attending & residents differ in how they manage clinics, difficulty finding time for staff to meet
- Staff who are in school and have adjusted hours decreased number of patient care staff available to precept
- Specialty PCC requires up to a year to get new staff truly trained due to high risk patients, lots of labs and intensive services
- Question – why is there a difference in salary for inpatient and outpatient nurses? Why do inpatient nurses get charge pay but not out-patient nurses?
 - Lorna's response – she will work with the compensation committee to improve equality between in- and out- patient nursing in these situations and in preceptor pay.

What other things are keeping you up?

- PCC: dealing with such a diverse group of patients
- Question from staff – Are we hiring AS degree nursing or BSN only?
 - Answer: hire based on the best qualified candidate and best fit;
- Battle Building discussion regarding what services will be there
 - Urology, outpatient pharmacy, eye clinic, sedation,
- Will hours be extended? Answer: unsure

Emergency Department – October 2, 2012, 1:00 PM (6)

- **Manager Transition** – staff feel that management staff comes and goes and there needs to be consistency in this role. Morale, positive outcomes, etc. go up and down with each transition as each manager handles items differently. Staff want stability here.
- **Outreach to Employees** – staff appreciate and want to see employee forums and other avenues of staff outreach continue, i.e. Nursetalk, Uteam, etc.
- **Problems we cannot Fix** – staff feel that ED management tried to fix problems that are out of their scope, i.e. patient flow, space, boarders.
- **Staffing** – staff agreed that the staffing situation in the ED is better; however, there are still issues. Census and acuity are consistently high and staff often feel “run over” at the end of shifts. There are times when 2 techs are supporting the entire ED. Idea – could we staff/hire seasonally?
- **ED/Floor Relationships** – the ED wants to foster more collegial relationships with the floor nurses. Is it possible to have floor nurses come to the ED to take report face-to-face?
- **Peds ED** – Peds ED staff want a more “defined” Peds ED and staff who are oriented and not floated from time to time creating a lack of education and training.
- **Feedback** – staff would like more feedback in regard to their performance outside of yearly performance evaluations.
- **HR** – feedback regarding the length of time it takes to hire into an open/approved position. This creates distrust with leadership.
- **ED Transporter** – can we make this a reality?
- **Small Things!** – small things really add up for staff, i.e. coffee cards, BRAVO cards, etc.

Cancer Center – October 3, 2012, 12:00 PM (37)

- **New Administrator** – Jody Reyes will start on 10/29.
- **Forums** – employees appreciate the avenues for concerns to be heard and would like to see more of this.
- **Recognition** – many times staff are recognized in direct, area-specific groups – staff would like to be recognized by senior leadership more often, i.e. coffee with Lorna or Bo for 15 minutes.
- **Transparency of Results and Actions** – staff want a clear picture of what is implemented in response to the Employee Engagement results – what is senior leadership doing to address the issues. Lorna plans to email all PCS staff with the results and action plans from her Fall forums.
- **NPs/APNs** – staff would like to see a more collegial relationship between inpatient and outpatient NPs and APNs. Lorna stated that she just recently hired a Director of Advanced Practice Nursing.
- **Facilities Issues** – patients are arriving to the Cancer Center wet from rain as they travel from their vehicle to the front door - staff want to know if there is a plan to fix this. Staff suggested having two links – one for walking traffic, one for patient transport to the main hospital. Lorna to take these concerns to Tom Harkins.
- **Attendance Policy Addendum/Clocking In and Out** – staff not in favor of the addendum changing the 7-minute late clock in/out “rule” – addendum changes policy to 2 minutes. Lorna stated that other areas are moving to this “rule” due to patient care issues. Lorna to add to Jody’s agenda upon her arrival.
- **Yearly Performance Increases** – staff would like to see more of a variance in the scale of merit increases within “meets” and “exceeds” expectations. Due to the range of performance between a low meets expectations and a high meets expectations, staff feel it is unfair to award employees the same increase.
- **Enhancing Patient Areas** – staff would like to see more newspapers, magazines, etc. in patient areas.

- **Managers and Responsibility** – staff want to see managers take responsibility and use the disciplinary process for employees not meeting performance standards/expectations.

Facteau's Fall Forums

Bed Coordination Center, Staffing Resource Office – October 4, 2012, 12:00 PM (3)

- **Transparency** – staff appreciate the forums held by senior leadership and the transparency of information this creates.
- **Trust** – this group does not have a lack of trust in senior leadership.
- **Resources** – staff expect the resources needed to perform their roles and meet job requirements.
- **Recognition** – remember that all staff like to be recognized in different ways. This group loved the shopping event at Belk.
- **Location/Space** – BCC staff would like a new location for their offices – current location is like a bee-hive.
- **Employee Engagement Survey** – can we add “additional comments” to all questions to give staff the opportunity to explain numeric responses?

Facteau's Fall Forums

Psychiatry – October 30, 2012, 2 PM (7)

- **Staffing** – staffing is difficult with the number of geri patients on the unit and a mixed assignment.
- **BSN Hiring** – with clarification around the process and rationale behind this, the group appeared accepting of Lorna's plans.
- **Lack of Sitters**
- **Low Beds** – not available, this would help tremendously with fall risk patients.
- **Positives!** – very experienced, highly skilled staff on 5E. When 5E and Rucker moved together, the transition was incredibly smooth and staff “meshed” well.