

**From:** Andre, Mary J.  
**Sent:** Tuesday, August 04, 2015 12:42 PM  
**To:** Cross, Gillianne A.  
**Cc:** Nickens, John R.; Suresh, Gautham K.; Fernandes, Caraciolo J.  
**Subject:** RE:

Hi Gillianne,

Thanks for taking the time to bring up your concerns. I would invite you to go back and read the voice of nursing blog on the connect site from this past week. It addresses a few of the concerns that you have mentioned, and I hope I can provide clarity to others. I also stated in my initial blog on June 12<sup>th</sup> that it is clear that the environment for nurses is not what it should be in any unit, not just the ICU's—so I am aware that we have huge opportunities. In my most recent communication, I did talk about the PCM role and have listed that as something we are changing—we are posting 86 additional RN positions, so we can free up the managers throughout the system, but it will take a little time to get there.

The Retention bonus program is tied to strict criteria, so could apply to an acute care unit or any unit if the criteria are met—it is not a good state to be in, but we have to have a program in place to address these significant issues. There are no other units that meet the criteria.

In relation to the Overtime Incentive program—Human resources has restructured that program—there is one rate that is paid and the units have to meet the same criteria in order to be eligible. Currently NICU is eligible for the program due to high census—but PICU is not—this fluctuates throughout the year.

Your information about the market adjustment is incorrect. Texas Children's performs a nursing market assessment twice a year and from July 2011—through the end of this last year—our salaries were very competitive and a salary adjustment was not needed. We have identified some opportunities in our most recent market survey and communication will be coming out to your leaders in the next few weeks.

In addition, the hospital just approved an influx of PCA positions to help the nurses—I believe the NICU opened up 14 new positions yesterday. The hospital is investing greater than 10 million dollars and over 150 positions to support the 100 day plan for nursing and in addition has added a significant amount of new resources for the upcoming budget year.

Several of these initiatives will take several months to implement—due to the hiring need, but I am confident that a significant amount of this work will be accomplished in a 100 days; Please reach out to your nursing leadership team—they will be providing ongoing updates. Thanks for the opportunity to address your concerns. I appreciate the feedback and your continued engagement to help make TCH the best place for nursing!

Mary Jo Andre  
Chief Nursing Officer

**From:** Cross, Gillianne A.  
**Sent:** Tuesday, August 04, 2015 11:37 AM  
**To:** Andre, Mary J.  
**Cc:** Nickens, John R.; Suresh, Gautham K.; Fernandes, Caraciolo J.  
**Subject:**

*"If we apply our infinite passion to every day, together we will create infinite results toward improving lives here and across the world. By living each of our values, we continually strengthen the already-strong culture we have in place.*

*Texas Children's greatest request of you will always be to live our values to their fullest extent. Our pledge to you is that we will always support you within every part of our organization so you can grow stronger, reach higher aspirations, and continually achieve greater success. "*

Hello Ms. Andre,

Upon reading this quote a few days ago from the "Culture of Texas Children's" section on our Connect page, I started to reflect upon the culture that I believed I was entering when I started working at TX Children's NICU4. It has been brought to my attention on several occasions that there are many of my fellow nurses in a state of unrest. I myself wanted so badly to be a part of this family and took a significant paycut in order to do so. I was willing to in order to reach my goal of becoming an excellent NICU4 nurse. After only a few months here, I have observed unhappiness and unfairness in the treatment of our NICU4 family in comparison to other ICUs in the hospital. Are we not the Medical Center's largest, most elite NICU 4? Are our nurses not greatly needed? Are we not respected? Is TX Children's willing to keep our amazing Neonatal team? There has been a dramatic shift in the past few months and the Neo team has lost some incredible nurses to other facilities and other departments. This is a HUGE issue. How are we supposed to function when we have teams of green nurses and little to no resources? This is dangerous!

The support should be reflected in action, compensation, and not just in telling/bragging. Anyone can say we are a fantastic facility, but if the people working there don't feel like they're needed and don't feel supported, they can't reflect the values properly. Success in all parts of TX Children's is important, and if there is a table with three legs, we can't properly reflect that success, we can't support the needs of the community, and everyone feels the instability. The NICU staff need to feel strong, supported, and needed so they can not only improve on their daily duties, but help create a new foundation within our team. The PICU and CVICU recieved a retention bonus of \$5,000 and are recieving more compensation for their overtime during high census and volunteer shifts. The ICUs have float nurses that inform us of these unbalanced compensations, and it's alarming that the NICU can't recieve some of the same compensation.

We have been promised the market adjustment for months and have recently been told that it is denied at this time. When I previously worked at Methodist, we recieved the market adjustment in June 2014. Is our time not as valued? It feels like I'm on a sinking ship; and soon, I won't have some of the essential resources that I've depended upon in the infancy of my NICU career. I implore, plead, and beg you to

advocate for our NICU nurses, reflect on the expertise that lies within all of us, and help us feel at home again. We don't want to feel like we're an option, but that we're essential and vital.

Another concern is that of the current PCM role.

The PCMs are being used as charge/resource nurses on a daily basis, leaving our 76 bed unit with essentially 1 charge nurse. The PCMs with their great workload are unable to function as a charge nurse and the unit suffers as well as the employees. We as nurses need our PCMs in the role of nurse resources. We need them on the unit helping with day to day employee concerns as well as family and medical team concerns. While attempting to function as the 2nd charge nurse they are only partially vested to the PCM role for that day and nursing staff suffers, concerns go unheard and questions unanswered.

Thank you for your time and consideration.

Blessings

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