

From: Andre, Mary J.

Sent: Saturday, September 05, 2015 7:47 AM

To: Lawson, Tracey A. <talawson@texaschildrens.org>

Cc: Nickens, John R. <jrnicken@texaschildrens.org>; Andre, Mary J. <mjandre@texaschildrens.org>; Suresh, Gautham K. <gksuresh@texaschildrens.org>

Subject: Re: Schedule issues.

Tracey-Thanks so much for sharing your thoughts and concerns-all very well stated and thoughtful. I had some of the same concerns that you have mentioned when I first heard of the Resource Management Office-(RMO) and the "centralized scheduling". I was very impressed after I met with the team: I did tell them that it was critical to engage staff nurses in this as they spread unit to unit-due to the complexities like you mentioned above. Today-they have been able to meet over 91% of all requests in the units they are piloting-which the staff on the units verbalized was greater than they were able to meet prior: I believe they have piloted in just a few units to date: I thought NICU was a unit that would roll out later in the year-but regardless I think it would be helpful for us to meet with some of the leaders of the RMO to discuss the current pilots-and how the program works and the concerns you have expressed. Please let me know if you would prefer to meet right after your shift or let me know a few dates and times that might work and I will pull together a meeting. I believe staff engagement is critical, so appreciate you taking the time to express your concerns and am looking forward to our meeting. Thanks so much

Mary Jo

On Sep 5, 2015, at 12:52 AM, Lawson, Tracey A. <talawson@texaschildrens.org> wrote:

Good Morning,

Thank you for taking the time to listen me. I am a staff nurse in NICU IV. I have been working at TCH for 6 1/2 years. I have 15 years of NICU experience and have worked at several hospitals during that time. When I first started working at TCH in the NICU, it was an incredible place to work. The morale was better than at any other institution I had worked at. Slowly things started changing, morale went down, the turn over rate went up. When things started changing, I sent Lori Armstrong an email, I asked her to listen to the us. I met with her, but nothing was resolved, she listened to the complaints, but did nothing about it. Please don't let this fall on deaf ears. This past year things have gotten increasingly worse. Then there was a change, nurses complaints were being listened to. There was a reason to stay, there was hope that morale would be what it once was. Then.. along came the news that our schedule committee was going away, we are going to centralized scheduling. NICU has effectively done self scheduling for at least 25 years (so I have been told.) Why are we going to change something that has been working. There are several factors that have to be taken into account on how NICU scheduling works. There are many different roles that different nurses have. From ECMO, to Total Body Cooling, to cardiac nurses, and resource nurses. Many of the nurses who do these roles have multiple roles. When our schedule is balanced, these nurses work with the schedule committee to make changes and move to the days they are needed. How are these roles going to be balanced with centralized scheduling? If I am needed for ECMO on a Monday and Cooling on a Wednesday and then to help balance the cardiac team on Friday, is "centralized scheduling" going to realize that I cannot physically work every other day. This brings me to another point. I can only speak as a night shift nurse. We all have different ways that we schedule so that we can function our best when we are at work. Some nurses like to do their days in a row because they can sleep better that way. Other nurses don't sleep as good during the day, so they separate their days to ensure they are well rested and able to provide the best care they can.

Then there is the work life balance. Some nurses have to work around their husbands schedule for child care reasons. Some parents need to be at their childrens activities, or be off the night before a big test. Most of this is possible they way we do our scheduling, not always. We as a unit work together to make the moves we can to balance the schedule. There are not too many times that involuntary switches are made.

For scheduling purposes Friday is not considered a weekend on nights, even though **7** of the 12 hours worked are on Saturday. The weekend differential is paid for Friday nights, but it is not considered a weekend for scheduling. Therefore Friday is typically a day that has lower numbers than the other days. The scheduling committee sends an email out of which days are high and which days are low, we are then moved off Saturdays and Sundays to the Friday, therefore not having to increase the amount of weekends we are at work.

I am not sure if you have ever experienced the wonders of Clairvia. A program that is not Mac compatible. We have been told that this is not TCH's problem, it is a problem between us and Clairvia. I cannot put my schedule in at home, I have a Mac, but there are times that I have tried on other computers. I have been locked out of the system more than I have been able to get into the system. There are times I put my schedule in and go back and make changes, and the changes don't carry over to the master schedule. For example, one schedule I moved a Tuesday to a Friday. (I know this was saved, because I take a screen shot of my final schedule.) When it was time for the schedule committee to balance the schedule, I was on for 4 days that week. When our schedule committee was balancing the schedule they know that I don't work 4 days a week, and were able to fix it. Will centralized scheduling catch this error?

There is a push for nurses to go back to school. This is typically more than just 4 days a month. How are we going to be sure that we get the time off for school that we need? We are going to be allotted 4 days to request off. What is the plan with centralized scheduling for nurses to be able to further their education.

We are a magnet hospital, I have copied some points from the magnet website:

1. Nurses Control the Practice of Nursing

A shared governance model centers a healthy work environment for nurses. RNs directly involved in decisions that affect nursing practice with demonstrated autonomy and responsibility experience higher job satisfaction and contribute to improved quality of care and safety for patients. ^{3, 10, 11, 15}

I listed this one because we want control of our schedule, this will continue to improve job satisfaction. Which will contribute to improved quality of care and safety for patients.

2. The Work Environment is Safe and Healthy

An environment where safety is paramount for both nurses and patients is essential to the delivery of quality nursing practice. Studies indicate that work environments with a culture of safety demonstrate a reduction in work-related injuries. ^{16, 25} *A supportive work environment that encourages the health and well-being of staff is also essential.*

The way we do our scheduling now facilitates a safe working environment. I know what days I can sleep and what days I can't sleep. If people are constantly being moved life is going to go on, but at what expense. The changes that are taking place does not represent "a supportive work environment that encourages the health and well-being of staff." We are becoming a number, when your number is up you will be moved to where the hospital needs you. Right now we work as a team and make sure the schedule is balanced. It is not the nurses fault that there is not enough staff to cover the unit.

9. A Balance Lifestyle is Encouraged

Nurses who work in an environment that encourages a healthy work-life balance are more likely to be satisfied. ^{19, 28} *Further, Leiter and Laschinger discovered a professional practice environment plays a key role in predicting nurse burnout.* ¹³ *Nurses must care for themselves so they can provide optimal care to those in need. Programs to enhance work-life balance may include flexible scheduling, childcare, employee assistance, and wellness programs* This guideline from Magnet is not even being considered with this new scheduling system. This is in no longer flexible scheduling. Maybe it can be labeled self scheduling, but lets face it, it's not. It is forcing you to put in whatever day is available, then after you pick from what is available you are still going to be moved. There are many nurses here where a husband and a wife work

around each others schedule so they have child care. If those nurses are constantly being moved this is a burden on them and their family. That is not a healthy work-life balance.

10. Collaborative Relationships are Valued & Supported

A collaborative atmosphere supports a culture of safety that results in better patient outcomes and greater job enjoyment and satisfaction.^{3, 12, 15, 27} *Healthy work environments demonstrate collaboration among health care professionals as a key component for the delivery of safe, quality care, with the added benefit of higher job satisfaction for all disciplines involved.* If you truly want to collaborate with the staff, you need to listen to our concerns

A power point came out about the new scheduling. It points out what a burden it is to administration to balance our schedule. I can't speak for other units, but our schedule committee is staff nurses. I am not sure how this burdens administration. What I do know is that when we lose flexible scheduling it is going to be a burden for our nurses. This will effect job satisfaction and ultimately patient outcomes. It also mentions that one of the reasons for implementing this system is to Align standards between units. However the units in the hospital are different, they have different needs, they are different sizes. The power point also mentions that 92.7% of nurses got the schedule they asked for. Those were the nurses who were able to put their schedule in time before the day they wanted locked them out. This is not a true representation of how many nurses got what they asked for.

Please listen to what the nurses are saying. We want TCH NICU to be the incredible place it once was.

Thank You

Tracey Lawson RNC

NICU 4

From: Andre, Mary J.
Sent: Tuesday, September 15, 2015 6:38 AM
To: Lawson, Tracey A. <talawson@texaschildrens.org>
Subject: Meeting this week

Hi Tracey—I believe all of this was sent out in a communication, but just wanted you to share again. When Heather returned from vacation she had gotten several emails from staff and also staff reached out to the Asst. Clinical Directors; We made a decision that there was too much misinformation—and lack of accuracy with the Resource Management Office to roll out on the timeline that was suggested. We have decided to delay until after the first of the year, in order to assure that we have time to discuss with all staff and to also share data that we have gained from other implementations. Because our plans have changed and we do not have the timeline that we had, I am cancelling the meeting on Thursday; We will have another meeting—just need to make sure info is shared more broadly—so we understand all of the concerns and address them. That said, I am still open on Thursday during that time if you have other concerns you would like to address; Again, please know that we are listening to concerns – and I appreciate you taking the time to express them. Let me know if you want to drop by my office on Thursday at 11—or if you just want to wait until we reset closer to the timeline. Thanks so much

Mary Jo Andre
Senior Vice President
Chief Nursing Officer