3.7 Describe how nursing leaders are visible and accessible to direct care nurses.

As nursing leaders, the Chief Nurse, Associate Chief Nurses, Nursing Directors and unit-based Clinical Nurse Specialists are responsible for maintaining open lines of communication to direct care nurses and all staff responsible for the care of patients. Being visible and open and approachable to staff are important considerations as our leaders support staff in providing care to patients and families. There are many ways in which the nursing leaders in the organization make themselves available to their staff.

24/7 Access by Page and Telephone

Nurse leaders at MGH carry their beepers and/or cell phones twenty-four a day, seven days a week. Staff has the ability to page or call these leaders at any time to address a need on the unit or personal issue. The Chief Nurse has her home phone number listed in the hospital’s on-line directory, making her easily accessible to anyone who needs her.

It is common for Nursing Directors to work on evening, nights and weekends to support staff during routine operations, special projects and for emergency situations. In addition to being available for staff meetings and performance appraisals, leadership presence is essential to support important practice changes. For example, as each patient care unit started the Doc Com Project (Force 1.3), Nursing Directors were on their units at 4 am to help staff with the implementation of the change of shift reporting systems.

Additionally, unexpected circumstances occur that necessitate the Nursing Director to be visible to the staff for support and guidance. For example, on the Newborn/Family Unit, the Nursing Director was called on a Saturday evening because of a patient situation occurring on the unit. Earlier in the patient’s admission, it was medically and legally determined that a new mother, with a drug and psychiatric history was not competent to care for her newborn. With the mother’s consent, proper procedures were followed to place the infant in foster care. As the patient was ready for discharge, she became increasingly agitated and was verbally abusive and threatening to the staff. Although the clinical team was working to support the patient, they felt vulnerable and at risk. As the situation escalated, they felt threatened and notified the hospital’s Police and Security officers by using the ‘panic button’ at the nurse’s station. Officers responded immediately to help intervene and support the staff, along with the Clinical Nursing Supervisor, so the Staff Nurses and medical team could care for the patient and newborn. The Nursing Director came in to work at 10pm, soon after she was called, to provide additional support and to de-brief with the Staff Nurses and help them
process what they had just experienced. As she stated, “the staff did a superb job. They didn’t ‘need’ me to be there, they handled a very difficult situation professionally and with the utmost care and concern for the patient and her newborn. I came in because I felt that my physical presence was an important way to show my support and to help them at the time of the crisis.”

In another example, the Pediatric ICU (PICU) experienced an unusual number of infant deaths over the past several months. Recognizing the emotional impact this has had on her staff, the Nursing Director for the PICU arranged for special staff meetings facilitated by staff from the Employee Assistant Program to help them deal with the losses. The meetings took place during the week and on weekends, covering all three shifts, to reach the maximum number of staff.

In addition to their Nursing Director, Clinical Nursing Supervisors also provide nursing administrative support to Staff Nurses particularly on the evening, night, and weekends, and holidays. As an adjunct to the Nursing Director, the Clinical Nursing Supervisor serves as a clinical and administrative resource to staff on patient care units. As depicted in their job description (OOD 23.d), they:

- Perform the role of central code call nurse and responds to patient care emergency situations;
- Provide clinical consultation to staff;
- Assist staff in managing unit activity; and
- Collaborate with other departments to facilitate/support patient care.

### Accessibility to the Unit-Based Leadership

As described in Force 2.3, the Nursing Director oversees clinical and administrative operations of the unit, with clinical support from the Clinical Nurse Specialist and administrative support from the Operations Coordinator. Nursing Director offices are located directly on the patient care units and an “open door” policy is the norm to allow for easy communication between nursing staff and unit leaders.

During scheduled time off, unit nurse leaders arrange for cross-coverage from another Nursing Director or Clinical Nurse Specialist for their units. Time-off is always clearly communicated to staff via e-mail. In most instances, units have partnered with each other, allowing staff to become comfortable with nursing leaders from other units. This also gives the nursing leaders a chance to become more acquainted with the units they are covering.
Use of E-mail as a Two-way Communication Tool

All Staff Nurses have e-mail accounts, enabling them to connect with nursing leaders to share their concerns and to discuss any clinical or personal issues that they would like to address. It is not uncommon for a Staff Nurse to send e-mail directly to the Chief Nurse or an Associate Chief Nurse to share a concern or a success she or he experienced. Nursing leaders use e-mail to communicate with staff to help keep them informed of new initiatives on the unit and in the hospital, to keep two-way communication open and to communicate on a one-to-one level with staff. All the Nursing Directors have distribution lists for their units to communicate directly with staff on all shifts. The Department of Patient Care Services has a number of e-mail distribution lists established to allow for direct communication with established hospital and Patient Care Services committees that include direct care nurses.

Although e-mail provides nurses with the ability to access and communicate with nursing leaders directly and confidentially, it can also start a dialogue about topics in a way that engages the larger nursing community, which provides an opportunity for the exchange of ideas and ultimately to change. Follow is an example of how e-mail generated ongoing dialogue and action related to the nursing dress code guidelines.

The Chief Nurse received an e-mail from a Staff Nurse who, based on her observations of her colleagues, expressed concerns about the professional image some nurses portrayed through their appearance. With the nurse’s permission, the Chief Nurse e-mailed members of the Staff Nurse Advisory Committee for their thoughts on the issue. As noted in excerpts from the February and March Staff Nurse Advisory meeting minutes (attachments 3.7.a & 3.7.b), this topic prompted a great deal of discussion.

The Chief Nurse addressed the topic at the weekly Chief Nurse/Nursing Director meeting, which resulted in a review and revision of the Department of Nursing’s Dress Code Guidelines. Additionally, Nursing Directors and Staff Nurse Advisory Committee members brought the issue back to their units for discussion at staff meetings. Based on the information sharing about this issue, some patient care units are exploring different options for ‘dress codes’ for the staff on their units. The Staff Nurses on the Newborn/Family Unit are currently in the process of piloting a standard uniform option for the staff on their unit. They first polled the Staff Nurses on the unit to see if this was something they wanted to try. With over 75% of the staff responding to the poll, over 70% of the Staff Nurses were in favor of exploring options of a set uniform. A small planning committee on the unit is currently in the process of selecting uniforms and a vendor to support the
project. Attachment 3.7.c is the e-mail communication between the Staff Nurse Advisory Member and the Chief Nurse about this project.

The Chief Nurse continues to keep the dialogue open via e-mail communications, informing Advisory Committee members of events related to dress code guidelines as they benchmark with hospitals around the country. Attachments 3.7.d and 3.7.e are examples of recent e-mails sent about this topic.

**Patient Care Unit Rounds**

Nursing Directors and Clinical Nurse Specialists routinely make rounds on their patient care units to dialogue with staff about the unit’s daily needs and to make themselves available to patients and their families. When appropriate, the Chief Nurse and the Associate Chief Nurses make rounds on units or shadow a nurse to gain a better understanding of a particular unit’s level of acuity.

A Staff Nurse from the Emergency Department describes rounds with the Chief Nurse. She states, “when overcrowding in the ED becomes extreme, Jeanette (the Chief Nurse) often comes to the ED herself to assess the situation and offer her support and assistance to staff. She helps staff by making recommendations to address the problems that are occurring and by letting them know that she cares about the stress ED overcrowding causes for Staff Nurses.”

On Ellison 4, the Surgical Intensive Care Unit, the Nursing Director and Clinical Nurse Specialist round separately every morning on their unit. They work together to mentor and support staff in their daily practice. Their visibility and support is evidenced by the strong unit results in the staff perception survey and in the selection of the Nursing Director, as Nurse of the Year for Excellence in Nursing Management, in the national edition of Nursing Spectrum (attachment 3.7.f).

**Participation in Unit Staff Forums**

Staff meetings are the most common forum used by Nursing Directors and Clinical Nurse Specialists to maintain open communication with all the staff on all three shifts. This setting provides unit leaders with the opportunity to involve staff in unit-based decisions and gives leaders time to dialogue with staff about issues that concern them.

The Chief Nurse and/or each of her Associate Chiefs routinely attend unit staff meetings throughout the year. Attendance at these meetings helps to keep senior leaders engaged in the activities on the patient care unit and helps to keep staff connected to larger initiatives within the organization. These forums also provide an opportunity for the senior nursing leaders to advocate
for and to have direct contact with the staff during periods of high census, high acuity or other stressful times.

For example, when the long-tenured Nursing Director of the Cardiac Surgical ICU (Blake 8) and Cardiac Surgical Step-Down Unit (Ellison 8) stepped down from her position, the Chief Nurse and Associate Chief Nurse for Medical Nursing held a number of meetings with staff on both units to talk about plans to restructure the nursing leadership for the two units and to inform staff about the interim plans to support the units during the transition.

The Associate Chief Nurse for Perioperative Services hosts a quarterly breakfast with clinicians on her service who have advanced through the Clinical Recognition Program. She does not prepare an agenda. She acknowledges the staff’s clinical achievements and leaves the discussion open for the clinicians to ask questions and provide valuable feedback.

A Conversation with Jeanette Ives Erickson

In April 2007, the Chief Nurse inaugurated the first in a series of quarterly forums for all staff in Patient Care Services. These one-hour forums are designed to provide an open dialogue between the Chief Nurse and staff about key initiatives within the organization. The following month, she attended the OA/PCA/USA Connections program for Operations Associates, Patient Care Associates and Unit Service Associates to help keep them informed of key initiatives and changes occurring throughout the hospital. This open forum provides a unique opportunity for the Chief Nurse to dialogue directly with professional and support staff, keeping them informed about important issues and learning about their concerns and unit activities.

Staff Nurse Advisory Committee

As Chairperson of the Staff Nurse Advisory Committee, the Chief Nurse meets monthly with Staff Nurse representatives from every patient care unit. Staff Nurses are appointed to a two-year term after completing an application for membership, and with the endorsement of their respective Nursing Directors. All Associate Chief Nurses also attend this meeting.

This long-standing committee provides a forum for the Chief Nurse and Staff Nurses to discuss issues openly. These luncheon meetings are facilitated by an agenda with roughly 50% of the time devoted to specific agenda items, and 50% in open dialogue, during which time nurses are free to raise any issue they want the Chief Nurse or other administrators to hear. No topic is off limits.
The agenda-led portion of the meeting focuses on a variety of timely topics, with the ensuing discussion designed to elicit information and opinions from the Staff Nurse Advisory members and the nurses they represent. Topics are announced in advance so members can poll their constituents prior to the meeting.

Staff Nurse Advisory Committee minutes are provided to highlight the open interface between the Chief Nurse and Staff Nurses. The minutes illustrate the staffs’ level of comfort with the Chief Nurse as they share their reasons for not participating in the Staff Perceptions survey and as they talk openly about salary adjustments (attachment 3.7.g). Staff Nurse Advisory members and/or Nursing Directors share the minutes with all members of their staff through unit e-mail distribution.
EXCERPTS FROM MINUTES

Staff Nurse Advisory
February 6, 2007
11:30 a.m. – 12:30 p.m., Trustees Room

Presiding: J. Ives Erickson, RN

Present: D. Aiello, RN, S. Algeri, RN, I. Benjamin, RN, P. Cella, RN,
D. Crisileo, RN, J. Desmarais, RN, T. DiMaggio, RN, C. Gambon, RN,
L. Ghiglione MacMillan, RN, D. Guthrie, RN, R. Haigis, RN,
M. Knecht, RN, S. Leroux, RN, D. Lynch-Roden, RN,
T. MacDonald, RN, S. Marley, RN, M. McAuliffe, RN, A. Meara, RN,
C. Meglio, RN, B. Quigley, RN, C. Rappa, RN, K. Rosenblum, RN,
A. Stone, RN, K. Tiberii, RN, P. Lynch, RN, H. Nelson, RN

3. Updates – Other

• J. Ives Erickson, RN, introduced a new member of the SNA: Rick Haigis, RN, from White 12.
• J. Ives Erickson, RN, thanked many of the SNA members for emailing to her their top ten discussion items for 2007. These responses are being synthesized, and a report on this information will be presented at the next SNA meeting.
• J. Ives Erickson, RN, asked the group to think about the following three items in preparation for the next SNA meeting, on March 6, 2007.
  1. Dress code at work – Along with your own thoughts on the subject, ask for recommendations from others you work with, as to what would be appropriate clinical attire. A recent email from a staff nurse to J. Ives Erickson, RN, pointed out that some of the younger staff had bare midriffs. This was perceived to be very unprofessional, and not representative of the image that the hospital strives to present to the public and hospital staff.
  2. ID Badges – Your opinion would be appreciated regarding what information should be included, such as job title or unit, or even the size of the font. Some nurses have difficulty reading smaller print.
  3. Conflict management/resolution – Solicit feedback from your colleagues about creative or new approaches to this issue.
Excerpts From MINUTES

Staff Nurse Advisory
March 6, 2007
11:30 a.m. – 12:30 p.m., Trustees Room

Presiding: J. Ives Erickson, RN


Dress Code – J. Ives Erickson, RN

1. J. Ives Erickson, RN, mentioned that when she sent out an email to the SNA on January 10, 2007, regarding nurses’ uniforms, she was inundated with emails back from the group. The consensus from the SNA was that some of their colleagues on the units looked unprofessional.

2. Discussion ensued among the SNA, and a number of options were presented. One nurse said that her unit talked about this issue, and they were in favor of one color for all nurses, so that the patients would easily recognize the nurses on the unit. Other SNA members were against the one-color idea, stating that people wanted to express themselves in various colors.

3. A staff nurse indicated that a similar dilemma occurred some years ago in corporate America, when the concept of “business casual” was introduced to office workers. The concept was somewhat confusing and open to a wide range of interpretation when it was initially presented. Businesses then decided to present guidelines to help employees make casual, yet appropriate, clothing choices.

4. J. Ives Erickson, RN, pointed out that while there are general guidelines for nursing attire at the hospital, perhaps a few more items needed to be added to the guidelines. Bare midriffs are unprofessional. A number of people, including patients, are allergic to perfume, and most agree that perfume is inappropriate to wear in the hospital. Flip flops are fine to wear while commuting to and from the hospital, but they should not be allowed on the job, as they pose a safety hazard. Some nurses debated whether or not brightly colored, open-holed, “Crocs” should be worn. With regard to body piercing, one staff nurse mentioned that if facial body piercing was to be banned on the job, then earrings should also be banned, as just another form of body piercing. This would ensure equity all around. All agreed that jeans were inappropriate for any hospital worker. Long hair should be pulled back. T-shirts with inappropriate slogans should not be worn on the job. Scrubs with bright colors are not the best choice for most areas of the hospital; however, there might be a few areas where bright colors could work. A staff nurse mentioned that in the ICU, some patients enjoy the bright colors as it brightens up their day.

5. J. Ives Erickson, RN, recommended that updated dress code guidelines be presented at orientation for new nurses.
Hello Jeanette

My name is Laura O'Toole and I am a new member to the Staff Advisory Committee here at MGH. I am a staff nurse on Ellison 13/Blake 13 OB/GYN. Lori Pugsley, our nurse manager, sent out an email poll regarding staff uniforms. The question was whether or not to pilot a set uniform. I am excited to let you know that out of approximately 120-130 nurses, 94 replied with 69 YES votes and 25 NO votes. As you can see our floor is in favor of piloting a set uniform. With that said, my question to you is where should we go from here? I am unsure if any other floors have come forth to you regarding this topic but I would like you to know that we are enthusiastic about being part of the pilot. If you could give me any suggestions as far as how to begin the pilot that would be much appreciated. I have several questions in return but I wanted to first let you know we are VERY interested and would like to hear your response. Thank you so much for your time and I look forward to hearing back from you.

Sincerely,
Laura O'Toole R.N. Ellison 13

-----Original Message-----
From: Ives Erickson, Jeanette, R.N.
Sent: Saturday, June 30, 2007 7:07 AM
To: O'Toole, Laura, R.N.
Subject: RE: Piloting Set Uniforms

Laura, this is great news. I was hoping someone would do this. We can do a couple of things. We could get a vendor to come in and talk to the group and see if there is anything that you would wish to select from their products, or the group might already have ideas on how they wish to approach this. Did the group have a thought about the look?

If at all possible, I would love to get this done by September as I have some money I could use right now that I don't think I will have come September.

Let me know how I can help.

Jeanette Ives Erickson, RN
Massachusetts General Hospital
Boston, MA
From: O'Toole, Laura, R.N.
Sent: Saturday, June 30, 2007 7:34 AM
To: Ives Erickson, Jeanette, R.N.
Cc: Pugsley, Lori, R.N.
Subject: RE: Piloting Set Uniforms

Jeanette,

Thank you for your response. Lori and I were pretty overwhelmed with the email poll that was sent out. We are very excited and interested to start the pilot. I was thinking of getting a "committee" together on our unit to discuss how to go about this. I think that would be great if we could set up a vendor to come speak to the committee. I know that a main concern of those nurses who were opposed was "the fit and comfort" of the uniform. When Lori and I spoke we talked about August being the month we would really like to expedite this. With that said, if we could work on getting our committee together and/or come up with a plan during the month of July then we can really get things rolling in August. I will be in touch with you throughout the month.

Thank you very much.

Sincerely,
Laura O'Toole RN
From: Ditomassi, Marianne, R.N.
Sent: Friday, April 13, 2007 4:46 PM
To: PCS Staff Nurse Advisory Committee
Cc: PCS Nursing Directors; PCS Nursing Exec Ops; Fallon, Debra M; Greenberg, Maureen F.
Subject: More on the subject of "dress code"

In the spirit of keeping the dialogue about professional dress code going, Jeanette thought you'd enjoy reading the two attached articles recently published in the AONE newsletter and Boston Globe, respectively. We'll be interested in hearing your thoughts at the next Staff Nurse Advisory Committee meeting.

**HOSPITAL IMPLEMENTS STANDARDIZED NURSING UNIFORMS.** Nurses at Lakeland Regional Medical Center, Lakeland, Florida will soon be wearing a standard uniform color, reports the Lakeland Ledger. Beginning late summer, nurses will only be able to wear solid black, solid white or a combination of the two. The organization is enforcing this new policy as a strategy to elevate the image of nurses, to assist the public in realizing the role of nursing in patient care, and to recruit more nurses. A spokesperson for the organization says that having a specific color for nurses helps distinguish RNs from other employees and from volunteers. She adds that research indicates an established, professional image improves the identification of RNs and improves patient satisfaction. The Medical University of South Carolina is also implementing new policies next week that direct uniform colors for its clinical staff.

**DOCTOR, NURSE, OR STUDENT? CONSULT THE WHITE COAT - BOSTON GLOBE**

*quotes MGH physicians Debra Weinstein and Eric Nadel*

---Original Message-----
From: Ives Erickson, Jeanette, R.N.
Sent: Friday, July 27, 2007 10:27 AM
To: PCS Staff Nurse Advisory Committee
Subject: FW: Standard for Nursing Uniforms

Dear Colleagues, I am a member of a list serve that talks about issues similar to the ones we have addressed at staff nurse advisory. This week's question was: do you have a dress code?". After reading hundreds of e-mails I thought I would share this one which sums it all up....Go nursing.

Jeanette Ives Erickson, RN
SR Vice President, Patient Care Services and Chief Nurse
Massachusetts General Hospital
Boston, MA

-----Original Message-----
From: Rich, Victoria [mailto:victoria.rich@uphs.upenn.edu]
Sent: Friday, July 27, 2007 10:10 AM
To: Jamie.O'Malley@uchospitals.edu; StantonMS@msha.com; MagnetCNE@lists.ana.org
Subject: Re: Standard for Nursing Uniforms

At Hospital of University of Pa. Unit councils all voted to wear Navy blue scrubs with our model of care symbol and name of unit and RN on pocket. CEO declared ONLY RN to wear this color-all other departments changed their colors to adhere. Each RN is given two sets and have selected a vendor per unit council -so they reorder on line and get shipped to home. This has been a tipping point - now all RN's in the entire system want navy. MD's also want to wear to support us. We are talking about 3000Rn's.
Recognition

Ojinba retires from MGH

On Wednesday, October 11, 2006, in the Trustees Room, family, friends, and colleagues of MGH chaplain, Felix Ojinba, came together to celebrate his recent elevation to Monsignor by Pope Benedict XVI and bid him farewell as he prepares to leave MGH at the end of the month. Ojinba will devote his time to medical missions in sub-Saharan Africa, a region devastated by poverty, war, hunger, and disease.

Ojinba spoke about the importance of learning from patients, family, and staff, and commended the hospital for its efforts to move toward inclusiveness and multi-culturalism.

Mahoney named Outstanding Worker

Four MGH employees were recognized with the Outstanding Worker Award from Operation ABLE (Ability Based on Long Experience) a non-profit organization that promotes the employment of individuals, 45 years old and older who represent diverse occupations, race, ethnicity, and economic status. Barbara Mahoney, RN, nursing resource coordinator, was one of the MGH recipients honored at a special ceremony hosted by ABLE on October 11, 2006.

The Outstanding Worker Award recognizes individuals who go the extra mile, take time to train and mentor others, have a wealth of knowledge, and are excellent problem-solvers.

Says staff specialist, Nancy McCarthy, RN, “The best gift Barbara brings to the workplace is her vast knowledge and expertise of nursing and nursing operations. She has 35 years of nursing experience. You can’t replace wisdom like that. Barbara is a resource for everyone. When a new nurse starts working, everyone tells him or her to meet with Barbara first because she knows it all.”

Jim Moore of Buildings & Grounds, John Donovan of Materials Management, and Walter Churkin, MD, of Oral and Maxillofacial Surgery, were also honored.

Tully named Nursing Spectrum’s Nurse of the Year

Susan Tully, RN, nurse manager of the Surgical Intensive Care Unit, has been selected Nurse of the Year by the national Nursing Spectrum magazine in the category of Excellence in Nursing Management. Tully and the recipients in five other categories: Clinical Care; Advancing and Strengthening the Profession; Teaching; Community Service; and Mentoring, were honored at the national Nursing Spectrum Nurse of the Year Award ceremony, October 30, 2006, at the Ritz Carlton in Chicago. They will be featured on the cover of the November 6, 2006, issue of Nursing Spectrum, which will have a national circulation of 1.2 million.

Earlier this year, Tully and three other MGH nurses were nominated and recognized at the New England regional Nursing Spectrum’s 2006 Excellence Awards: The Stars of New England. Other MGH nurses nominated were:

- Jean Stewart, RN, staff nurse, White 6 Orthopaedics, nominated for excellence in clinical care
- Diane Carroll, RN, clinical nurse specialist, Cardiac Care Unit, nominated for significant contributions in education and professional development
- Adele Keeley, RN, nurse manager, Medical ICU, nominated for her efforts in advancing and strengthening the nursing profession

Tully and Stewart were the New England recipients in their categories, and their nominations were forwarded for national consideration.

Tully was originally nominated by the staff of the Surgical ICU. In their letter of nomination, they described her as highly skilled at managing conflict and identifying creative solutions to the challenges inherent in such a complex healthcare setting. Six years ago, Tully led an initiative to combine two surgical ICUs with distinct patient populations, staffs, and cultures. These two units now exist as one with a unified, patient- and team-oriented culture that has staff looking forward to coming to work every day. Tully encourages staff to make decisions, delegate responsibilities appropriately, and take sound clinical risks.

Congratulations to Susan Tully on being selected Nursing Spectrum’s Nurse Manager of the Year.
EXCERPTS FROM MINUTES

Staff Nurse Advisory
September 5, 2006
11:30 a.m. – 12:30 p.m., Trustees Room

MINUTES

Presiding: J. Ives Erickson, RN


Guests: Dorothy Jones, RNC, EdD, RNP, FAAN, and Steven Jurkowski, Database Manager, The Institute for Patient Care

1. Staff Perceptions of the Professional Practice Survey – D. Jones, RNC, EdD, RNP, FAAN, and S. Jurkowski, Database Manager

- D. Jones, RNC, EdD, RNP, FAAN, distributed a handout, “The Staff Perceptions of the Professional Practice Environment Survey, Talking Points for the 2006 Survey” to the group. The survey has been conducted for the past five years. The most current survey will be available online and also on paper. This is a transition year, and both mediums will be utilized; however, next year, the survey will be available online only. All data is reported in the aggregate. Each participant is assigned a random number, to protect the privacy of each individual.

The Institute for Health Policy is tabulating the responses. There is an incentive for more people to complete the survey. Forty random numbers will be selected from the computer, and those individuals will received a $25 gift certificate to the MGH Gift Shop. In addition, the top units with the highest percent return will receive a separate gift. The online survey will be accessible beginning the week of September 11, 2006, and a paper version will be mailed out to home addresses shortly after that. On September 19, 2006, a postcard mailing will go out to remind the nurses to fill out the surveys. At the end of September, a group email will be dispatched to remind people again to please fill out the survey. “Did you know” posters will be distributed throughout the hospital to remind nurses about the survey. Caring Headlines will also put out a report on the survey in the weeks to come.
The cut-off for the completion of the surveys will be at the end of October 2006.

The survey will take between 20 to 30 minutes to fill out. There is also a designated space at the end for comments. The paper surveys will be scanned. Due to the scanning process, respondents are requested not to write on any areas of the paper that have white space. Writing is to be done only in designated areas.

The survey may be filled out all at once, or may be completed in stages. A participant may start the survey, save it, and then return to the survey at a later time, to finish it. The identifier will be the random number assigned to the participant.

Every voice counts. The survey response rate was 47% overall in 2005, and the goal is to increase the percentage in 2006.

All information gleaned from the surveys helps to inform the strategic planning process for PCS.

S. Jurkowski noted that two computers will be available for the nursing staff over in the Treadwell Library to complete the survey.

Discussion:

- A staff nurse mentioned that she did not fill out the surveys, as she thought it did not make a difference for her own unit issues.

- Another nurse stated that some people are afraid to say something negative, as they are worried that their nurse manager will read it, and their identity will be revealed. D. Jones said that now that most entries will be done online, that should alleviate any confidentiality issues.

- J. Ives Erickson, RN, suggested that the nurses go back to their units and talk up the importance of the survey.

- A staff nurse thought it would be a good idea if people are reminded how to access the survey web site at home, and are provided with a review of how to log on, outside of the hospital.

- A staff nurse posed a question as to what the response rate was per unit. J. Ives Erickson, RN, said that the nurse managers are notified about the percentage of their staff who respond. With regard to written comments, the nurse managers are given themes of common responses from their unit(s).