

WSNA/GRAYS HARBOR COMMUNITY HOSPITAL

Washington State Nurses Association

LOCAL UNIT NEWSLETTER

February 2006

Local Unit Officers:

Welcome to the inaugural Washington State Nurse Association (WSNA) GHCH Local Unit newsletter. You will find a list of the local unit officers in this publication. You can also see how to contact them with any questions or concerns you may have. Please take the time to read this newsletter and give us your feedback. Sometimes, we are so busy; we don't take the time to communicate well with our peers. This is an attempt to rectify this situation.

We would like to take the time to introduce the following officers to each of you.

Debra (Debi) Brogan, RNC, BSN is one of the Local Unit Co-Chairs. She works Obstetrics 7A-7P and prefers to be contacted via her pager: 538-3548.

Bobbie Gerard CCRN is Co-Chair, along with Debi. She works CCU 7P-7A, ext: 5365. Please don't call her at home during the day. She is sleeping!! (249-6396)

Kimberly DuBore is Secretary/Treasurer. She works in the Operating Room, Ext: 5250

Claudia Russell is the Grievance Officer. She works Obstetrics 7A-7P, Ext: 5280

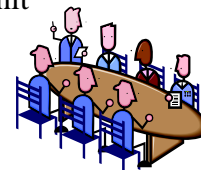
Please give us a call if you have an issue or even just to get to know us better. If we are at work, we may not be able to have a long

conversation with you at that time. If you leave a message for one of us and you haven't received a response that day, please try again or move on to one of the other officers. We all work different shifts and days. You may have left a message for us on a day we have just begun a 3 week vacation.

The WSNA Local Unit is made up of all the RNs eligible for collective bargaining. The officers and committee members are all volunteers. **JUST LIKE YOU CAN BE.**

The following are some of the committees that have Local Unit RN representation. We are providing you with the names of some of the nurses involved in these committees. This should give you an idea of who to go to with your questions as they arise.

Nurse Practice Committee (NPC): This committee deals with staffing issues, safe practice issues, communication with management, and discussion of implementation of new policies affecting nurses. Members of this committee attempt to keep abreast of the similar issues affecting other facilities. They have also provided a copy of the Washington State Nurse Practice Act to current staff and management. Current bargaining unit representatives to this committee include: Debi Brogan, Bobbie Gerard, Kimberly DuBore, Claudia Russell, and Linda Hawks.



**Grays Harbor
Local Unit News**

WSNA

ARE YOU INTERESTED IN BEING A PART OF A COMMITTEE? Come to the regularly scheduled meeting and voice your desire. **When's this?????????**

Employee Safety Committee: This committee reviews issues addressing a safe work environment for all hospital employees. Current bargaining unit representatives include: Judy Cain and Debi Brogan.

Reward & Recognition Committee: This committee plans holiday, longevity, and the "Just Because" celebrations. Monica Lindquist-Cain is the bargaining unit representative to this committee. Do you have any celebration ideas? Let Monica know or volunteer to be a member of this committee.

Retirement Committee: This committee continually evaluates the retirement plan provided at GHCH. Ken Wagner and Debi Brogan are on this committee. They aren't "all knowledgeable" about the retirement plan, but they are there to be the RN voice on this committee. Does this interest you?

Recruit & Retain Committee: This committee was developed to look at our ability to recruit and retain exceptional RNs in our facility. Kimberly DuBore and Michelle Peterson are the local unit representatives. What brought you to GHCH, what keeps you here, and what could be done to make it even better? Let them know and they will pass on the word.

These are just a few of the committees you could be involved with. Please give a thought about being a local unit representative to one of these. We would love to have you involved.

Another way to become involved with the WSNA Local Unit is to come and be heard at our monthly meeting. These meetings are held the 4th Wednesday of each month, except July, August & November. We meet in conference room "A" at 1700. The meeting generally lasts for 60-90 minutes. (It depends on the issues of the month.) Come to the meeting, share your thoughts, meet your officers, and maybe even win a prize!!!!

Tidbit of Information:

Are you being asked to meet with your Manager/Director? Ask if this is disciplinary or investigatory. You have the right to Union representation. You may want to schedule a meeting time when you can have one of the Local Unit Officers with you. See the beginning of this newsletter to obtain their numbers.

Contract Information:



Know your contract. Keep it where you can find it. Is it your turn for an HC? Make sure you aren't HC'd out of turn. Per diems & Travelers are always HC'd first (they take turns). If there are no per diems or travelers scheduled, the regularly scheduled full & part time RNs rotate HCs. If you have a question, please ask one of the officers.

UNIT REPRESENTATIVES NEEDED!!!!!!

Unit Representatives are needed for all units. Become involved; take a few minutes to see what this entails. Some of the duties include: calling people, hanging posters, notification to members and officers of issues, etc. You are the conduit that helps disperse information to our members. Please think about giving a little time to

learn about YOUR LOCAL UNIT of WSNA and what it means to the advancement of all nurses. If we stand together, we can make a BIG difference!!!!

WHAT DO NURSES REALLY DO?

Dear Nursing Colleagues: I want to encourage you to go to Medscape to read the latest article by Suzanne Gordon. **WHAT DO NURSES REALLY DO?** It reminds you of all that we actually do in our day to day work lives and how much we contribute to our patients and their recovery.



The site is:
http://www.medscape.com/viewpublication/527_index
You can register for Medscape at www.medscape.com (it's free)

Suzanne Gordon is the author of ***NURSING AGAINST THE ODDS.***

From the Desk of . . .
By *Connie Ramos, RN*



SAFE STAFFING

After attending Legislation Day in Olympia on January 30, 2006, Connie serves as a grievance officer at Peace Health LCR in Longview, WA

Studies have shown that providing safe staffing reduces length of stay, (LOS), improves patient outcomes and increases nurse satisfaction which leads to increased patient satisfaction, while increasing staffing and RN skills. The costs to the hospital are minimal and at times actually brings in a profit due to a decreased LOS. This article

will highlight the benefits of three studies directed at nursing ratio and staffing.

Blegan, 1998, showed that if the RN ratio of client care was less than 50%, there was an increase in medication errors and adverse effects. To have a ratio above 85%, leads to an increased number of medication errors. From this study, the recommended RN ratio should be no less than 50% of scheduled staff.

Lichtig, 1999, showed that the higher the percentage of RNs, the better the outcome and the lower the LOS for patients.

Aiken, 2002, shows that with each additional patient there is a 7% increase in deaths occurring in the 30 day period after hospitalization and also failure to rescue of clients. By giving a nurse an extra patient, the risk for burnout increases by 23%, while job satisfaction decreases by 15%.

Needleman, 2002, states that with an increased RN staffing that adverse outcomes are decreased from 3-12% and that by increasing all staffing levels the adverse outcomes decrease from 2-25%. If RN hours on medical units are increased, there is a decrease in LOS, UTIs and GI Bleeds, while surgical patients benefit from a decrease in pneumonia, shock, failure to rescue and cardiac arrest.

By increasing overall hours, the aforementioned benefits are achieved while the net cost is as little as 1.5%, if skill mix was increased while maintaining the nurse staffing hours, a reduction of \$242 million were seen. (Needleman, 2006)

With all of these studies, the outcome is that by having a minimum of 50% RN hours on the floor with a maximum of 85%, everyone benefits, from a lower incidence of errors to

Grays Harbor
Local Unit News

WSNA

decreased length of stay to a higher nurse retention and satisfaction rating. To do anything less than this leads to potential sentinel events, burnouts, and nursing shortage.

Reference: Cheryl Peterson, presentation at WSNA Nursing Legislation Day, 1/30/06, cheryl.peterson.org

Mark your calendars now!



March 23rd, we will be holding the first Local Unit Meeting of the Bargaining Unit for 2006. The meetings will be from 1:30 until 2:30 pm and then again from 4:00 until 5:00 pm. Barbara Frye will be here to teach a class on what is the purpose of an "ASSIGNMENT DESPITE OBJECTION FORM". WHY you fill them out. WHO do you give them to? WHAT kind of a response can you expect? Refreshments will be served. Please join us as there seems to be a little confusion as to the purpose of the form.

We will be looking for a few interested nurses to run for Local Unit Officers. Think about it. There is on the job training offered by WSNA. There is more training when you go to Lake Chelan for Leadership Training. Being a Local Unit Officer gives you insight into what goes on at the State and National Levels of WSNA and ANA; not to mention how we are aligned with the UAN. It is an exciting time to be a nurse because there are so many ways to be involved.

It is our intent to have every nursing unit represented by a Local Unit Representative. A Local Unit Representative is the eyes and ears of the Local Unit. The time commitment is about three hours a month. Think about representing your Unit.

Upcoming Events:

July	Summer Break-No Local Unit Meeting
August	Summer Break-No Local Unit Meeting
September	WSNA Leadership Conference-Lake Chelan-9/25 to 9/27 Local Unit Meeting 9/28 @ 1700, Conference Room "A"
October 26 th	Local Unit Meeting-(Open nominations for officers)
November	No meeting-but think about running for office. Have you put your name on the ballot yet? How about volunteering for a committee or as a unit rep? Give it a thought.
December	To be determined. Do you want a Christmas get together? How about adopting a family or organization for Christmas? Give it a thought and we'll discuss it in September and October.
January	25 th Local Unit Meeting - (Close nominations for officers)

REMEMBER: LOCAL UNIT MEETINGS ARE HELD IN CONFERENCE ROOM "A" @ 1700, ON THE 4TH WEDNESDAY OF THE MONTH (except July, August and November).

REMEMBER, THE WAY TO GET THE MOST OUT OF YOUR LOCAL ASSOCIATION IS TO BECOME INVOLVED. The Local Units that have the best interactions with Management are the ones who have a strong Local Bargaining Unit. Training for the job you are interested in, is available.

**WASHINGTON STATE NURSES ASSOCIATION
NURSES FOR NURSES**

Membership Reminder

It is the responsibility of each nurse to notify the Washington State Nurses Association of any change in work status which may include but are not limited to: **name, address, phone number, FTE increase or decrease, leave of absence, medical leave, maternity leave, leaving or joining a bargaining unit.** This change must be done in writing either by using a *Change of Information Card* or sending an email to wsna@wsna.org.

The Cabinet on Economic and General Welfare (E&GW) policy states, when a nurse is on an unpaid leave of absence, the dues are adjusted to the Reduced Membership Category during the unpaid Leave of Absence period. The accumulated dues payment is to begin within 90 day of return to work. The nurse will have up to twelve months to complete payment of these dues. ***It is the responsibility of the nurse to notify WSNA of this change in work status.***

**Grays Harbor
Local Unit News**

