

LOCAL UNIT NEWSLETTER

September 2005

From the Desk of . . .

***Deb Neiman, RN,
WSNA Nurse Representative***



As your newly designated WSNA Nursing Representative, I would like to take this opportunity to introduce myself:

After working the last 16 years at St. John Medical Center in Longview, WA, I accepted a Nurse Rep position with WSNA. I have been a WSNA member from the day I became an RN. I became active with our Local Unit in 1999 as a Unit Rep, and then became a Grievance Officer in 2003. I found the work of nurse advocacy very rewarding... "Staff nurses empowered by a nurses' union to champion fair treatment for their co-workers."

I am looking forward to working with you and addressing the workplace issues of Registered Nurses at Kittitas Valley Community Hospital.

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NEGOTIATION SURVEYS

A survey was sent out asking what you felt are important issues for negotiations. These Surveys give direction to your negotiation team. We want to thank all of you for the tremendous response!

ASSIGNMENT DESPITE OBJECTION FORM

This is a WSNA generated form that is designed to provide protection for RNs and to inform administration of unsafe conditions. Anytime you, as an RN, accept an assignment, you are saying that you are able to provide safe, quality care for your patients that meets all standards and follows hospital procedures and policies.

There are many reasons you may object to an assignment. Some of these include:

- Not oriented to a unit/case load.
- Not trained or experienced in area assigned.
- Inadequate nurse to patient ratios for patient acuity.
- Insufficient support staff.
- Given an assignment which posed serious threat to your health and safety or to your patient's health and safety.
- Not trained or experienced to use equipment.
- Forced/Mandatory Overtime, including no breaks (e.g. meal, rest)

The intent of filling out this form is to help solve the unsafe condition. If you feel your assignment is unsafe, you must inform Management so they can try to rectify the problem.

If they cannot, or will not, you should inform them that you will fill out an ADO form to protect yourself. The form should be filled out the same day, if possible, but can be filled out at the end of the shift. Give one copy to Management. Give one copy to your Local Unit Officer and keep one copy.

You may get an ADO form from one of the Local Unit Officers. If there is no resolution at the time of the unsafe conditions, it will be addressed at Conference Committee with management.

UPCOMING EVENTS and MEETINGS

Annual Leadership Development Conference Lake Chelan, WA September 25 – 27, 2005



Please see WWW.WSNA.org for a registration form.

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.*

*Kittitas Valley Community Hospital
Local Unit News*

