

WSNA Local Unit Children's Hospital

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*The oldest and largest union
representing registered
nurses in Washington State*



**WASHINGTON STATE
NURSES ASSOCIATION**

WSNA's Campaign to Save Public Health



Our public health system is at a crisis point. Facing budget shortfalls, counties across the state are considering dangerous cuts to public health services and funding. The Washington State Nurses Association knows that our communities can't afford any more reductions in public health. In response to this looming crisis, WSNA has launched a new campaign to save public health.

The goal of the WSNA Campaign to Save Public Health is to:

- Educate the public and policymakers about the importance of public health
- Raise awareness about the current funding crisis
- Give people the information and tools to get involved
- Prevent additional cuts at the local level
- Secure a long-term adequate and stable source of funding for public health

This issue is a top priority for WSNA because public health and public health nursing are the foundation of our health care system. It is the most cost effective system for disease prevention and health improvement and is also our first line of defense in responding to bioterrorism and in disaster preparedness. Yet, only 2% of the total health care dollars are spent on public health services, and Washington ranks 42nd in the nation in per capita spending on public health. Public health funding in Washington State has been grossly inadequate over the past decade. These additional cuts, as proposed by many of the counties, will place communities at unacceptable risk.

The public education/media portion of the campaign includes opinion editorials, letters to the editor, e-mails to county officials, paid advertising, flyers, and bumper stickers.

The 4 week advertising campaign (September 16th -October 19th) in Spokane, King, Snohomish and Whatcom County will feature billboards and bus boards to draw attention to this crisis. We will reach nearly 200,000 viewers daily and over 5 million viewers throughout the month at the following locations:

- Spokane – 3 billboards at Washington & Boone, Lincoln & Broadway, and Broadway & Monroe
- Everett – 2 billboards on Broadway and Rucker
- Bellingham – 5 bus boards in downtown

Seattle – 15 bus boards in Seattle and 6 billboards on Rainier, Lake City Way, Meridian, Queen Anne Ave, Boren, and Smith in Kent.

A critical part of the WSNA Campaign on Public Health is the launch of a new website. It will serve as the central resource center for:

- information about the crisis
- background on public health and public health nursing
- action alert center with easy ways to send messages to your county officials
- sample letters to the editor
- links and resources
- update on WSNA's efforts

Please take a moment and log onto:

<http://www.wsna.org/Topics/Public-Health/Take-Action/>

Email your county official or write a letter to the editor of your local paper and help us save public health.



Local Unit Officer Open Positions

Your Local Unit Officers are recruiting for:

Secretary/Treasurer – keeps all records and minutes of the meetings of the unit or its executive committee and responsible for all written correspondence. Also, the treasurer keeps an itemized account of all funds the unit receives or disburses; maintains all financial records of the unit and provides a written report at all meetings of the unit.



Grievance Officer – assists staff nurses in resolving disputes between management and staff with the goal of accomplishing this at the lowest possible level.

Communication by the Grievance Officer with the grievant, the unit representative, the local unit chairperson and WSNA Nursing Representative is essential.

If you are interested in becoming involved and like to help out your peers, please contact your Local Unit Officers or Rosie Tillotson at rtillotson@wsna.org or 206-575-7979 ext, 3039

Conference Committee – What is it?

Conference Committee meets the fourth Monday of every month. If you have any thing you need clarified or issues you want addressed at conference committee, please contact one of your Local Unit Officers.

The purpose of conference committee is to discuss nursing issues at Seattle Childrens'. Members of the management team meet with the WSNA Local Unit Officers. Recent topics include:

- CCN rebid and what the process will look like.
- Home Care Services and their variable start and stop times and daily over time issue.
- Certification Pay and the question of weather certified hemodialysis and certified peritoneal dialysis fall under this pay.
- Anonymous e-feedbacks and how they should not be part of the discipline process.

If a concern or issue comes up on your unit or area, please contact one of your Local Unit Officers. Don't let it go unanswered.

Boundaries are not necessarily bold lines.

Nursing, by its very nature, is a caring profession. The act of caring conveys concern and empathy for others. Concern and empathy requires a degree of intimacy. We nurses are present when human beings come into the world; we hold the hands of those in the process of dying; and we support those patients and their families who are in various stages of pain, fear or suffering. Sometimes it may seem routine, every day seeing another patient awoken from an anesthetized state, with one or more potential sequellae: Pain, puking or airway issues. Or, rarely, when your patient suddenly arrests, and your's and your colleagues' mechanized actions that follow while the distraught, fearful family looks on. All too often, we care for kids with chronic illnesses. We get to know them well. We see them grow. We bond with their families. They trust us. Frequently, they ask us to care for their child, or we ask to care for a particular patient (under the guise of primary nursing). Given the nature of our

profession, at what point can relationships cross the line?

We are guided in our practice by the American Nurses' Association Code of Ethics for Nurses, Washington State Law and Seattle Children's Hospital policy. Provision 2.4 of ANA's Code speaks to Professional Boundaries: "Maintaining authenticity and expressing oneself as an individual, while remaining within the bounds established by the purpose of the relationship, can be especially difficult in prolonged or long-term relationships. In all encounters, nurses are responsible for retaining their professional boundaries."

What might constitute crossing the line of professional boundaries? Clearly, engaging in a sexual relationship with a family member of a patient you are caring for, or have cared for is a no-brainer. But, also developing a friendship or non-sexual, yet intimate, relationship with your patient or family member, exchanging phone calls, emails or gift, coming in on your day off to visit a patient or family member, or getting together outside of work with patients or families constitutes a violation of your responsibilities to insure the preservation of professional boundaries. Aside from the jeopardy to your job at Seattle Children's, the ramifications for violating the accepted standards of professional boundaries can include suspension of your nursing license.

If you feel that your relationship with your patient or family is getting blurred, please talk to a trusted colleague or a WSNA representative. Once the relationship has clearly crossed the line of accepted professional boundaries, there isn't much we can offer you aside from verbal support.

Bill Berko, RN, BSN, CCRN

Leadership Conference



So, I have been asked to write an article about Leadership conference that was held in beautiful sunny warm Lake Chelan. Well, Nancy Wilder (from the PACU and your Nurse Conference Committee chair- person) and I attended the conference at the end of September. I have to admit I am very fired up and

excited about what is going on with WSNA.

A lot of interesting topics and learning opportunities as well as watching Jean Pfeifer become the first recipient of the Emeritus award. One of the sessions I attended was 'Addressing harassment and bullying in the workplace'. Yes, that is a hot topic because there is nothing in the contract to stop it, but there are ways to solve the problem - such as notifying your nurse rep and your officers and especially bringing it up to Nurse Conference committee. On the first day, of the 3 day conference, there was a Local Unit Council networking, a representative (they may have been LU Officers or nurses from the hospital in attendance) talked for a couple minutes about what's going on with their hospital. I was amazed to hear; at one of the hospitals they still have that occasional physician that will throw an instrument across the room towards a staff out of anger or whatever. Bullying and /or harassment can come from anyone in the hospital whether he/she is a peer, manager, director, physician, or parent/guardian. It is unacceptable and will not be tolerated. So the take-home message from what I learned is to first go through the chain of command and if that seems uncomfortable for you, please notify the nurse, who will contact one of the chair persons.

November 8th, Nancy and I attended a workshop provided by WSNA about 'Safe staffing law'. WSNA helped pass this law which is currently in effect at Children's as well as the rest of the hospitals in which WSNA is involved with and below are the requirements that each of the hospitals are required to fulfill. These are just the highlights and I encourage each of us to check out the new law on the WSNA website: www.wsna.org.

In 2007 with the passage of Safe Nurse Staffing Legislation (House Bill 3123). Highlights of the new law include:

- Each hospital, by September 2008, must establish a nurse staffing committee composed at least half direct care nurses. This committee will develop, oversee and evaluate a nurse staffing plan for each unit and shift of the hospital based on patient care needs,

appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards/recommendations on nurse staffing.

- If the staffing plan developed by the staffing committee is not adopted by the hospital, the CEO must provide a written explanation of the reasons why to the committee.
- The staffing information must be posted in a public area and must include the nurse staffing plan and the nurse staffing schedule, as well as the clinical staffing relevant to that unit. It must be updated at least once every shift and made available to patients and visitors upon request.

Along with enjoying the sun and the view of Lake Chelan, it was mine and Nancy's pleasure to meet a lot of the public health nurses who are out there working the community. Have you seen the billboards stating 'These Cuts Can Kill.'? Well, it is a campaign from public health funding. There is a crisis out there. I was talking to one of the public health nurses from eastern Washington who mainly works with pediatric patients and helped explained it to me. The patient is in our hospital and they are sent home with a referral for care. The referral is made, but with little and/or less funding, the parents of some of these particular patient have limited funds themselves - so they must sacrifice other family amenities in order to provide care for their child or worse have little or no care given. The patient may become sicker and is admitted into the hospital, but the hospitalization could have been prevented if adequate public care could have been provided. What a vicious cycle!

The last evening of the conference was the E&GW awards ceremony. It was wonderful to witness our very own Jean Pfeifer become the first recipient of the Emeritus award. The award was created because of what exemplified through her years working at Children's and with the Local Unit. I am very proud of her.

As Local Unit Co Chairperson, I would like to invite all of the nurses to think about attending Legislative day on February 2nd in Olympia and the WSNA 2009 Convention which is held at the Seattle convention center on April 29th - May 1st.

Also, don't forget to mark your calendars to consider attending Leadership conference at the end of September 2009. Remember we will pay for your expenses which is including the registration fee and food. If you have any questions or want to know more, please check out the WSNA website and ask questions - a lot of questions. Jeremy King (from ED) and I welcome questions, comments and concerns.

Edna Cortez, local unit co chair

All Nurses - Join Us! Join your Local Unit Officers
In a discussion regarding the proposed Incentive Plans
Seattle Children's has proposed two Incentive Plans

Discussion Q&A

Please bring your concerns & questions!

November 24th 5:30 – 8:00 PM
Small Dining Room #2
Please Plan to Attend!

Overtime for Nurses

No RN of a health care facility covered by the law (RCW 49.28.130 through 49.28.250) may be required to work overtime. Attempts to compel or force employees to work overtime are prohibited, except under certain circumstances. Employees may choose to work overtime, voluntarily, but refusal to work overtime is not grounds for discrimination, dismissal or discharge or any other penalty adverse to the employee. The purpose of this law is to restrict health care facilities from requiring registered nurses to work overtime in excess of the established schedules or agreed upon workweek. Reasonable safeguards should be in place to limit overtime and maintain appropriate patient care. The rationale for this law is to protect health care workers and promote patient safety and quality healthcare.

“Overtime” means hours worked in excess of an agreed upon, predetermined, regularly scheduled shift not to exceed 12 hours in a 24-hour period or 80 hours in a consecutive 14-day period. The criteria for what constitutes overtime is determined by an employee’s usual shift length. For example, if an employee is regularly scheduled to work an 8 hour shift, anything beyond that is considered overtime for the purpose of this law. The individual’s status as “part-time” or “full-time” does not affect coverage under this law.

This law does not apply to mandatory overtime work that occurs:

- Because of unforeseeable emergent circumstances (any unforeseen declared national, state or municipal emergency; when a health care facility disaster plan is activated or any unforeseen disaster);
- Because of prescheduled on-call time (the on-call must be pre-scheduled to be exempt from this law; a facility may not place an employee on call in a last- minute effort to cover an open shift);
- When the employer documents reasonable efforts to obtain staffing (seek staff who are willing to volunteer for extra work; contact staff who have made themselves available for extra work; seek the use of qualified per diem staff & seek qualified temporary personnel per the bargaining agreement); and
- When an employee is required to work overtime to complete a patient-care procedure in progress, where it would be detrimental to the patient if the employee left.

Employers must document that other options for staffing have been pursued. This suggests that a facility has engaged in some process or pre-planning for the situations when unexpected staffing shortages occur. It is recognized that unanticipated, last-minute absences such as same-day sick calls, or increases in staffing demands due to a change in census, may occur which will create time constraints for implementing a facilities staffing plan. Reasonable effort does **not** include using mandatory overtime to fill vacancies resulting from chronic staff shortages.

For more information on the law restricting mandatory overtime for nurses, please go to the Washington State Department of Labor and Industries at: www.lni.wa.gov

Announcing the WSNA Safe Staffing Survey

Washington State recently passed the Safe Nurse Staffing law. By September 2008, each hospital must establish a nurse staffing committee composed of at least half direct care nurses. This committee will develop, oversee, and evaluate a nurse staffing plan for each unit and shift of the hospital based on patient care needs, appropriate skill mix of registered nurses and other nursing personnel, layout of the unit, and national standards/ recommendations on nurse staffing.

While the Safe Nurse Staffing law will help improve patient outcomes, WSNA wants to also assess the law’s impact on nurse safety, health, and well-being. To do this, we ask that you complete a short online survey that will provide some baseline information as nurse staffing committees are being established and are early in the process of carrying out their duties.



In approximately 6 months, we plan to ask you to complete a follow-up survey to see the difference these nurse staffing committees are making in terms of nurses’ lives.

**ONLINE SURVEY ON NURSE STAFFING LAW’S
IMPACT ON NURSE SAFETY,
HEALTH, AND WELL-BEING:**

To take the survey,
log on to wsna.org/surveys/staffing

Up Coming Events

**2009 Nurse Legislative Day
February 2, 2009**

**WSNA Convention ’09
April 29 – May 1, 2009**