

# WSNA/SKAGIT VALLEY HOSPITAL

Washington State Nurses Association

## LOCAL UNIT NEWSLETTER

February 2006

We would like to thank Lisa Geil, RN, from Endoscopy, for filling the unexpired Co-Grievance position vacated last fall. Liz Rainaud, RN, from FBC, will be training to become a Grievance Officer.

In addition, Shelly Van Pelt, RN, from CCU/ER, has stepped forward to shadow Julia Weinberg for the next few months to learn about the Co-Chair role and responsibilities.

**Contract Mini Education: Article 6.3 page 8 of the WSNA/SVH contract reads: *Discipline and Discharge: Nurses who have successfully completed their probationary period shall not be disciplined or discharged without just cause. Such nurses disciplined or discharged for cause shall be entitled to utilize the provisions of the grievance procedure. (article 19 pg. 38 and pg. 39) Discipline shall be administered on a progressive and corrective basis. Disciplinary steps prior to discharge may be bypassed in appropriate cases. The nurse will be given a copy of all disciplinary actions. The nurse may request the attendance of the Local Unit Chairperson or designee at disciplinary meetings.***

As a nurse represented by WSNA and having this provision in our WSNA contract you also have “Weingarten Rights.” You can utilize these rights should you ever be called into the “bosses” office, even for investigatory meetings. You need to ask your manager: “Can this or will this meeting lead to a disciplinary action?” If the manager says yes, you have the right to have representation. If you cannot find someone to represent you, go to the meeting anyway, but **DO NOT ENGAGE**. You will state: “I cannot answer your questions unless I have representation.” If you refuse

to go to the meeting, that may constitute insubordination.

Investigations can lead to discipline. If you are disciplined, the contract stipulates that it is to be on a progressive basis. Discipline is meant to be corrective, so that the employee is given an opportunity to learn from an error. But it is also meant to be fair and appropriate.

If you are disciplined, you may take action and submit a grievance. The WSNA representative will do their own investigation.

There is never a guarantee you will win a grievance. However, it is your right as a member of WSNA to utilize this provision in our contract all the way to step 3.

Step 4 is arbitration. Whether to take a grievance to arbitration is decided by the staff and attorneys of WSNA.

In our last newsletter, we published the Seven Tests of Just Cause to be defined and proven. Please refer back to that information as you read and educate yourselves of this mini contract education piece. (Back newsletters can be found at <http://www.wsna.org/snas/wa/localunits/assets/skagitvalley/newsletter.05.11.pdf>.)

### Quality Management Memos (QMMs)



We have been having discussions in Conference Committee about QMMs. Currently we are dealing with grievances for excessive discipline being given to our nurses. The QMMs are being filled out by staff to emphasize problems and systems

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issues. What is happening instead is that it is creating a climate of blame and punishment of our nurses.

We want to collaborative look at root-cause analysis and positive ways to figure out trends of system failure. We want to improve these systems so that others will not make the same error.

From the literature, it appears that QMMS are meant to be “blame-free.” In other words, it is our understanding that this process was not designed to blame and punish.

In the meantime, nurses need to utilize the ADO forms to document problems with short staffing and of system failures especially medication error, procedure error, doctor issues and patient complaint issues. The more information you provide on the ADO forms regarding any of these issues, the more this data can help to improve processes and have us trying to find solutions and especially not blaming nurses or staff for errors.

Remember to do all the necessary notification before you fill out the ADO form which is required prior to filling them out. If the issue can be resolved right then, great! We still want you to fill out the form, though. First, let us all remember to communicate to our colleagues their errors. Whatever happened to professional dialogue? Let’s try to help each other get all things right and correct. If we have a spirit of cooperation, it will benefit our patients.

## **Welcome to Student Nurses at Skagit Valley Hospital!**

Student nurses are here to be educated on bedside nursing and the role of the RN.



Let us all welcome them and support them as they work with us. Nursing is so closely integrated with teaching, whether it is each other, patients or students. Our

nursing shortage is far from over. Mentoring our students is crucial to profession. One of these days they will be taking care of us!

### **Free Workshop “Your Workplace, HEALTHY or HAZARDOUS?”**

Coming to the Skagit Valley **at the Farmhouse Inn**: Presented by WSNA  
**February 23, 2006, 5 pm to 9 pm.**  
RSVP: Kathryn MacLeod at 800-231-8482, ext. 3011. Space is limited.

Complimentary food and beverages will be provided.

*For more information and to reserve a seat, go to the WSNA web site at [WSNA.org](http://WSNA.org)*

## **Parking is a challenge for all of us here at SVH!**

We all need to make sure that our patients have the easiest of access to the hospital. In order to do this, we can all voluntarily park in those areas which have been communicated with us and designated for us and should be available to us.



Hospital management is asking us to not park on the streets, especially if there are other options available. We need to help cut down on congestion and keep from blocking the flow of traffic, ambulances, and especially the big equipment which is building the expansion. Everyone has been doing a really great job with parking during these challenging times. Keep up the good effort.

If parking legally on the street is your only option, WSNA has researched this issue and the employer does not have any authority to control public parking on the streets.

If any nurse should be called into the office concerning parking legally on the

public street, please contact one of the local unit officers right away. Also, notify WSNA 1-800-231-8482, ext. 3035, and talk with Hanna Welander, our WSNA Nurse Rep.

If any nurse needs a special parking permit due to limited mobility, please contact HR. They will provide you with the necessary parking permit closer to the hospital.

We will continue to monitor this. We have strongly requested that the areas where we are parking be lighted and patrolled for staff and visitor safety. If anyone has any concerns, please notify Doug West, Director of Security, or Tim Seaman.

Do you have a parking suggestion? If so, send those to Lori Daisley, COO at SVH.

### **Seminar Offering:**

#### **Guidelines for the Registered Nurse in Giving, Accepting or Rejecting an Assignment.**

**WSNA/SVH LOCAL UNIT MEETING  
March 10, 2006, from 4 pm to 6 pm at SVH.**

**Refreshments will be provided.**

**Watch for the postcard announcing the Room.**



Barbara Frye, Director of Labor Relations, will present a seminar called Guidelines for the Registered Nurse in Giving, Accepting or Rejecting an Assignment. Continuing education credit will be available. This seminar will educate you about the ADO form and why and when it must be used. The program will provide insight and understanding to everyone. Those who have used this form have seen the needed changes happen. They took the time and went through the process. It is very important that all of us keep reporting problems. We want to keep working at finding solutions. First, though, we need to

have the data to indicate that there is a real problem. This data then can be used to find solutions to help fix the problems. We look forward to seeing you there. **Plan today to attend this very important meeting and education offering!**

### **Hear My Voice!**

*Letter written by Al Dennis, RN*

*To: Skagit Valley Hospital Administration, WSNA Local Unit, and My fellow employees*

*Jan. 27, 2006*

The administration's stand on staff parking is not well planned, insulting and in need of examination.

I personally am insulted by e-mails telling us that if we park on our own public streets, we are subject to "disciplinary action." At least one employee has been told that could include dismissal. I resent being scolded to be a "good neighbor" and to give up the customary right and practice of parking on public streets.

Being a "Good Neighbor" is:

- Going to work at 0300, four hours before your regular shift is supposed to start.
- Working a second shift through the night for a total of 16 hrs. (and then get rewarded with a threatening red note on your windshield).
- Working on your day off to cover sick calls and vacations.
- Going to meetings and working on task forces on your day off.
- Being involved in your community explaining to the voters why we need to pass a hospital initiative.
- Etc. Without employees going above and beyond the call of duty EVERY DAY, this place would not function as well as it does.

Yes, there is quite a bit of disruption around the hospital because of all the construction. The neighbors may be inconvenienced. It happens when

construction is going on. There is no law forbidding the public to park on city streets. As a matter of fact, it has been common practice in Mt. Vernon for anybody to park anywhere there are no “No Parking” signs. The hospital had no business trying to give away something that wasn’t theirs to control.

**THESE ARE OUR PUBLIC STREETS.**  
We also are taxpayers paying for this hospital.

**Other Issues:**

- Parking is at a premium. I suggest we re-examine the allocation of spaces.
- Carpool slots are left empty every day. Nursing hours are so erratic, I don’t even carpool to work with my wife. There is no telling when our shifts might finish. (Working late — the Good Neighbor thing again). Carpoolers already have the luxury of stable shifts and reduced driving expenses. Why must there be chronically empty spaces to honor that, when other staff have work related challenges that should be recognized (but aren’t)?
- “Employee of the Month” probably works about 20 shifts in a month. For 70 shifts a month that slot will be empty.
- Dialysis lot has about 20 spaces allocated to patients, but never have patients used more than 12 of those spaces at one time. Wound Clinic parking needs should be evaluated as well.
- Some staff have health needs that make parking far from the hospital a painful grind. In my case for example, I don’t want to use a Handicapped Space that someone in a wheelchair might need, but because of hip arthritis, walking even short distances can be excruciating. There are other employees with medical

limitations who are able to perform their jobs, but find a long walk to be a very unpleasant experience.

**Conclusions and Suggestions:**

In other hospitals I have visited, there is zero consideration given to patient, staff, or visitors with respect to parking. If you do not have a handicap sign, you compete on an equal footing with everybody else. You could make the argument that we are a more neighborly small hospital and we prefer to allocate some parking to visitors. OK. But has any body figured out how many visitors we have? How many of them are just as able bodied as the staff? Do we have an adequate number of handicapped spaces? It appears to me that we do.

Show respect for the taxpayers and staff by dropping the threats. Staff that are respected and valued will WANT to be part of a cooperative team. It takes LEADERSHIP and TIME to accomplish this but you can catch more flies with honey than you can with vinegar. Has the “Win-Win” philosophy died?

Employee of the month, staff on light duty, somebody with a sprained ankle, etc., all can have a dashboard card given out by his/her manager and park wherever is convenient. Or drop the parking restrictions altogether. I’d like to hear the rationale as to why the staff are less valuable than the visitors. If these values are articulated well and are convincing, the individual (respected) employee can make a responsible decision on where to park on a particular day.

Big changes are coming with this new hospital. For our future to be bright, everybody needs to be pulling together in the same direction. The high-handed, one-sided way the parking situation is being handled does not bode well for our future. This is a golden opportunity for all of us to revisit our win-win philosophy and cement a

working relationship that is less confrontational and more productive and positive.

## **DUES, DUES, AND MORE DUES!!! WHERE DOES MY DUES MONEY GO AND WHAT'S IT DOING FOR ME?**

*Hanna Welander, BSN RN  
WSNA Nurse Representative*



This is always the question, and a good and fair question it is. In this article, I would like to help you understand more clearly where and how your dues money is used. First, it is important to mention that 4% of your dues comes back to you in what is called your local unit funds. WSNA is the one of the few unions that does this. Each facility represented by WSNA has a local unit fund, and that money is managed by your local unit officers and is used for the local unit. A few examples would be:

1. Mailing costs such as newsletters and postcards announcing meetings, and classes.
2. Nurses week -- Your local unit officers decide how to best use the money to celebrate nurses.
3. Meetings or classes: provides food and drinks when we have these activities
4. Educational opportunities: Used by your local unit officers and unit representatives to attend WSNA, ANA and UAN sponsored events.

The other 96% of your dues is divided in many directions. First, as a member of WSNA, you also are a member of American Nurses Association (ANA) and a fee is paid to this organization. ANA is the nation division of your professional association and your dues help support their work. One of the important things ANA does is to provide research on various issues affecting nursing today. An example would be studying the effects of nurse fatigue created by working

12-hour shifts or overtime and the increased potential for medication errors. ANA also lobbies the federal government to protect the rights and safety of patients and nurses. An example of this would be a regulation put in place to prevent needle stick injuries. Your hospital did not provide a needleless system out of the goodness of their heart. This is but a snapshot of all the work ANA does, but for more detailed information, please go to their website at [www.ana.org](http://www.ana.org) and learn how you can be involved.

Being a member of WSNA also makes you a member of United American Nurses (UAN). This is your national union, which is the largest national union of RNs in America. A fee is also paid to this organization. UAN represents over 100,000 nurses nationally. Together with all those voices they work towards common goals, such as patient safety, and better wages and working conditions. In unison with your state association and the AFL-CIO, the UAN works to organize nurses so that our voices can be heard, louder and stronger. Just imagine how strong we could be if every nurse in America belonged and participated in some small way. Please visit their web site at [www.nursingworld.org/uan](http://www.nursingworld.org/uan) to learn more.

A third fee is paid to your district nurses association (Skagit's is District 16). Districts support nursing in their own community by providing scholarships and develop special interest groups. Each district sets it's own dues and as a courtesy, we collect that for them. If you are not aware of your district activities give us a call and we can put you in touch with them. This is another opportunity for nurse to actively participate.

The remainder of your dues goes to support WSNA. It pays the wages of the attorneys who with your help and input negotiate your contracts. The attorneys deal with contract maintenance through the

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arbitration process. A recent example of this is the Virginia Mason flu shot arbitration that has been in the news. WSNA fought for and won the right for nurses to keep their jobs at Virginia Mason. This decision affects all nurses, even nationally. WSNA lobbies in the state government for nursing concerns, such as the mandatory overtime law. Your dues also pay my wages, and I am always available to you for help in enforcing your contract, answering your questions or helping you with any problems or concerns. I can only scratch the surface when talking about all the services that, together with your voice and participation, we can and do provide for nurses. Please visit the website [www.wsna.org](http://www.wsna.org), call me at (800) 231-8482, Extension 3035. You can also come to our office at 575 Andover Park West, suite 101, Seattle WA, for a tour. You are always welcome.

Now, let's talk about those dues increases. Unlike most other unions, each member of WSNA throughout the state has an opportunity to vote for or against all increases in your dues. Each quarter, (April, July, October, and January) you receive a publication called the Washington Nurse. In October of 2002, January 2003 and April of 2003, the Washington Nurse published an article explaining the process of dues increases that was to be voted on by the membership. Along with the articles, many informational forums were held throughout the state for nurses to attend and hear this information. In May 2003, a ballot was sent to all members to vote for or against the dues-increase proposal. The measure passed overwhelmingly and the process was put in place.

What is the process? Each year, all the wages at the Step 5 level for each bargaining unit are added together, averaged and a percentage of that amount is what the WSNA base dues will be. Add to that the ANA, UAN and district amounts we pay to

them, and you have the total dues package. Remember YOU are WSNA and YOUR participation matters. I work for WSNA, but my union is the Teamsters. As a member of the teamsters, I can tell you I pay \$74 a month to belong. Is it worth it? YOU BET! Not because we have work issues, but because I believe belonging to a union is the most effect means of having a voice regarding my working conditions. Also, I believe in supporting labor as a whole, and we are all labor whether we are educated in a particular profession or not.

We are responsible to you, our members, for the care and stewardship of your dues money. The Board of Directors, elected by you, has fiduciary responsibility for the entire Association. The Board also hires the Executive Director, currently Judy Huntington. Elected officers decide the direction of the Association with input, both directly and indirectly, for the entire membership. It is the responsibility of the membership to actively participate. In your last newsletter I wrote about participation and how that might look, for each person it could be different. WSNA depends on its members input to drive the direction your Professional Association will take.

#### 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](mailto: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.***