

# WSNA/SKAGIT VALLEY HOSPITAL

Washington State Nurses Association

## LOCAL UNIT NEWSLETTER

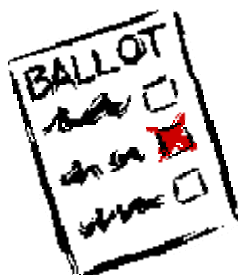
August - September 2005

### WSNA/SVH elects Local Unit Officers. Congratulations!

**Kaaren Torgeson,**

**Co-Grievance Officer:**

Kaaren works day shift on 1NW. Kaaren stepped forward and served in an appointed term until this year's elections. The Co-Grievance position was vacated late in 2004. Kaaren was a negotiation team member during our contract negotiations and also attends Conference Committee meetings.



**Jammie Jenkins, Secretary,** works as a Float RN, primarily day shift. Jammie also stepped forward and served in an appointed term as well until this year's elections, because the Secretary position was vacated late in 2004. Jammie was a negotiation team member during our contract negotiations and attends Conference Committee meetings.

**Julia Weinberg, Co-Chair,** was elected for another two-year term. She works in the PACU on the evening shift, 4 PM to midnight.

We appreciate all of our bargaining unit members who took the time to vote for these staff nurses who are willing to serve as leaders for our WSNA/SVH membership

### Officers Continuing Until 2006

**Tim Davis, Co-Chair**

**John Tweedy, Co-Grievance**

**Tom Nyland, Treasurer**

**Marsha Leigh, Co-Membership**

**Kathy Brown, Co-Membership.**

### New Contracts have been Mailed

WSNA/SVH Contracts have been mailed to each WSNA/SVH RN the week of August 11<sup>th</sup>. If you have not received a copy; please notify one of our Local Unit Officers and they will get you copy. You will also be asked to fill out a WSNA change of address form to update WSNA records, to make sure you do not miss anything else that your local unit officers mail to you. That will also update your address with the ANA or the UAN.

### Ad Hoc Staffing Sub-Committees

The Ad Hoc Sub Committees for 1NW and 2NW have met. The committees have developed their first pilot projects to address the staffing concerns that your negotiating team brought to the table during contract negotiations. We succeeded in obtaining the Memorandum of Understanding (MOU), located on page 53 of our new WSNA contract. This is to give the staff nurses on each of the affected units and on each shift the opportunity to make positive changes.

2NW began their pilot on August 15<sup>th</sup> and are conducting a trial to change roles for the Charge Nurses and CNAs.

1NW is preparing to begin their pilot after Labor Day. They too will be conducting a trial of the changes in roles for Charge Nurses and CNAs.

Each pilot is to run for one month and will be evaluated by each of the sub-committee. Each sub-committee will then make their recommendations to the Conference Committee. In the

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MOU there are at least three criteria that must be met: 1) improved patient satisfaction; 2) improved nurse satisfaction; and 3) decreasing incremental overtime which will pay for the additional RN staff time in their staffing models. (Incremental overtime is considered to be around 15 minutes here and there, not being able to take lunch breaks, and nurses needing to chart after their shift is over.) Emergencies are one thing that can put the fly in the ointment; however, the above is not related to emergencies day-to-day and shift-to-shift.

What the ad hoc committee is unable to address at this point are the patient flow issues that were identified during contract negotiations. We will develop another sub-committee from Conference Committee. Let us all help and support 1NW and 2NW as they work with the changes they have proposed and go through these trials for improving conditions for patients and nurses.

### **Skagit Valley Hospital Survey**

The survey gave us all an opportunity to go on-line to fill out the survey and answer the questions of how are we doing and what we need to improve. There will be employee forums to share the results with us later this year.

If there is need to further focus on some of the survey results, there may be focus groups created. Stay tuned.

***Thanks everyone who took the time to fill out the survey and give your input about how we are doing and what can be improved at SVH.***

**REMEMBER to PARK in the DESIGNATED AREAS for EMPLOYEES during construction of our hospital expansion.**

### **Contract Mini Education**

**Article 13.5 Education Time** *Regular full-time and part-time nurses shall be provided at least twenty-four (24) hours of paid education time per year for purposes of attending educational meetings (excluding Employer-mandated education/training times) approved by the Employer, such as workshops, seminars, and educational programs; provided the number of nurses wishing to attend does not jeopardize the hospital service. The term “educational meetings” is defined as those conducted to develop skills and qualifications of nurses for the purpose of enhancing and upgrading the quality of patient care and shall not include any meeting conducted exclusively for the purposes relating to labor relations or collective bargaining activities. Upon request, nurses certified by ANA or a specialty nurse organization who are working in the area of their certification shall be provided an additional sixteen (16) hours of paid education time per year pursuant to the provision for the purpose of attending educational meetings directly related to their certification. Nurses are encouraged to attempt to find their own replacements to attend approved educational offerings. However, approval for requests made in a timely fashion should not be contingent upon nurses first finding their own replacements.*



**Article 8.7 Certification Premium:** *SVH values the contribution of nurses who receive their certification and desires to provide funds for such nurses to use to attend continuing education offerings and to pay for other costs associated with maintaining their certification. To this end, nurses certified by ANA or a specialty nurse organization who are regularly scheduled to work in the area of their certification shall receive a premium of \$1.00 per hour.*

**FYI: The following information was omitted from our new current contract and will be added.**

A nurse shall be eligible to receive only one (1) one certification premium at any given time.

### **Article 13.5.1 Budgeting**

*In an effort to ensure that all nurses have access to education funds on a reasonably equitable basis, beginning with the budget process for the SVH fiscal year commencing January 1, 2003, the following process will be used to allocate registered nurse continuing education funds: After determining the amount of funds for workshops/conferences (excluding tuition reimbursement) that will be made available to registered nurses as a whole, SVH will allocate those funds equally to departmental (unit) budgets based upon the number of registered nurse FTEs in the department compared to the total number of registered nurse FTEs at SVH at the time the budget item is determined.*

### **What do these articles mean to you as an RN here at Skagit Valley hospital?**

You have three paid days a year to spend on education that is appropriate for your clinical area of work. If you get certified in your clinical area you get an additional two paid education days a for total of five per year . You will receive a premium of an additional \$1.00 per hour as you work your FTE or more.

For someone who is full time, for example, and is paid \$25.38 at step 4 and who works 40 hours a week or 80 hour every two weeks, they will receive an additional \$80.00 per pay period. There are 26 pay periods per year, which would equal approximately \$2080. These dollars are to be put towards the tuition and other costs for attending educational and certification seminars/classes. You will also be on paid time to attend per your FTE.

During the budget process SVH designates an amount of money to be used for

RN education. These funds are then allocated to each department per their RN FTE. So depending on the number and size would receive varied amounts.

So for example: let's say that we have a bucket of dollars based on \$100 per FTE. We have 200 RN FTEs, so the bucket is worth \$20,000 dollars. This amount is then allocated based on the department's FTEs. If we have ten 10 departments, all could vary in size, like a small unit such as IV Therapy who may have only 5 FTEs versus a larger department, let's say the OR which may have 50 FTE's.

The amount is then divided up based on the FTE count. Units and managers have built some flexibility into this process, so be sure to ask your manager about educational funds.

### **FYI**

Each nurse receives three paid education days a year. If a nurse has certification they receive an additional two paid education days a year and receive the additional \$1.00 certification premium to their hourly rate of pay.

We hope this has been helpful to you to understand how our Education Time, Budgeting and Certification Premium are applied. For any questions or concerns, please call your WSNA Nurse Representative, Hanna Welander at 800-231-8482 ext.3035.

### **Low Census/Standby/Callback**

We have heard nurses want clarification regarding the new language of Article 8.5.2 (page 14) which was implemented the first full pay period in August 2005.

This new pay practice will be applicable to nurses who are put on Low Census and they have standby attached to the low census hours of the shift.

If you are not put on standby when you are put on low census, you are then considered to be released from your obligation to the hospital for that day.

When you are called back to the hospital while on low census, you will then be paid for your entire shift as if you had worked it, even if you only work one or two hours. **When the hospital presented this proposal to us during negotiations, they indicated that this method would be more cost effective than paying time and a half (1 ½) for being called back on low census standby. We will determine that as time goes on.**

However, per Article 12.2 (page 22) the low census language still applies. Volunteers will be sought first for Low Census, with or without standby. Low census is to be rotated equitably among all nurses, where skills, abilities, experience, competence or qualifications are equal. The order in which low census is to be distributed is: 1) registry, 2) overtime or double time, 3) volunteers, 4) per diem, 5) part-time staff working extra shifts. Low census hours will be tracked by the employer, but if nurses believe they have reached their cap of 48 hours, it is your responsibility to notify the person assigning you low census.

We hope this helps to clarify any questions about this new language and pay practice. Please be patient as we learn and grow with this new language over the next few months. If there are any other questions or concerns about this or any other contract article please contact one of your Local unit officers or your WSNA Nurse Representative, Hanna Welander, at 800-231-8482, Extension 3035.

### **Book Review** **by Julia Weinberg RN**

I just finished reading the latest book by Suzanne Gordon, **“Nursing Against the Odds.”** She delves into the why and how of nursing, and how early in nursing history, nurses were set up to be limited in their significance and importance. This is unlike medicine that has been, and today is, still

considered more important and significant when it comes to health care delivery.

The author really hits hard on the issues surrounding restructuring of the healthcare delivery systems, HMOs, business-driven models for hospitals, and how nursing has been greatly impacted along the way during these and the many changes in healthcare.

I had a hard time putting this book down.

I found myself remembering much of what we had encountered right here at Skagit Valley Hospital during our own struggles with the changes, restructures, and lay-offs in the 1990s.

In the end there is no single solution to fix the issues facing nursing and the crisis of our healthcare system. Ms. Gordon suggests, and I strongly believe and agree, that it should be all of the nurses, 2.6 million of us, here in the United States. Nurses should be the ones to take on this challenge of the crisis in healthcare and focus on a long-term solution.

With one strong voice NURSES will be heard and it will be NURSES who do and will make the difference.

Reference: Gordon, Suzanne. *Nursing against the odds: how health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care.* Cornell University Press, New York, 2005.

### **WSNA Leadership Conference** **2005 in Chelan**

The dates are September 25 through 27. You can go to the WSNA web-site at [www.wsna.org](http://www.wsna.org) and download the registration form. Attending a WSNA-sponsored event can be paid by our local unit dues to help defray costs. If you are interested in attending, see one of the local unit officers for more information.

## UPCOMING EVENTS and MEETINGS

### *2005 LEADERSHIP DEVELOPMENT CONFERENCE* *LAKE CHELAN, WA*

*September 26-27, 2005*

### Local Unit Officers:

Timothy Davis, Co-Chair (360) 428-0268  
Julia Weinberg, Co-Chair (360) 766-6576  
Jammie Jenkins, Secretary 424-9022  
Thomas Nyland, Treasurer (360) 387-2873  
Daniel Dempsey, Grievance Officer (206) 724-3313  
John Tweedy, Grievance Officer (360) 387-3323  
Marsha Leigh, Membership Officer (360) 428-4062  
Kathleen Brown, Membership (360) 424-1556

### Local Unit Nurse Representative:

Hanna Welander, BSN, RN  
1-800-231-8482, x 3035

### *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.*