

local unit Newsletter

**WSNA Local Unit
UNIVERSITY OF
WASHINGTON MEDICAL
CENTER**

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Local Unit Officers

Steve Krauss	Chair
Harry James	Treasurer
Anita Stull	Secretary
Ed Enright	Grievance
Kathy Higgins	Grievance
Maryka Yamada	Membership

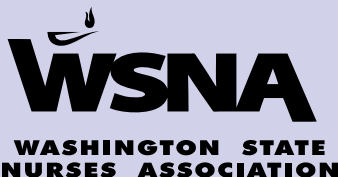
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WSNA Web Site

www.wsna.org

*The Oldest and Largest
Union Representing
Registered Nurses in
Washington State*



Notes From The Chair

By Steve Krauss, RN, CNOR, UWMC Local Unit Chair

Greetings to all nurses! With the vernal equinox occurring, Seattle Spring will be arriving soon. There have been some exciting developments and changes that you need to hear about.

First – there have been some shifts in leadership for the local unit. I am chairing the local unit. Previously I was a Grievance Officer. I am a RN2, working day-shift Friday-Saturday-Sunday in the Main Operating Room. I may be contacted at catbert@oz.net for any questions you have. Harry James, our outstanding Chair for many years, is now Treasurer. Keith Koga, the former Co-chair left UWMC and the bargaining unit. All of the officers miss Keith and hope he returns in the future. Anita Stull is now the Secretary, formerly Secretary-Treasurer – and continues to provide outstanding input and support to all of the nurses in the bargaining unit. Maryka Yamada is the Membership Officer, and is doing a great job recruiting new members and meeting new nurses at orientation. Kathy Higgins and Ed Enright are the new Grievance Officers, and are also doing a great job in a role quite new to them.

The contract between the nurses and UWMC must be renegotiated every two years, and this is the year we accomplish that task. We need ALL of you to go online and complete the member survey, please. This is critical to our development of priorities for negotiations. Please, everyone, complete a survey. The link is <http://www.wsna.org/survey/survey-uwmc.asp> - it must be completed in one 'sitting', but takes from 5 to 15 minutes to complete. You need your Employee ID number (it's on your ID badge) to take the survey, but this information is NOT shared with anyone. Thank you in advance for taking time to tell us what's important to you in the new contract.

There has been an ongoing grievance concerning limits to Straight and Overtime Compensatory Time (7.3.1 in the contract), filed by nurses in Surgical Services – the Main OR and Main PACU. This grievance was filed in September 2006 and went all the way to arbitration. The exciting news is that WSNA WON THE GRIEVANCE!! This means that ALL nurses in the bargaining unit – classified RN2s and RN3s – may have 40 hours of Straight and Overtime Compensatory Time on the books at any time, and this may NOT be limited by management. As always, this comp time bank is paid out on June 30 of each year. This does not affect Holiday Comp Time, a separate part of the contract, and one that was not in dispute.

If you want to be part of the upcoming contract negotiations, you must attend the Local Unit prep sessions as well as the WSNA prep sessions with the lead attorney. Information about the dates, times and places of these sessions, as well as the negotiation sessions with management, are posted on the UWMC page at www.wsna.org. You must be a member in good standing of WSNA to be part of the negotiating team AND to vote on the proposed contract. Membership information is also available at www.wsna.org. It is vital that nurses join the union now to show support for WSNA during contract negotiations. Your membership is your vote in favor of the local unit and what we do for you and your patients. If you are not yet a member, please join today.

Letter From Michelle Reesh



Will you be a member of "Gen Next"?

I recently sat in a Tacoma hotel ballroom listening to the leadership of the Washington State Nursing Association discuss the need to set the goals for the next two years of professional leadership activities. During the biannual convention I heard about the work the organization has done in the past two years. We broke into small groups to brainstorm priority agenda items for the next two years. We talked about nurse and patient safety, disaster preparedness, nursing education and the nursing shortage, the work environment and potential hazards including workplace violence. We shared experiences and concerns about the future of our healthcare system.

I felt honored to be part of this discussion and I felt welcomed by the more experienced nurses in the room. One thing that struck me was a sense of frustration these men and women had about where the next generation of nurses wanting to be leaders and advocates for our profession were. Newer nurses (and younger ones) were in the minority in the room, yet I know that we have much to offer in the way of good ideas, desire for positive change, and energy to participate.

A majority of nurses in the room were long-term career nurses who had seen our profession shaped and changed through actively educating legislators and regulators about what nurses do and are capable of doing. They have seen nursing mature as a profession to one that works **with** not **under** a medical team. They have led the way for nurses to function as fully independent providers at the practitioner level. They continue to research best practices and ensure what we do is evidence based. They have been leaders to advocate for better working conditions and patient/nurse safety legislation. They are working to elevate the stature of nursing as a profession in the mind of the general public and recruit new talent to address the nursing shortage.

While these people are certainly leaders in our state, they are not super heroes. They are like each of us... they work, have families, and community commitments. They are nurses committed to our profession who have volunteered to make a difference for each of us. Here are some ways we can join with them and become part of the next generation of nursing profession leaders.

- Educate yourself about the issues and discuss items you care about with your colleagues.
- Volunteer your time in the community as a resource and be an example to the public about the profession of nursing – their primary source of information is the entertainment media.

- Be a leader and participate in a committee on your work unit or in the local bargaining unit.
- Contact your state and national legislators to let them know how you want to be represented and what is important to you.
- Join the Washington State Nursing Association by becoming a member and strengthening the professions ability to influence the legislative agenda at the state and national level.
- Attend WSNA committee meetings or the next conference and find out how you can help shape the future of our profession. Check out www.wsna.org for more info.

Organizing Our Local Unit

I have been doing internal organizing work at the University of Washington for over a year and I am happy to report we are making good progress. Our membership numbers are increasing and we have members stepping up to the plate to volunteer their time in Unit Rep and Local Unit Officer positions.

As we move closer to negotiations it will be more important to fill the remaining Unit Rep positions. The Unit Reps will be critical to getting updates and negotiation information posted and communicated to the rest of the bargaining unit.

We have vacancies to fill. It is not hard or time consuming. You don't need to know the answers to questions you just need to know who to ask. Please let me know if you are interested in learning more about this: jbussert@wsna.org

Vacant Positions: All Pavilion outpatient clinics, 1st 2nd and 3rd floor med center clinics, 5NE, 6NE, 8NE, 8SE, 4S, 5S, 5E, 6N, 6E, 7E, 8S and all areas of the Roosevelt Clinic. Jan Bussert, WSNA Nurse Organizer

ADO Forms

The Assignment Despite Objection (ADO) form is a tracking tool that is used by WSNA and nurses at University of Washington to monitor unsafe assignments. If you are assigned a patient load that results in you not being able to provide safe nursing care for your patient, there are three steps you should follow. First, speak with your immediate supervisor, charge nurse or AMN. If nothing is done within 10 minutes (either a plan is in place, a resolution is made, or a re-assignment is done) then you should fill out an ADO form. You should make two photo copies of the original form. The white copy goes to your local unit officer. The yellow copy goes to yourself and pink copy goes to your supervisor or manager. One of the photo copies should be mailed to the WSNA office, attention to Christine Himmelsbach, RN, MN, Nurse Representative.

The address is available on the WSNA.org website. Keep one of the photocopies for your records.

At conference committee each month, these ADOs are reviewed, and the local unit seeks resolution to the situation. It also allows us to track areas that seem to have a difficulty making appropriate assignments, as well as track units that are frequently operating short staffed.

You will not get in trouble, or be disciplined for following this process. It is used for patient and nurse safety. Some of the reasons to fill out an ADO after following the steps above, are: if you are assigned too many patients, too many fresh post-op patients, or if you are given an assignment where you have several isolation patients that is not safe, or any reason you feel that an assignment places patients in jeopardy of safe care. For any reason, if you experience unsafe staffing, fill out one of these forms, and follow the steps.

This is the only way we can make changes, by showing trends, and specific incidents we keep our patients safe. Together, we safeguard your license, as well as prevent your personal injury. If you are assigned an inappropriate patient load, you are at a higher risk of a personal on-the-job injury.

You can get an ADO form by contacting your unit rep, a local unit officer, or the WSNA office at 206-575-7979, ex. 3034. Timeliness is very important. We know that when your assignment is too heavy, the last thing you want to do is to fill out another form. This is, however, just one way that we can make changes, and make a difference!

Nurse Staffing Bill Passed Legislature

March 10, 2008



The Safe Nurse Staffing Legislation (House Bill 3123) passed the Legislature with near unanimous votes. Governor Gregoire is expected to sign the bill into law. Highlights of the new law will include:

- Each hospital, by September 2008, 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.
- 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.

Ensuring safe nurse staffing has been a top priority for WSNA for the past several years. A growing body of research confirms what we all know, that the care provided by registered nurses has a direct impact on quality of hospital care and patient safety. Nursing care requires continuous patient assessment, critical thinking and expert judgment, advocating on behalf of our patients, and educating patients and their families. Those activities are the essence of nursing care and are critical factors in avoiding preventable complications, injuries and avoidable deaths.

Here are the Facts:

- In a major study, risk of patient mortality within 30 days of admission among surgical patients was found to increase by an average of 7% for every additional patient in a nurses' patient assignments
- Inadequate staffing was found to be a contributing factor in 24% of all unanticipated events that resulted in patient death, injury, or permanent loss of function
- A higher proportion of hours of registered nursing care per day are associated with better outcomes for hospitalized and these outcomes can result in significant cost-savings to the system.

Over the past year, WSNA has collected and synthesized the evidence-based data on nurse staffing, conducted nine regional workshops across the state on the history and development of the nurse staffing outcomes data, our proposed legislation and the legislation and regulation being considered and passed in other states.

WSNA has been working very hard throughout the past year to educate our members, our legislators and our former opponents about the important evidence-based impact of nurse staffing on patient safety and nurse retention and satisfaction. Since last fall, WSNA has been engaged in a mediated process with the Washington State Hospital Association, the Northwest Organization of Nurse Executives and the other nurse unions on the critical issue of nurse staffing.

In addition to the jointly supported legislation that passed in 2008, the collaboration with the stakeholders also includes a Memorandum of Agreement that includes the following ongoing work and discussions on nurse staffing:

- Establishment of a Ruckelshaus Steering Committee composed of two representatives each of WSHA, NWOE, WSNA, SEIU, and UFCW.
- Dialogue through October of 2008 on minimum nurse staffing standards and public disclosure of nursing sensitive quality indicators.

- Conduct a survey of all hospitals to compile the nursing sensitive quality indicators currently collected by hospitals. Based on the results, selected those most meaningful for hospitals to share with the staffing committee of the hospital and the Ruckleshaus Steering Committee.
- Develop a process to identify, standardize, and collect at least five nurse sensitive quality indicators to be collected by all Washington hospitals.
- Pilot project of an immediate staffing alert system designed to address real time staffing concerns in several Washington hospitals.
- Establishment of an advisory committee to support the work of the staffing committees in hospitals. The committee would compile nurse staffing guidelines; collect, develop, and disseminate materials; serve as a resource and collect best practices; and recommend and provide training for nurse staffing committees.
- Jointly urge the Washington State Department of Health to include nurse staffing information on the state's adverse events reporting form in order to examine the impact of nurse staffing on the adverse event.

Got Break?

Short Staffing = No Breaks = Unsafe Patient Care

The issue of meal and rest breaks has plagued nurse for many years. It has never been about nurses not wanting to take their breaks. It is about real concerns related to staffing and the ability to provide **SAFE** Patient Care. It is about hospitals having enough **STAFF** to meet the requirements of the law to provide rest breaks.

Missed meal and rest breaks have a direct relationship to short staffing which can lead to unsafe patient care. Missed meal and rest breaks are a direct result of the lack of commitment to provide adequate staffing. Missed meal and rest breaks force you to work exhausted and lead to increased medical and medication errors, thus putting both Your Patients – and YOU – in jeopardy.

We don't think it is unreasonable to expect to be able to stop and rest for 15 minutes every 4 hours.
DO YOU?



As A Registered Nurse Working In Washington:

DID YOU KNOW?

- You are entitled to an unpaid meal period of one-half (1/2) hour if you work five (5) or more hours.

- You are entitled to one (1) fifteen minute break halfway through every four (4) hours of work.
- You are entitled to compensation if you are required to remain on duty or in your unit during your meal period.
- You are entitled to compensation for your missed rest breaks.
- Short staffing results in you not getting your breaks and in unsafe patient care.

WSNA IS FIGHTING FOR YOU!

- Filed grievances at numerous facilities on missed breaks, Settlement reached at Virginia Mason Hospital and St. Joseph Hospital in Bellingham.
- Won Arbitration decisions on missed breaks at Sacred Heart Medical Center, Yakima Regional Medical & Heart Center.
- Pursuing the Department of Labor & Industries to change State Regulations on missed Breaks for Nurses.

WHAT YOU CAN DO!

- **Follow your contract**, if you miss your meal/break period, document on your time card and keep your own personal record of missed breaks.
- **Complete an ADO form** and distribute to your manager with a copy to your local unit chair and your WSNA Nurse Representative
- **To file a complaint with L&I**, notify your Nurse Representative at WSNA for the paperwork and instructions. You can also go directly to the L&I website by following this link: <http://www.lni.wa.gov/Forms/pdf/700027af.pdf>
- **Complete the Missed Break Survey we are conducting right now. You should have received a survey, along with a self addressed stamped envelope in the mail. This survey represents WSNA's efforts to collect back-pay for UWMC registered nurses who have missed their breaks. We are currently in the process of a grievance that includes our demand to UWMC to pay nurses who have missed their breaks. We need your information and documentation to complete our requests for back-pay. Our hope is that administration will, from this point forward, provide appropriate staffing and processes to allow RNs to get their breaks and lunches as defined by law!**

What Has WSNA Been Doing For You?

1. Prevailed in Arbitration of grievance filed by WSNA for violation of comp time.
2. Preparing for your upcoming Collective Bargaining Agreement Contract Negotiations.

3. Filed and are currently working through several grievances for discipline without just cause.
4. Filed and are currently working through numerous grievances for violation of pay practices.
5. Provided union representation for nurses in several discipline meetings, helped avoid discipline action.
6. In process of Mediation of grievance filed for missed breaks
7. Initiated and representing nurses in negotiations of clinic re-organization.
8. Represented nurses in management meetings held to resolve payroll dispute/audits.
9. Participated in multiple Local Unit meetings.
10. Attended all UWMC New Hire Orientations.
11. WSNA Annual Leadership Conference.
12. Attended Regional Local Unit Council meetings.
13. Provided Local Unit Representative training sessions.
14. Planning to attend WSNA Grievance Training class in April
15. Hosted several Local Unit Rep Conference Calls.
16. Committee Presence:

In addition to the activities and work listed above, WSNA and your Local Unit Leaders work for you by being your *voice* in the following committees:

Conference Committee: Committee is comprised of WSNA Local Unit Leaders and Hospital Administrative Leaders, to include Chief Nursing Officer and Labor Relations Director –Nursing representatives include Steve Krauss, Anita Stull, Harry James, Maryka Yamada., Kathryn Higgins, Ed Enright. Purpose is to identify, discuss and find solutions to nursing practice and work environment related issues and concern. Meets on a monthly basis, except during negotiations. See your contract, Article 15.1

UW Transportation Committee- WSNA representative April Millar has a seat on the UW committee, see Article 10.11 -

Health and Safety Advisory Committee- WSNA representative Tara Goode sits on this committee and reports back to the local unit officers. See Article 11.1.4

Professional Practice Council-Michelle Reesh Article 15.2

Safe Patient Handling Committee – Tara Goode is coordinating organization of this work; watch for more information.

Surgical Sub Committee - Meets to address and resolve issues specific to Surgical Services, including main OR, Pavilion Surgery Center and Roosevelt Surgery Center. Members include Steve Krauss, Harry James, Gale Ulhencott, Brian Greene, Kristy Welles, Labor Management, and Surgical Services Management. See Memorandum of Understanding Surgery and Recovery Subcommittee in the Appendix of 2007-2009 contract.

WSNA/UWMC 2008 Negotiations Have Begun!

Contract negotiations are coming. What are your top priorities for the next contract? Go to our website at wsna.org, follow the link to “local unit” and find UWMC webpage. There, you will find the Negotiation Survey. Please complete it today, so that we can negotiate more effectively for the things you care most about.



Your current negotiating team members are:
 Steve Krauss, RN, OR, LU Chair, catbert@oz.net
 Harry James – OR, LU Treasurer - hejames_99@yahoo.com
 Anita Stull - 7 North Inpatient Psych - LU Secretary - astull@u.washington.edu
 Tara Goode - Unit Rep, 5SE - tbragg@hotmail.com
 Christine Himmelsbach - WSNA Nurse Representative - chimmelsbach@wsna.org
 Sonia Nelson, 8N - Inpatient Rehab - Soniasn7@aol.com
 Tana P. Irish, 8NE HSCT/ Oncology ICU - tana@u.washington.edu
 Sherri Burch, 6S OB/GYN - burch@tscnet.com

We are looking to add members to our negotiating team NOW! We have over 1,250 RNs in our bargaining unit and NEED TO HAVE a wide-spread representation from all areas of the hospital on our team. If you are interested in learning more about how you can help, please contact one of the team members listed above, or by contacting your unit representative.

Up Coming Events

April 9, 2008

Everything You Wanted Know about a Grievance and More!

May 6, 2008

**WSNA Centennial and Hall of Fame Gala
Seattle, WA**