

local unit Newsletter

WSNA Local Unit Central Washington Hospital

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Local Unit Officers

Nancy Biddle	Chair
Diane Mitchell	Treasurer
Tamara A. Jones	Grievance
Trisha Ward	Grievance
Lorna Sebastian	Membership
Carolyn Galloway	Coordinators

WSNA Nurse Representative

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WSNA Web Site

www.wsna.org

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



**WASHINGTON STATE
NURSES ASSOCIATION**



Note From The Chair

Nancy Biddle, RN, Local Unit Chair

There are so very important issues before us. We need nurses to step up and be counted. Be on committees and give us input. COME TO The Meetings!!!

Local Unit Meetings- First Monday of every month at 1 PM. Please put this on your calendar! This meeting is held prior to Conference Committee. If you have issues you would like brought to Conference Committee, contact one of your Local Unit Officers.

Local Unit Officer Vacancies

- After many years of faithful service to your Local Unit, Doug Landers resigned his position as Local Unit Co-Chair. We are very saddened to see him resign but wish him the best of everything! Doug has served as a leader in many roles over the years, both on the Local Unit level and at the State level.
- Kathy Noland has resigned from the hospital for personal reasons. She was our Local Unit Secretary. Kathy has served many years as a Local Unit leader. She was a key leader in organizing and serving at Cascade Medical Center. She has been a leader in contract negotiations. We will truly miss her strength and presence but wish her the best of everything!
- If you are interested in serving as a Local Unit Co-Chair or Secretary, please contact one of your Local Unit Officers.

Grievances

- We reached a settlement in our favor, just prior to arbitration for a nurse who was terminated.
- We settled a grievance regarding pay for a nurse at step one.
- We have met a tentative agreement on the mileage reimbursement process for the Home Health Nurses.
- There are presently several grievances in progress regarding floating issues, drug testing without just cause, low census (partial shifts), and disciplines.
- If you believe you have a grievance, the first step is trying to work it out with your manager. If the issue is not resolved to your satisfaction at that level, contact your Grievance Officer or one of the Local Unit Officers for advice regarding the issue.
- The grievance process is an important benefit of representation. Prior to filing grievances, we encourage nurses to try to resolve the issue. However, if you are not satisfied, you are not alone. Contact one of the Grievance officers or one of the Local Unit Officers.

Conference Committee – April 7, 2008

- Management informed the nurses that they were NOT to wear “Safe Staffing” buttons. We disagreed. (See an update below entitled *Sacred Heart Button Decision!*)
- We were notified of a planned restructure in the Oscopy Unit.
- **Safe Patient Handling Committee**-Chris Lease is asking for nurses who are interested in participating on the committee.
- **Nurse Staffing Bill**-Tracey opened discussion about organizing the Staffing Committee.
- **Rest Break Survey** results were given to management. (See the full results in this news letter!)
- Call back and shift differential was discussed. Based on some previous discussions, management made some changes based on prior discussions and interpretation of the contract. We discussed past practice and have tabled this for more discussion when Vicki McNatt can be at the meeting.
- May 5 meeting was canceled.

SACRED HEART BUTTON DECISION:

- May 20, 2008, the Ninth Circuit Court of appeals overturned the decision by the National Labor Relations Board regarding the WSNA/Sacred Heart decision that the nurses could not wear certain buttons in the patient care area. This is a significant victory, not only for Sacred Heart and WSNA, but all collective bargaining! What does this mean to you? **Wear your buttons!**
- Just a brief history regarding the issue. In 2003, Sacred Heart (the employer) told their nurses that they could not wear specific buttons. “RNs Demand Safe Staffing” and “Staffing Crisis-Medical Errors”. WSNA filed an UFL (unfair labor practice) and won. Sacred Heart appealed the decision and won their appeal. We appealed

that decision and on May 20, 2008, we heard the good news. So WEAR YOUR BUTTONS with pride!

- Check the wsna.org website for more information. If you would like a copy of the decision, email Carmen Garrison at cgarrison@wsna.org.
- If you are asked to take a button off, contact Carmen Garrison at WSNA.

GOT BREAK??

WSNA/CWHS Rest Breaks Local Unit Survey Overall Results:

1. I regularly do not take my breaks.
Frequently-47, Occasionally 25, Rarely 25, Never 0, No Answer 1
2. I am unable to find coverage (a qualified RN to watch my patients while I take my break).
Frequently 25, Occasionally 26, Rarely 32, Never 14, No Answer 1
3. We are too busy to take breaks
Frequently 51, Occasionally 33, Rarely 10, Never 1, No Answer 3
4. My charge nurse has too many responsibilities and is unable to make sure I get my break.
Frequently 26, Occasionally 23, Rarely 18, Never 3, No Answer 28
5. I do not document my missed breaks.
Frequently 29, Occasionally 13, Rarely 17, Never 9, No Answer 23
6. The present missed breaks documentation process is too cumbersome and time consuming.
Frequently 49, Occasionally 8, Rarely 10, Never 11, No Answer 34
7. The present process to get coverage/relief for breaks is too difficult.
Frequently 24, Occasionally 24, Rarely 18, Never 6, No Answer 26

8. What would be the best way to ensure your ability to take breaks?

Staff to include break relief nurse	45
Button on clock for missed break	1
Break buddy	3
Assign breaks and coverage	2
Adjust patient assignment to include acuity	3
Educate nurses on importance of breaks	1

9. What would be the best way to ensure that you documented your missed breaks?

Not require charge to cosign	1
Have the charge sign your form	3
Button on time clock for missed breaks	22
Missed break form by time clock	3
Just do it	4
No repercussions for missing break	3
Break log	16
Reminder at time clock	1
Education	1

10. What is the number one reason you typically miss your breaks?

Staffing, not enough	13
Busy Shift	3
Bad timing for break	1
Too busy	49
I feel as though I cannot leave my patients.	3
Patient safety	6
Patient assignment	6
Not offered	2
Critical patients	3
Will get behind on work	2



11. What is the second most common reason you miss your breaks?

Not enough qualified staff	6
Staffing, not enough	27
Choose not to	5
Poor timing	1
Forget	2
Don't want to stay late	4
Increased paper work	6
Patient acuity and assignment	9
Too busy	14
Acute situations	1
Burden to coworkers	1
Not a priority	1

12. What is the third most common reason you miss your breaks?

Staffing	11
Organization of work	1
Choose not to	4
Patient acuity/assignment	6
Emergencies	2
Busy	9
Continuity of care	1
Habit/forget	7
Charting/paperwork	3
Timing of offer	2
Not offered	4

ADOs—Continue to complete ADO forms (Assignment Despite Objection) if you are given an assignment that you believe is unsafe or if you were unable to take your break. If you have any questions about ADOs, please contact your Local Unit Officers. If you do not have any forms on your unit, contact your Local Unit Officers.

Safety Committee-Contact one of your Local Unit Officers if you are interested in being on the Safety Committee! Chris Lease is looking for committed nurses to provide input regarding the type of lifting equipment to purchase and use.

Staffing Legislation-- The Safe Nurse Staffing Legislation (House Bill 3123) passed the Legislature with near unanimous votes, and Governor Gregoire has signed the bill into law.

Read more about this important and historic legislation that WSNA collaboratively and successfully influenced passage into law WA State law on the WSNA web site at www.wsna.org

Nurse Staffing Committee Composition:

By September 1, 2008, every hospital must establish a nurse staffing committee

The hospital can either create a new committee or assign the functions of a nurse staffing committee to an existing committee.

At least one-half of the members of the nurse staffing committee must be RNs currently providing direct patient care, to be selected by the WSNA Local Unit.

Up to one-half of the members of the nurse staffing committee will be hospital management representatives.

Staff nurses participation in the committee must be scheduled work time, compensated at the appropriate rate of pay, and relieved of all other work duties.

Primary Functions of the Committee:

Development and oversight of 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 and recommendations on nurse staffing.

Semiannual review of the staffing plan against patient needs and known evidence-based staffing information, including the nursing sensitive quality indicators collected by the hospital.

Review, assessment, and response to staffing concerns presented to the committee.

Role of Committee:

The Committee shall produce the hospital's annual nurse staffing plan.

If this staffing plan is not adopted by the hospital, the Chief Executive Officer must provide a written explanation of the reasons why to the Committee.

Posting:

Must post the nurse staffing plan and the nurse staffing schedule for that shift on that unit, as well as the relevant clinical staffing for that shift in a public area on each unit.

The staffing plan and current staffing levels must be made available to patients and visitors upon request.

Non-retaliation:

Hospitals may not retaliate or intimidate an employee for performing any duties or responsibilities in connection with the nurse staffing committee; or

Hospitals may not retaliate or intimidate an employee, patient, or other individual who notifies the nurse staffing committee or the hospital administration of his or her concerns on nurse staffing.

This is a golden opportunity for nursing professionals to collaboratively determine staffing needs and study the relationship between better staffing and patient/nurse retention outcomes in their own institutions.

It is a chance for the profession to more clearly articulate the difference that RNs make in the delivery of safe, effective and appropriate patient care.

This is also an opportunity to develop and groom tomorrow's nurse leaders as future nurse leaders.

The law specifies that at least ½ of the members of the committee must be staff nurses – which means we can have more than 50% but not less.

The law specifies that the selection of the staff nurses will be made by the local bargaining unit. There was much discussion around this issue and mutual agreement with the Hospital Association and Northwest Organization of Nurse Executives (NWONE) that nurses represented by a union will get to choose their own representation of staff nurses on the committee.

The law specifies that hospital administration can have up to ½ of the committee members, the hospital does not have a right to have more than ½ representation.

There are good reasons why there ought to be more staff nurses than administrators due to the critical need for staff nurse input from the variety of units at hospitals, especially in large institutions.

There is no specific size requirement to the staffing committees. At large facilities that may be upwards of 20 while smaller hospitals may have a committee of 4. In order to ensure success, WSNA should work with hospital administrators in deciding the size and composition of the staffing committee. For more information, check the wsna.org

UPDATE FROM NSO:

Your professional liability insurance premium may be classified as business expense, and may be fully deductible when filing taxes.

If you are employed, you may be able to report the expense as an itemized deduction under “unreimbursed business expenses” on Form 2106.

If you are self-employed, you may be able to report it on Schedule C (Form 1040). For details and eligibility requirements, your best source of direct reference would be the Internal Revenue Service (IRS) at 1-800-829-1040.

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2008 Local Unit Awards

**Presented by the WSNA Cabinet on
Economic and General Welfare**

The WSNA Cabinet on Economic and General Welfare is proud to announce the annual Local Unit Awards to be presented during the 2008 Leadership Conference on September 29, 2007 in Lake Chelan.

*This is your chance to nominate someone that you feel has done an outstanding job as a Local Unit leader. This can be someone who is, or has been, a local unit leader who you feel deserves some recognition. So please submit your nominations before the **July 25, 2008** deadline.*

*To nominate the person, or persons of your choice, please complete the nomination form after reviewing the criteria for each award. **More information on your nominee is best! Please add additional pages if necessary!***

*The Categories for the Awards are:
Outstanding Local Unit Chair, Adversity Award,
Local Unit Star, Outstanding Negotiation Team,
Membership Award, and Outstanding Grievance
Officer*

Nomination forms are available on wsna.org on the Leadership 2008 page.