

WSNA Local Unit Yakima Regional Hospital

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Local Unit Officers

Julia Barcott	Co-Chair
Lori Bethay	Co-Chair
Pamela Rimel	Vice Chair
Yolanda Pacheco	Sec/Treasurer
Narda Leeming	Grievance
Ann Whitley	Grievance
Bruce Ferguson	Membership

WSNA Nurse Representative

Carmen Garrison
(206) 575-7979, Ext 3113
cgarrison@wsna.org

WSNA Web Site

www.wsna.org

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



**WASHINGTON STATE
NURSES ASSOCIATION**

Staffing Law Presentations

Plan to attend one of the following presentations regarding the new staffing law recently passed in the State of Washington.

Where: 5 Tower

When:

- July 18, 2008
7:30 AM – 8:30 AM
9:00 AM – 10:00 AM
10:30 AM – 11:30 AM
- July 24, 2008
1:00 PM – 2:00 PM
2:30 PM – 3:30 PM
4:00 PM – 5:00 PM

If you have any questions, please contact Carmen S. Garrison, BSN, RN, Nurse Rep with WSNA at (206) 575-7979, ext. 3113 or via email at cgarrison@wsna.org.

Note From The Chairs



7.4 Meal and rest periods: 1/2 hour meal and 15 min rest periods for each 4 hours worked. If you miss any of these, write it on the time and exception sheet since not only the meal, but rest periods are paid. 🌐

7.7 Work on day off: Any full time nurse or 0.9 FTE nurse who works 12 hr. shifts, called in on a day off, shall be paid at time and 1/2 for the first four hours, then double time the regular rate for the second four hours-or 1/2 of the shift (such as if you do an extra twelve instead of eight- it is 6hrs/6hrs). You do have to work all scheduled shifts that week (except for low census). If a nurse is called in from vacation that is prescheduled a month or more in advance, this also applies. 😎

7.13 Floating: We can just put in the contract language. Have had some problems with guaranteed travelers saying they were promised they don't have to float and I just addressed this with Ron and Terry. Non-guaranteed have to float before core staff. Guaranteed are treated as staff and are required to take turn floating just as core staff does. I would also like to ask a question regarding floating to find out how many nurses are not yet oriented to the 4 hours to each unit that they are required to float to. 👍

If you have not yet been oriented to the units you may be required to float to, or you have been floated to units that you never received any orientation to, please contact either Julia or Lori.

13.1.1 Time spent at mandatory education sessions: shall be considered as time worked. This means that if you are full time or 0.9 FTE and you are mandated to come in for a session, it is time and a half. Make sure you clock in and out under mandatory education/meeting. 😊

14.2 Personnel records: You can inspect your personnel record and can get a copy of any material in your file. The first copy of your record is free. 😊

Reminder on any discipline: If a manager states they want to meet with you regarding a problem, you have the right to ask for representation from your union if you feel it is going to be disciplinary. If you are just discussing something and a manager states they are giving you a verbal/written/suspension warning, etc., they must offer you representation from your union. 😊

Remember: If you need to take time off to care for a child with a health condition, or care for your spouse, parent, parent-in-law or grandparent, you are eligible for FMLA and can use your EIT instead of PTO. Please go to Human Resources to inquire about how to fill out the paperwork. 😊

FYI: Standby (on call) pay is now \$4.00/hour. 🍷

Conference Committee Updates — Conference Committee meets the second Tuesday of every month. This is where we discuss issues that are contractual in nature. Recent discussions:

- CCC issues:
 - Operational policy, expectations, nurse/pt ratios
 - Floating of core staff while floating in non-oriented nurses
 - Continued training needs
 - Equipment and supply needs (esp. if ICU overflow pt's in unit).

- HR issues:
 - Clarification of full time RN
 - Charge positions to be posted
- Staffing issues:
 - Recruitment at schools, what can we help with
 - Support systems during high census
- Staffing Committee:
 - Members of committee
 - First meeting agenda and date
- Referrals to Nurse Practice:
 - Overflow ICU pts in PACU/ER-need for Care-T access for verifying orders/MAR
 - Admits if being held in overflow areas

Nurse Practice Updates- Minutes of the Nurse Practice Committee are available online at your local unit website--wsna.org.

MOU-EIT—The hospital has made changes to their EIT policy house wide. These changes are favorable for the nurses in our bargaining unit. The vote was unanimously passed. As soon as the MOU is signed, a copy will be available on your local unit web site at wsna.org.

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 need 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%.
- 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

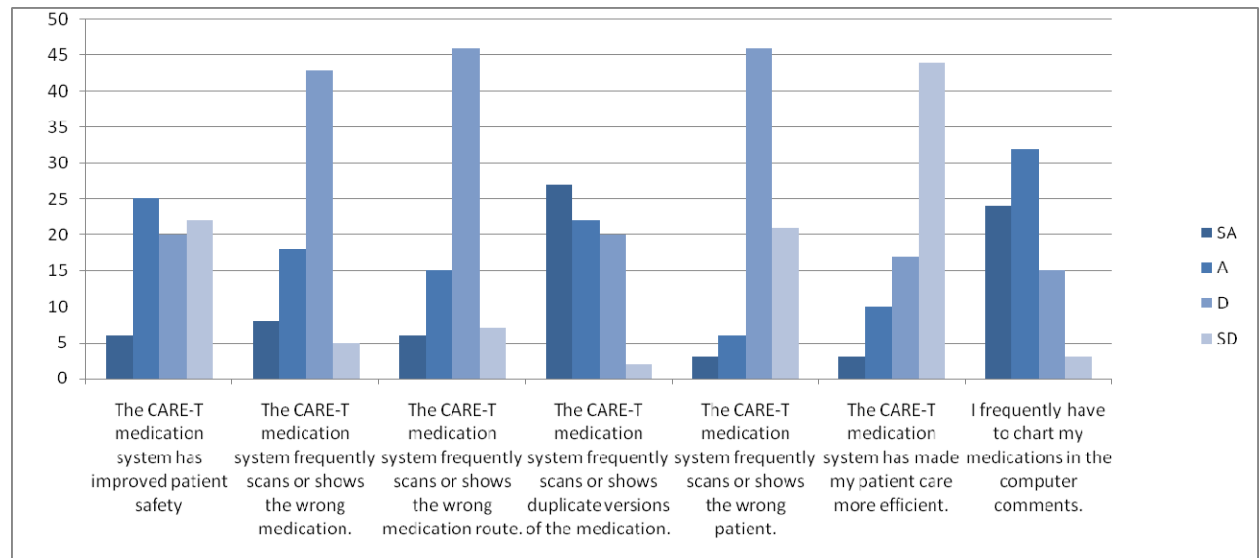
Rest Breaks—If you are not routinely getting your 15 minute breaks every four hours worked, fill out an ADO. You need to document missed breaks. You should be reimbursed at the OT rate for missed breaks. WSNA has worked hard to make sure that nurses have contractual language regarding rest breaks. See your contract, article 7.4.

Did you know?

ADOs—Continue to complete ADO forms (Assignment Despite Objection) if you are given an assignment that you believe is unsafe. 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.

Care T Survey Results / WSNA

Question	SA	A	D	SD
The CARE-T medication system has improved patient safety	6	25	20	22
The CARE-T medication system frequently scans or shows the wrong medication.	8	18	43	5
The CARE-T medication system frequently scans or shows the wrong medication route.	6	15	46	7
The CARE-T medication system frequently scans or shows duplicate versions of the medication.	27	22	20	2
The CARE-T medication system frequently scans or shows the wrong patient.	3	6	46	21
The CARE-T medication system has made my patient care more efficient.	3	10	17	44
I frequently have to chart my medications in the computer comments.	24	32	15	3



Grievances and Recent Victories!

- We filed a grievance for a nurse who was terminated. The grievance went to arbitration. The arbitrator ruled in favor of WSNA. The nurse has been reinstated.
- We have a grievance that is going forward to arbitration regarding bargaining member work given to non-bargaining member positions. Charge nurse positions in the Same Day Surgery Department were eliminated. We are waiting on selection of an arbitrator and date.
- Posting language-the grievance was resolved at step 1.

- We settled a seniority issue a just prior to arbitration in favor of the nurse. She was awarded back pay.
- Mandatory Call in Same Day Surgery. After step 3 and prior to going to arbitration, both parties met and we are working on a resolution in the form of a voluntary call agreement.
- Schedule grievance was settled at step 1.

Sacred Heart Nurses WIN BIG!

What ALL this means is... NURSES CAN and WILL WEAR UNION BUTTONS!

Back in 2004 Sacred Heart Hospital during a long negotiation process **demand**ed that bargaining unit nurses remove a Union Button, "RN's Demand Safe Staffing" they were wearing in solidarity to the issues of the negotiations. An Unfair Labor Practice (ULP) was filed by WSNA with the NLRB in March 2004, the complaint was issued in June 2004 and the trial was held in October 2004. The Administrative Law Judge's decision, dated March 2005 ruled in favor of the NURSES and that the Hospital had committed a ULP!

Sacred Heart Medical Center then appealed the ULP decision to the "Bush Appointed" full National Labor Relations Board. Their decision was in favor of the employer, who could demand the removal of the Union buttons. WSNA then appealed this case to the United States Court of Appeals.

In March 2008, the case was heard before the United States Court of Appeals for the Ninth Circuit. On May 10, 2008, the court ruled in favor of the WSNA related to nurses wearing a Union Button. WSNA's petition for review was granted and the matter is now sent back to the National Labor Relations Board with directions to reinstate the original Administrative Law Judge's Decision and Order of 2004!

That Decision and Order of 2004, stated that Sacred Heart had engaged in an unfair labor practice and first were to cease and desist for enforcing its policy prohibiting employees from wearing a Union button "in any area on campus where they encounter patients or family members:", second, to rescind the memorandum that contains the policy, and third to post a Notice in a conspicuous place at Sacred Heart that states, Sacred Heart Medical Center will not prohibit its employees from wearing the "Safe Staffing" button in any area on its campus where they may encounter patients or family members

Sacred Heart Medical Center will not in any like or related manner with, restrain or coerce employees in the exercise of rights guaranteed by Section 7 of the NLRB

Sacred Heart Medical Center will rescind it memorandum described above,

This decision has an impact not only on the nurses in **WASHINGTON**, but all nurses across the country working in healthcare, represented by a union and wearing Union Buttons!

WEAR YOUR UNION BUTTONS PROUDLY!

Read the official decision of the United States Court of Appeals for the Ninth Circuit, filed on May 20, 2008

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.

Nurses Service Organization

Aon - Affinity Insurance Services, Inc.

215.773.4118 / 159 E. County Line Road / Hatboro, PA 19040 / www.aon.com