

Shop Steward's Report

Stephen Frum, RN, Chief Shop Steward

The Shop Steward Committee, made up of the 30 Nurses United shop stewards and officers, has remained busy in recent months. The committee meets monthly to review the activity of stewards. We are an active committee that teaches and learns as a group, recounting the experiences we have had working with members to resolve problems in the hospital. We consult with the union's attorney, Tom Gagliardo, as needed for legal advice.

NU shop stewards have access to an online discussion board where stewards can post questions and ideas and get feedback from other stewards. We also e-mail each other frequently to keep in touch.

In March, we held a two-day Shop Steward Retreat in our offices in Silver Spring. The theme was "Reach Within for Our Strength." The emphasis was on the internal development of our union, drawing on the experience and power that stem from our 30-year union presence for nurses at Washington Hospital Center. The retreat was attended by all but two of the stewards. We are considering an additional training retreat in the fall. NU shop stewards have the responsibility of doing the work of the union themselves. We have deliberately not relied on a paid expert to handle our problems for us. We believe that the best way to build a strong union is by developing dozens of leaders throughout the hospital who can function as shop stewards.

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Following Hurricane Katrina's devastation last year, the Nurses United board of directors and general membership voted unanimously to donate \$10,000 to the American Red Cross Disaster Relief Fund. The need in the Gulf Coast is still immense and donations are still being received. NU president Dottie Hararas looks on as NU treasurer Betsy Cerullo, RN, presents the check to Red Cross representative Ms. Kmara Rama.

Long-Range Preparation for Negotiations: Every Member's Responsibility

Stephen Frum, RN, Chief Shop Steward

As we approach the time for negotiations, every Nurses United member has a responsibility to prepare him- or herself and the union. Our union will be strongest if we all are prepared to do what is necessary to win the best contract at the negotiations table. Here are a few things you can do to help yourself and the union come prepared:

- Prepare yourself financially by starting now to put aside money in a savings account or certificate of deposit. One can never be too prepared.
- Make sure the union has your *correct* e-mail address, phone number, and mailing address. Take the time, now, to send your full name with your e-mail address to nursesunitedorg@aol.com.

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5F Nurse of the Year

Dottie Hararas, RN

Imagine the excitement when I learned of my co-worker's election as our unit's Nurse of the Year. She and I work side by side, every weekend, since we are both WIN A-to-P nurses on the great unit of 5F. We also work side by side on union matters since she is an elected Nurses United shop steward. I am speaking of Mamie Kella-Kamara, RN, 5F, NU shop steward.



Let me share with you just how deserving Mamie is of this designation.

Born and raised in Freetown, Sierra Leone, West Africa, Mamie attended the all-girls Harford Secondary School in Southern Province, Sierra Leone. Following that, she immigrated to the United States, where she obtained a business degree from Southern University in Houston, Texas. Her nursing career started when she moved to Maryland and attended Prince George's Community College, earning an associate's degree in nursing. To complete her nursing education, she enrolled in Bowie State University and obtained her BSN.

Her work as a nurse has included employment at Greater Southeast, DC General, Holy Cross, and Washington Hospital Center. She has also worked extensively as an agency nurse. Her most recent nursing specialties have been in pediatrics, L&D, and antepartum/postpartum nursing care. When she completes her two 12-hour weekend shifts at WHC, she works as a care manager – Health Services for Children with Special Needs – at The Hospital for Sick Children.

As you can imagine, the 5F weekend shift is very pleased that Mamie has been voted as our unit's 2006 Nurse of the Year. We are fortunate to have such a hardworking person with her accomplishments as a union shop steward.

Congratulations, "Mame-mers"! ■

President's Corner

Dottie Hararas, RN

Time goes by so quickly. Recently, we bade farewell to nurse extraordinaire Sadj Bartolo, RN, who has now entered the ranks of retirees. This fantastic woman served as a past president of the Washington Hospital Center Staff Nurses Association and was a fearless union leader on behalf of nurses at WHC during the late '70s and '80s. She worked tirelessly to help form the first nurses union at WHC and to achieve our first collective bargaining contract. As a longtime ER, and more recently an L&D, nurse, she was a role model for many. She can now pursue her love of and participation in triathlons. Happily for Nurses United, Sadj has agreed to be our Senior Nurse Work Option liaison. She made that work transition last year as she neared retirement. She is available to offer advice and tips to anyone considering that change.



In another form of goodbye, we said farewell to former WHC Staff Nurses Association president Evelyn Williams, RN. She passed on to be with her Lord last year. A memorial service was held in her honor and memory in June of this year. Evelyn also proved herself to be a leader among WHC nurses. She can be remembered best as a determined advocate for minority nurses.

Let's not wait for goodbyes. Take a moment to thank someone whose work you appreciate and from whom you have benefited. There are many such folks working right here with us every day—from Jim Caldas, WHC president, who has put the hospital on a tremendously positive footing, to Mary Smith, RN, NU officer, and NICU nurse, who's advocating for the best shared governance framework for nurses at WHC. Indeed, there are many opportunities to say, "Thanks. I think what you do is great!" Pick someone and tell them today how much they mean to you. That way they will know while they are among us that they matter and make a difference in your work life at WHC. ■

Nurses United NEWS

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The information in this newsletter is provided as a service to Nurses United members. It does not constitute legal advice. If you have a workplace problem, before you file a grievance or take legal or other action, please read the union contract and contact a shop steward or the chief shop steward.

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Negotiation Planning

The NU Board of Directors

You are invited to attend the Nurses United Negotiation Committee planning and strategy sessions held the first Wednesday of each month from 2 to 4 p.m. Here are the dates, topics, and locations of upcoming meetings:

- July 5 (5th/4th Floor unit focus): Room 5B-3 – 5th Floor
- August 2 (3rd/2nd Floor unit focus): Room 5B-3 – 5th Floor
- September 6 (1st/Ground Floor unit focus): Room GA-60 – Ground Floor

- October 4 (Basement/outlying unit focus): Room GA-60 – Ground Floor
- November 1 (review/plan strategies): Room GA-60 – Ground Floor
- December 6 (select team/strategize): Room GA-60 – Ground Floor

Members are welcome at all these meetings. ■

In unity there is strength. Unity is oneness in action.

– Abraham Lincoln

Members' Memos

Members' Memos is a new feature of the newsletter. We invite Nurses United members to send a letter to the editor. We cannot promise to print every letter, but we want to start including your words in this Members' Memos area.

Dear NU Editor,

I know I can e-mail something to Nurses United, but who reads my letter? Does it go to all members or what? I've been wondering about that. Please let me know.

Thank you,

Fifth Floor Nurse

Dear Fifth Floor Nurse,

E-mail letters addressed to nursesunitedorg@aol.com are read by just one person – a designated officer of the NU board of directors. Depending on the subject matter, the letter may be forwarded to another officer or shop steward who has the knowledge to address the subject.

Please make sure your e-mail message includes your first and last name and your unit.

Unidentified letters normally are not answered. We welcome your letters, both by e-mail and regular mail, and may include them in future newsletter publications. Let us hear from you, and thanks for writing.

Nurses United ■

Keep Nurses United Strong: Plan to Vote

Nominations and Elections Committee

News Alert News Alert News Alert

Get your pencil and calendar *right now* and mark these dates:

- July 20 – Nominations open for Nurses United vice president, chief shop steward, three board of directors positions, and 11 shop steward positions.
- August 3 – Nominations for the above positions close.
- August 7 – Deadline for candidate pictures and bios.
- August 23 – Deadline for request for a mail-in ballot.
- August 24 – Meet and greet the candidates.
- September 12 – Last date for mail-in ballots to be received.
- September 15 and 16 – Voting in person at Washington Hospital Center polling booth.
- September 17 – Official count of mail-in and in-person ballots cast.

The Nomination and Elections Committee is hard at work planning for an open and democratic voting process for NU members. Members who care about the direction the union takes and its progress should make every effort to participate in the nomination and election process. By your doing so, our union becomes even stronger.

Remember our former union's history – as nurses became less involved, the union became weaker and less effective. Make certain Nurses United stays strong as we approach renegotiation of the collective bargaining agreement contract.

Get and Stay Involved. ■

Shared Governance

Dottie Hararas, RN

Do you know what *shared governance* is? Is it happening on your unit? Do you wonder why it exists and who is running the project? How did it start? Who started it and why?

We wanted answers to those questions, too. That is why we are fortunate that Nurses United officer Mary Smith, RN, NICU, has been zealously researching and working on the shared governance concept since Washington Hospital Center nurse management officially unveiled it to Nurses United and the Service Employees International Union (SEIU) Local 722 leadership in November 2004.

Since then, Mary and others in NU leadership have spent many volunteer hours working on the subject. Mary currently is a mem-

ber of the hospital's Magnet Steering Committee and the Shared Governance Coordinating Council. She is our go-to nurse on the subject of shared governance and the Magnet journey. She is supported by our NU staff nurse colleagues on the Quality Patient Care Committee – Dru Gist, Nadine Dery, and Pat Reidy – and by NU board member Patty Ronayne.

Please take a few minutes to read through the following information that Mary has provided. Please write to us and tell us how you feel about shared governance as it currently exists at WHC. The more involved we become, the better it will be for all of us.

Anything worth doing is worth doing right. ■

Shared Governance – An Outline

Mary Smith, RN, NICU

I. Overview

- A. Shared governance originated during the 1980s nursing shortage and is being revitalized for the same reason – the current shortage.
- B. It allows for control over practice, power, and authority; nurses are involved in the decision-making process.
- C. Shared governance evolved as an attempt for clinical nurses to gain equal footing with nurse managers in making decisions that affect their practice; it validates nurses' control over their practice and puts them in the administrative arena.
- D. It "lives" where the service is provided – that is, at the point of service, which is patient care.
- E. It is a philosophy and a structure.
- F. According to shared governance consultant Tim Porter-O'Grady, four essential principles are evident in a completely empowered organization: partnership, equity, accountability, and ownership (Porter-O'Grady et al. 1997).
- G. Committee agendas should not be filled with fluff or problems without resolutions; they should contain issues relevant to practice, and the nurses should be empowered to carry out their decisions, not just simply make recommendations.
- H. Shared governance is a journey, a process that should evolve continuously and be regularly evaluated.
- I. Shared governance is intended to be participatory and collaborative.

II. Structure

- A. Several models of shared governance exist (WHC is modeling its framework on that of Hartford Hospital in Connecticut).
- B. A circular model represents shared governance's many dimensions as opposed to an authoritative model.
- C. It is flat at the top (because of the decrease in the management hierarchy).
- D. It is grassroots (nurse) driven – from the bottom up, not top down.
- E. The role of the manager is to provide the resources for the clinical nurse to provide patient care; the clinical staff nurse decides what care is to be given and how to give that care by exercising her or his responsibility and authority.

III. Challenges

- A. Trust.
- B. Nurse leaders "letting go."
- C. Staff nurse assumes control in the decision-making process.
- D. Accountability of nurse leaders, as well as of clinical staff nurses.
- E. Ideas and issues need to be generated from the staff level – avoid top-down tendencies.
- F. Presence of a union, properly authorized and certified, which is the legal, lawful, and exclusive representative

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What It Means to Be a Magnet

Mary Smith, RN, NICU

What is a *Magnet hospital*? What are the advantages of accreditation? How does being a unionized hospital affect Magnet designation? The following outline is designed to address those questions and more.

I. History

During the nursing shortage in the 1980s, the American Academy of Nursing appointed a task force to identify hospitals that facilitated and/or impeded professional nursing practice. It studied organizational factors that distinguished several hospitals that were very successful in maintaining a competent nurse workforce in a time of serious nursing shortages.

This national sample would be known as Magnet hospitals because of their ability to attract and subsequently retain professional nurses.

II. Several Common Elements

1. Administration: supportive and participatory style of management; nurse executives are qualified and well prepared; organizational structure is decentralized; adequate nurse staffing.
2. Professional practice: professional model of care delivery; nurses have autonomy.
3. Professional development: competency-based clinical ladders; planned staff orientation.

III. Magnet Program Objectives

1. Identify excellence in the delivery of nursing care.
2. Promote quality in an environment that supports professional nursing practice.
3. Provide a mechanism for the spread of best practices in nursing.

These objectives are based on the current “Scope and Standards for Nurse Administrators,” published by the American Nurses Association.

The original study identified a Magnet-like environment; subsequent research has expanded on the original elements and found 14 key principles that have come to be known as the 14 Forces of Magnetism. All together those principles create an environment that promotes professional nursing practice and quality patient outcomes.

They are the standards hospitals have to meet, and provide evidence of meeting, to show that they are incorporating them into their culture and environment. Hospitals must be able to demonstrate these forces in the accreditation process.

IV. Some Advantages of Accreditation

1. Decreased patient mortality and morbidity.
2. Improved patient satisfaction and improved nurse satisfaction.
3. Reduction in nurse turnover, vacancy, and burnout rates.
4. Increased nurse-to-patient ratio.
5. Reduced length of hospital stays.
6. Reduction in cost of having to replace nursing staff.

V. Collective Bargaining Units (Unions) and Magnet

1. There are unionized hospitals that have achieved Magnet status.
2. Unions empower nurses and level the playing field, necessitating more explanations, more bargaining, more disclosures, and true collaboration and compromises in the solution of problems.
3. The hardest goals to achieve are autonomy in decision making, staff involvement, and sincere collaboration – hallmarks of a Magnet hospital – because for many institutions they require a significant shift in the internal culture.
4. The union and hospital should be complementary, working together for improved patient outcomes! Nurses in unionized hospitals are already empowered to be stronger advocates for practice standards and patient care.
5. Unionized hospitals tend to have better patient outcomes due to the stronger nurse advocates.

VI. Concerns

1. The readiness of the institution (the individual units) to begin the Magnet journey needs to first be assessed. Basic needs, such as staffing, must be met before higher levels of performance can be achieved.
2. Clinical nurses should not have more to do – they should not be pulled from their patient care for council meetings and then have to return to the bedside and “catch up.” The staff should not be counted in the assignment on the days their meetings take place.
3. Lack of collaboration between the hospital and elected union officials on key issues such as retention, recruitment, and staffing – issues of prime importance in having a successful journey to Magnet.

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Latex in the Workplace

Mindy Blandon, RN, Unit Representative/Safety Committee

Concerned about your patients? Concerned about yourself? As nurses, the answer from all of us to both of those questions should be a resounding “Yes!”

Washington Hospital Center has a Safety Committee (now called Environment of Care Committee) that meets monthly with this goal: to create a safe and healthy environment for our patients and visitors, our employees, and the community at large. Nurses United made certain that an NU member is represented on it.

Nurses historically have voiced concerns about the gloves used at the bedside:

- Do we need powder on our gloves?
- Do vinyl gloves provide the same protection as latex gloves?
- Should we use nonlatex gloves (i.e., nitrile gloves) in the neonatal/nursery areas to avoid early latex exposure to our tiny newborn patients?
- With more and more latex allergies in our population, is it wise to use only latex gloves in our hospital?

With the discovery in the 1980s of the human immunodeficiency virus (HIV) and with more knowledge and experience related to latex allergies, nurses' and care providers' concerns have grown.

Committee work has been done at WHC, spearheaded by occupational health director Karin Myerson, RN. The hospital now provides powder-free latex exam gloves for use at the bedside, and vinyl gloves can be used when feeding or bathing a patient.

Please refer to the new, updated hospital policy “Care of the Patient Identified with Latex Allergy” (500.206). Our patient care products are now latex free and are stocked in the Omnicell medical materials units, which means no more calls to Mr. Henry and no more “big blue container” deliveries to the units.

Long-Range Preparation for Negotiations

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- Attend membership meetings and contract negotiation meetings. Be thinking about what aspects of the contract you think could be strengthened, clarified, or improved.
- Think about what benefits or working conditions nurses at other hospitals (or agencies) enjoy that you think works well.
- Forward in writing (preferably by e-mail) your ideas for contract changes.
- Participate in the contract survey coming up in the fall.

More and more hospitals, including some hospitals in the District of Columbia and in our region, have gone totally latex free, including no latex gloves. We look forward to the day (we hope, soon) when WHC will declare a completely latex-free environment. The NICU nurses in 5AICN have been proactive by spearheading an effort to move toward the use of nitrile gloves to prevent early latex exposure in their tiny patients as a best practice policy.

On a personal level, when a nurse develops contact dermatitis from the use of latex gloves, and is seen in Occupational Health, she or he may receive a prescription for the 9.5 nitrile gloves (the blue ones!). The nurse's unit is then to provide those gloves for use by that nurse for patient care and at the bedside. The department head is responsible for seeing that it is done. Nurses United would like to know if any nurse has a problem in this area.

When you know a patient on your unit has a latex allergy, always remember to remove the latex gloves from the patient's room, immediately. The vinyl gloves can be used at the bedside for feeding or bathing a patient. For higher-risk activity, the nurse should obtain the 9.5 nitrile gloves (blue ones) from the head nurse and place them at the bedside. Remember to place a “Latex Allergy” sign at the door and on the chart and communicate the information to other departments when the patient leaves the unit as well as during all shift reports.

Want to learn more about the subject and get one CEU in the process? Check out the learning module “Latex Alert!” in Nursing Spectrum/CE Direct Information CE152 online.

Please contact Mindy Blandon (2NW, ext. 7-3291) with any new information you come across or observe, including any best practices at other facilities, or if you would like any other patient, nurse safety, or care issues presented in the Safety Committee forum. ■

- Visit the NU Web site frequently.
- Gain or renew your RN license in Maryland or Virginia – one can never be too prepared.
- Discuss with your fellow members what they think the contract is all about.
- In January or February 2007, go to Occupational Health and request copies of your health clearances; they may be required in case you need to seek other employment. ■

Nurses United Shop Stewards

Nurses United Shop Stewards	Unit Assignments	Nurses United Shop Stewards	Unit Assignments
Sue Johnson (7-7221)	3E, MedStar, ER	Martina Hall (7-6541)	5D, 5NW
Stephen Frum (202-494-8083)	4G, 2G, 4H	Lisa Kaempfer (7-4897)	EP Lab
Marie Edelen (7-7121)	1E, 3H	Mamie Kella-Kamara (202-467-2730)	5C, 5F, 5FN
Josephine Owusu (7-9141)	2NEIMC, 3C, 2D	Dawn Kelly (7-6351)	1H, 2EIMC
Mary Smith (7-6510)	5AICN-NICU	Lori Marlowe (703-751-0623) (no calls after 9 p.m.)	4E, 3F, 2E
Gerri Lee (301-603-8956 or 7-6512)	5NE (L&D), 5E	Barb McCann (703-380-9446 or 7-6512)	5NE (L&D), Blood Donor Center
Hirut Belachew (7-6561)	IV Therapy, Oncology Infusion, and Ambulatory Cancer Treatment	Lisa McQuire (301-934-3842)	4F, 4D, 4NE
Valerie Braden (7-6411)	ATC, PACU, Main OR	Anita Nickens (7-6412)	3rd Floor OR, 2C, Main OR
Emelia Buobu (7-9141)	2NE, 3NE	Greg Pelletier (7-7326)	CVRR, 3G, 4NW
Nadine Dery (7-7121)	3NW, 3D, GI Lab (Endoscopy)	Robin Stanley-Edmondson (7-6512)	Interventional Radiology, Radiation Oncology
Eileen Dufton (301-675-1411 or 7-6510)	2NW, 2F	Andrew Treacy (7-6412)	Main OR, PACU, ATC, Clinical Supply
Anne Forsythe (301-379-1148 or 7-6431)	4C, Cath Lab, Cath Lab Holding		



Sitting in front row, from left to right, are Betsy Cerullo, Mamie Kella-Kamara, Sue Johnson, Dottie Hararas, Gerri Lee, Emelia Buobu, Dawn Kelly, Josephine Owusu, and Barb McCann.

Standing in back row, from left to right, are Andrew Treacy, Stephen Frum, Lisa McQuire, Anne Forsythe, Eileen Dufton, Lori Marlowe, Marie Edelen, Anita Nickens, Robin Stanley-Edmondson, Patty Ronayne, Mary Smith, Greg Pelletier, and Valerie Braden.

What It Means to Be a Magnet

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VII. Strategies Employed by Magnet Facilities

1. Visible Chief Nursing Officer:
 - a. Accessible to recruiters.
 - b. Appears at all events.
 - c. Speaks at orientation.
 - d. Open-door policy.
2. Work environment:
 - a. Autonomy and flexibility in work schedule.
 - b. Aggressive recruitment and retention.
 - c. No-fault sick policy.
 - d. Optimum staffing levels/census driven (reduction in vacancy rates and if overstaffed, nurses would be able to work on projects).
 - e. Nurses working on projects not counted as staff.

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Behavior – Positive, Negative, or Indifferent?

Patty Ronayne, RN

Everyone wants to work in a pleasant, relaxed environment – yet we know very well that our jobs, as direct care providers at the patient’s bedside in an inner-city, tertiary care hospital, are inherently stressful.

On some units, urgencies and emergencies are daily, sometimes hourly, occurrences. When we are busy, stressful events continue to occur. With that as our work reality, we all need to learn, or revisit, positive coping mechanisms we can use to keep a helpful, empathetic, and healing attitude and thus provide the best possible care to patients.

To achieve that attitude, it is vital to remember to *treat others the way you want to be treated!*

In a patient care environment, where healing is the major goal, none of us should have to encounter rude or inappropriate behavior from supervisors, physicians, or hospital customers. But if that should occur, we need to be proactive in making sure the behavior is addressed appropriately.

If the two parties cannot resolve the situation through a calm, professional, one-on-one discussion, you may need to document it (date, time, party involved, location, witness or witnesses, description of what happened) and notify the union. And, at the same time, you should take the problem up through the management chain.

Therefore, when under stress or faced with a negative situation:

- Pause.
- Take a deep breath!
- Maintain your cool.
- Stay professional.
- Try to find the positive in the situation.

We all want the hospital to be a pleasant place to work. That benefits you and our patients. Treat everyone you encounter with respect and dignity. You and your patients will be the benefactors when the work setting is calm, professional, and healing. ■

Shared Governance – An Outline

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for clinical staff nurses in the workplace for purposes of setting wages, hours of work, and work conditions. Collective bargaining can enhance collective decision making – it is a viable means for nurses to respond to issues that significantly affect their ability to do their work and deliver safe patient care. Collective bargaining is an essential democratic principle and “provides a mechanism for nurses to undertake a legally sanctioned approach to participation in decision-making within clearly defined and prescribed parameters” (Porter-O’Grady 2004).

IV. Caveats

- A. Ownership of practice.
- B. Improved patient care.
- C. Higher nurse satisfaction.
- D. Retention and recruitment.
- E. Magnet designation.

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Years of Service

Congratulations Nurses United members who have achieved 20, 25, 30, 35, and 40 years of employment at WHC in 2006:

Twenty Years

Karen Barber – 3E Trauma and Burn
Valerie Brader – Main Operating Room
Lilliam Brown – Float Pool Division of Nursing
Seung S. Cho – Main Operating Room
Paula Coppedge – 5E
Kristin Delauney – 3rd Floor Operating Room
Victoria “Vikki” Elmore – 2G Medical ICU
Joanne Fitterer – 4NE
Mary George – Main Operating Room
Paulette Gray – Delivery Room
Kevin Homewood – 2G Medical ICU
Wanda Jackson – Periop Patient Care
Yvonne Joyner – 5D
Lois Lamich – 4H Burn ICU
Millicent Lawrence – 2C
Patricia A. Levesque – 2G Medical ICU
Mary E. May – Transplant Clinic and Surgical
Daniela D. Milstein – Delivery Room
Bernadette P. Nicolas – Periop Patient Care
Ellen Putlas – 5D
Myra Sumpter – 3rd Floor Operating Room
Diane L. Waak – Periop Patient Care
Douglas G. Windley-Frey – 3NE

Twenty-Five Years

Simerjit K. Bhuller – Main Operating Room
Christine Boggerson – Periop Patient Service
Janice (Jan) Bussler – Delivery Room
Sallie L. Chandler – 2NE
Chiazio L. Chinwuba – 5E
Juanita Coye-Moulden – Ambulatory Care Institute
Margaret Gerlach – 4NW
Elizabeth Grooms-Larocque – Main Operating Room
Margaret A. Gunde – 3rd Floor Operating Room
Sarah Hixson – 5F Intermediate Care Nursery

Shop Steward’s Report

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An NU shop steward team, led by Geri Lee with Robin Stanley-Edmondson, Barbara McCann, Betsy Cerullo, Dottie Hararas, and Stephen Frum, recently concluded a very complicated arbitration. The arbitration concerned the termination of an NU member. We were successful in presenting a good case. The arbitrator has yet to rule, but we are confident that we advanced powerful arguments and presented effective evidence. We look forward to a ruling in August or September.

Shop stewards continue to do effective work throughout the hospital representing nurses and ensuring that the terms of the contract are respected. Much of our best work is done without the

Verdell Houston – 2F
Ann Ile – Medstar 1G
Sewasew Kifle – Main Operating Room
Susan M. L’Heureux – 4G Surgical ICU
Donna McNally – Main Recovery Room, PACU
Joan E. Menser – 3E Trauma and Burn
Doria Musaga – 4C
Dorothy Onyewu – 5F Intermediate Care Nursery
Greg K. Pelletier – Cardiovascular Recovery Room (CVRR)
Vikki Raven – Perina/Anet Testing Unit
Susie Ricks – 3DH Hemodialysis
Patricia Ronayne – 2G Medical ICU
Vilasini P. Sarang – 4D
Annie F. Seymour – Radiation Therapy
Alisa St. Louis – 5D
Joy Stancil – 4NE
Diana L. Thompson – 5D
Kathleen Y. Thompson – NICU
Michael R. Thompson – 2G Medical ICU
Laverne D. Weaver – Transplant Clinic and Surgical

Thirty Years

Taryn Adams – Periop Patient Care
Cynthia Bernardo – 3NW
Sharon Clark – Emergency Room
Jacquelyn C. Clarke – 3E Trauma and Burn
Margaret Darrell – 3NE
Joan O. Doyle – Periop Patient Care
Ellen A. Hanyok – 3NE
Cannie V. Jones – 3rd Floor Operating Room
Carol Mainzer – 3DH Hemodialysis
Georgianna C. Rouleau – 4D

Thirty-Five Years

Viviene Yorke – 2NE

Forty Years!

Dora Calhoun – 3E Trauma and Burn
Alice Williams – Radiology ■

grievance process. I have heard several times in recent weeks that management was planning on taking disciplinary action with a member but decided against it when the member called on a steward to accompany him or her to a meeting with management.

Shop stewards are assigned to every unit at Washington Hospital Center. You can help strengthen your union by getting to know your steward and calling on him or her when needed. Be proactive. Don’t sit back and wait for the steward to come to you; he or she has dozens of nurses to cover. Instead, seek out the steward and encourage your fellow members to do the same. ■

Why ADOs?

Patty Ronayne, RN

Document! Document! Document!

Isn't that what you learned in nursing school? Isn't that what you learned in orientation? No matter how busy your shift, you finish your patient care and document in the patients' charts.

It is just as important to fill out an ADO (assignment despite objection) form when conditions on your unit warrant it. Protect your patients! Protect yourself!

We will renegotiate the collective bargaining agreement contract in the next several months. Your documentation on ADO forms will provide Nurses United with an important record of issues and problems throughout the house and on your particular unit. By reviewing the ADOs and determining where problems are and how often they occur, we can negotiate a better contract and improve our working conditions. ■

Units Submitting ADO Forms

The following units submitted ADO forms to Nurses United for the quarter March 14, 2006–June 10, 2006:

- 2NEIMC
- 3E
- 3NE
- 4NE
- 5A/ICN
- 5E
- 5F
- 5NW/L+D



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