



President's Corner



Dottie Hararas, RN

Please make sure you send your current personal e-mail address to us. You do not want to miss out on important announcements that we send out that relate to your pay, hours of work, and working conditions. We prefer not to

use any MedStar e-mail addresses since we think those should be reserved for hospital business. If you do not have your own personal e-mail account, it is quite easy to obtain a free one. Just go to our Web site's home page and click on "Learn how to get a free Yahoo e-mail account (PDF document)." Click on that link, and then follow the four easy steps that are listed. It's that simple. And did I mention that it's free? Once you have your new personal address, remember to send it to us at our e-mail address: nursesunitedorg@aol.com. Do it today! Do not delay, because soon we will be deleting the MedStar e-mail addresses from our database.

Safe staffing was the #1 nursing issue identified by the Staff Nurse Negotiation Survey administered earlier this year. The assignment

despite objection (ADO) form is your tool and resource to document a less than optimum work environment, whether the problem be related to staffing issues, health and safety concerns, or other possible unsafe working conditions. See the accompanying articles elsewhere in this newsletter on the ADO process and staffing.

The next most important nursing issue according to our survey was health and safety concerns. On this subject, we have included a couple of articles written by Nurses United members. See the accompanying articles on infection control and safety.

When this newsletter goes to print, the annual 2007 NU nomination and election (N&E) process will be well under way. The N&E process began when the newly elected N&E Committee members opened the floor for official nominations in the first two weeks of September. Following the closing of nominations, an official ballot was prepared by the N&E Committee. Notice was sent via regular mail to all our membership, along with instructions on how to vote either by mail or in person, a sample ballot to review, and the candidates' bios. See the accompanying articles on the nomination and election process and the bios of the candidates. It is important that you exercise your democratic right to vote for the candidate(s) of your choosing at a fair and open union election, which will take place in October. ■

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Open Letter to Our Membership — Thank You



Geri Lee, RN

Iwould like to express a few words of sincere thanks to our membership for your ongoing support during our negotiations this past spring. First and foremost, as a new negotiating team member, I would like to say that I was enlightened to discover

just what the position entails — it includes dedication to our membership, time, effort, and unconditional loyalty to the members and the union to which we belong, as well as commitment to all that Nurses United stands for. I applaud the RNs who have served on all past negotiating teams.

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Exercise Your Democratic Right to Vote for the Candidate of Your Choice

On October 19 and 20, 2007, Nurses United will hold elections for the positions of president, treasurer, recording and corresponding secretaries, and 10 shop stewards.

Directions on how to cast a mail-in ballot were posted on our Web site in mid-September when the official ballot was announced by the Nomination and Election Committee. The announcement advised that requests for mail-in ballots had to be received at the Silver Spring union office by October 4, 2007.

Voting will be conducted at the following times:

October 19, 2007 (Friday)

6:00–9:00 5B-3

11:00–13:00 5B-3

14:30–16:30 5B-3

22:00–0:30 5B-3

October 20, 2007 (Saturday)

8:00–10:00 5B-3

12:00–16:00 5B-3

18:00–22:00 5B-3

Nurses who have signed a dues form and are in good standing are eligible to vote. Bring photo ID to the polls with you to provide identification.

The counting of ballots will take place on October 21, 2007, at 8:30 a.m., in room 5B-3. Members in good standing are invited to be present for the official count.

Slate of Candidates for the Nurses United Election of 2007

President

Dottie Hararas (5F)

Treasurer

Betsy Cerullo (110)

Recording Secretary

Marie Edelen (2G)

Corresponding Secretary

Mary Smith (5A-NICU)

Shop Stewards

Martina Hall (5D)

Hirut Belachew (5F)

Greg Pelletier (CVRR)

Eileen Dufton (5A-NICU)

Lisa McGuire (4F)

Dawn Kelly (3E)

Barbara McCann (L&D)

Steve Palmer (MEDSTAR)

Tiffani Hampton (4F)

Sharon Clark (ED)

Jean Keppler (ED)

Roxanne Eckhoff (5A-NICU) ■

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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The Assignment Despite Objection (ADO) Submission Process

(What really happens to the ADO forms you submit?)

Dottie Hararas, RN

Since our last newsletter, ADO forms have been submitted from the following units: 4E, Main OR, L&D, 5BN, NICU, 2G, 3NE, 5E, ER, 2C, and GI Lab. Multiple ADOs were submitted from Main OR, L&D, 5BN, NICU, 2G, 3NE, 5E, and 2C.

The Quality Patient Care Committee (QPCC) has recently reorganized and is now working with a full complement of members — four representing the union and four representing management. Each member brings new energy and commitment to the work of the QPCC. Most recently, the committee formulated an acknowledgment letter that is now sent out to any nurse who submits an ADO form. Following is the introduction provided in the letter:

Date:

Dear Nurse Colleague,

Thank you for your recent submission of an assignment despite objection (ADO) form. We realize it takes time to complete the form; however, these ADO forms are very important. The ADO process is in place so that efforts can be made to improve nursing and patient care at WHC. The Quality Patient Care Committee (QPCC) is the forum where ADOs are reviewed, trends identified, and resolutions explored. Below is a description of the ADO process, which has the goal of resolving the matter(s) that led up to the submission of the ADO.

Sincerely,
QPCC

The letter continues to list the eight members of the QPCC and its co-chairs. Most importantly, the letter specifies what happens to the ADO form once it is submitted to Nurses United:

Assignment Despite Objection (ADO) Process

1. The ADO form is completed by the RN (WHC clinical staff nurse).
2. A copy is given to the department head or designee (clinical manager or off-shift supervisor) and faxed to Nurses United at fax number 301-588-8854.
3. Nurses United then faxes a copy to Joan Clark, chief nursing officer; Dottie Hararas, president, Nurses United; and the QPCC co-chairs.

4. By the next business day, an acknowledgment of receipt will be sent by Nurses United to the RN at his or her last known mailing address. The RN will also receive an acknowledgment of receipt of the ADO form from the department head or designee.
5. The department head or designee will research and have a proactive, positive, nonpunitive discussion with the RN. At the nurse's discretion, he or she may involve the union shop steward in any meeting discussing the concerns of the ADO.
6. Within approximately ten (10) business days, the department head will fax the ADO Review Sheet with the resolution to the division director, Joan Clark, Dottie Hararas, and the QPCC co-chairs. A hard copy of the ADO Review Sheet with the resolution will also be given to the nurse by the department head.
7. The QPCC will review all ADOs, identify trends, and determine a satisfactory outcome of the resolution. This may include further investigation or referral to the Labor-Management Committee.

All ADO submissions are welcome. If you are ever discouraged from submitting an ADO form or treated in a less than positive manner because of the submission, please let us know immediately. By regularly reviewing the ADO forms that are submitted, the QPCC can track trends, recommend improvements, and seek solutions to problems in our work environments. The ADO form can be downloaded from our Web site. Print it out and make some copies for yourself. Keep a supply of the ADO forms in your locker. Be proactive! Be involved! Be prepared! ■

ALERT—ALERT—ALERT

Again this year, the hospital will require every employee to re-enroll by computer for any benefits signed up for in the past in order for those benefits to continue. Most importantly, if you do not re-enroll for your health/medical insurance, you will not have any health coverage in 2008.

Open season for re-enrollment will be from November 1 to November 18. The hospital has informed us that many reminders will be provided, but we thought it wise to put a notice in our newsletter as well. The hospital will provide a bank of computers and assistants in the private dining room off the main cafeteria from November 1 to 18, 2007, to guide you through the computer process of re-enrolling for benefits during open season. ■

Shop Steward Committee Report



Stephen Frum, 4H, Chief Shop Steward

Do you know the name of the Nurses United shop steward assigned to your unit? Do you know where the list of assigned shop stewards is located?

Have you met your shop steward? You should make it a point to have his or her

contact information (phone number and/or e-mail address) with you when you are at work. Your steward is the person to contact if you have any questions about the contract or if you are called to an investigative or disciplinary meeting by management. If you don't know who your shop steward is, you can look for the list on your unit's union bulletin board, or go to our Web site and click on the Shop Stewards link. Sometimes your steward may not be in the hospital or available when you need him or her. Do not worry. You have a right to take up to 24 hours to locate a shop steward to accompany you into an investigative or disciplinary meeting with management.

On every page of our Web site, we have printed your rights to representation. Management has no obligation to inform you of your rights. You must empower yourself and know when and how to advocate for your rights under the collective bargaining agreement (CBA).

When called upon, NU shop stewards accompany members to investigative and disciplinary meetings. At these meetings, the shop steward represents the member and may reduce discipline or even prevent it from being imposed. We have had many reports from investigative meetings in which the shop steward was able to clarify the issue, provide additional pertinent information, and prevent discipline from being issued. Alternatively, we know that members without a shop steward present often receive discipline. It is important that you have a shop steward accompany you to a meeting with management if it involves an investigation or discipline.

Our 30 NU shop stewards continue to be active in the hospital. We have monthly meetings at our office in the East Building. All of us are nurses employed at the hospital, working in the float pool and on various shifts. We communicate by e-mail, by phone, face to face, and through an online discussion board.

We rely on members on the nursing units to help alert us when shop stewards are needed. The entire NU membership, all 1,450 of us, has a responsibility to help maintain a strong union – and one way is to support the shop stewards and empower yourself by learning about the contract and understanding what it means.

We held a two-day shop steward training retreat in July, which was attended by 29 of our 30 shop stewards. In October, we will hold another two-day retreat at our office in Silver Spring. These sessions enable the shop steward group to hear from outside experts, from other labor unions, and from each other—and to learn from our common experiences. We are proud of the fact that we have conducted eight full days of shop steward training in 2006 and 2007 and will hold two more in October.

In 2006, NU filed 14 grievances. All these grievances have been settled or dropped due to lack of evidence. So far in 2007, our union has filed 24 grievances, almost twice as many as in all of 2006! Many have been settled, but several remain unresolved and may head to arbitration. The union's attorney, Kathy Kreiger, Esq., has been working with the shop stewards to prepare our cases for arbitration.

One of the strengths of our union is that we do not rely upon any one or two paid experts to "take care" of us. Instead, we have dozens of union leaders throughout the hospital, doing their work as nurses while also being available to assist you in issues related to pay, hours of work, and working conditions. Every day they have their ear to the ground, watching and monitoring the work environment for changes that might affect our nurses. We are constantly striving for improvements in the work setting and are looking for new shop stewards.

While we may not have degrees in labor relations, all of us who have volunteered to be shop stewards have a heightened sense of justice and believe in a strong union in the work setting. Through the resources our union provides us, we are continually learning the fine points of representing our members. Let us know if you might be interested in becoming a shop steward. Ask what you can do for your union! ■

Open Letter to Our Membership — Thank You

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The appreciation extended by many of our members via e-mail, written letters, and personal thanks was overwhelming. I feel I speak for all NU staff, shop stewards, negotiating team members, and board members when I say we truly appreciate the heartfelt words and kindness you extended to us throughout the negotiations and in the weeks and months that followed.

Personally, I cannot tell you how many nurses expressed thanks

as they passed by in the hallways, in the parking lots, and on various units! We really felt as though we addressed many of your concerns, and you were accepting of the new collective bargaining agreement (CBA), as evidenced by the 95-plus-percent members' ratification vote of approval.

In closing, always remember that there is strength in numbers, and we — Nurses United members — remain strong and united! ■

Infection Control

Lucinda Dill-Robinson, RN, MBA

Did you know that when the Joint Commission on Accreditation of Hospitals (JCOAH) surveyors come in to inspect our hospital they watch, among many other things, to see if we are washing our hands between patients? “Reducing the risk of health care associated infections” is Goal 7 of the Joint Commission’s National Patient Safety Goals and also the main goal of the WHC Infection Control (IC) Department.

Bimonthly, the IC Department shares JCOAH’s National Patient Safety Goals and much more with the IC Committee. The committee members include infectious disease physicians, epidemiologists, and representatives from hospital administration, nursing, occupational health, the laboratory, pharmacy, respiratory, physical plant, environmental services, and Nurses United. The topics are always timely and address current concerns of the hospital.

This month, two topics seemed particularly relevant to the WHC nursing staff. The topics are the expansion of the Infection Control Nursing Liaison Program (ICNLP) to non-ICU units and its use with regard to the upcoming influenza season. After the September IC Committee meeting, Mary Jones, a WHC IC practitioner (ICP), volunteered to explain the program to me.

If you work in one of the ICUs at WHC, you are probably familiar with the ICNLP for the ICUs. It is a collaborative effort between the ICP, IC nurse liaisons (staff nurses), and the nursing managers. The ICNLP for the ICUs was formed three years ago in an effort to address an *Acinetobacter* outbreak.

On September 25, 2007, the collaborative effort of the ICNLP is expanding to include non-ICU units. Both programs promote the same essential goal — to collectively focus on decreasing the incidence of hospital-acquired infections (MRSA, *C. difficile*, and catheter-associated bloodstream infections). The primary role of the IC nurse liaison is to increase the awareness of unit-specific infection control issues and decrease outbreaks.

The IC nurse liaisons will share information with their peers and promote the strategies that are most likely to be successful on a given unit. The initial areas to be addressed will be hand hygiene, IV-site dressing care, and coordinating the peer-to-peer influenza vaccination program.

The peer-to-peer influenza vaccination program started last October on several nursing units, including the ICUs, IMCs, MedStar, ER, OR, and 2NW and 3NE. Nurses volunteered to be trained to administer the flu vaccine, and the program was very successful. On January 1, 2007, the Joint Commission established a requirement that accredited organizations must offer influenza vaccinations to their staff. The 2007 peer-to-peer influenza vaccination program will begin when the vaccine is available at WHC, which should be in October.

The expectation of this ongoing collaboration through the IC Committee’s work is to identify system and process factors that can ultimately reduce infections among our patients, visitors, and staff. ■

EXECUTIVE BOARD MEMBER CONTACT INFORMATION			
Name	Phone	E-mail	Unit(s)
Dottie Hararas	301-588-8853	Nursesunitedorg@aol.com	Blood Donor Center
Betsy Cerrullo	301-588-8851		Float Pool (110 Dept, 5F Unit Based)
Geri Lee	301-603-8956	GLFit@aol.com	DR, 5E
Josephine Owusu	301-549-1959, 7-9141	JosephineOwusu@comcast.net	1E IMC, 3C, 2D
Marie Edelen	7-7121		1C, 3H
Mary Smith	7-6510		5A NICU
Patty Ronayne	7-7121, 240-338-6808	paraz0512@comcast.net	2G
Stephen Frum	202-494-8083	sfrum@mac.com	4H, GI Lab
Lori Marlowe	703-751-0623	LoriJMarlowe@aol.com	4E, 2E, 2EIMC

SHOP STEWARD CONTACT INFORMATION			
Name	Phone	E-mail	Unit(s)
Anita Nickens (MOR)	301-441-1089, 7-6412	Nursesunitedorg@aol.com	2C, MOR
Anne Forsythe (4C)	7-6431, 301-379-1148	AnnF301@msn.com	4C, Cath Lab & Cath Lab Holding
Barbara McCann (DR)	7-6512, 703-380-9446		DR
Blondinia Mays (2NE)	410-350-1120	bjfmays@hotmail.com	Rad Onc, Onc Infusion Center, Amb Cancer, IR
Dawn Kelly (3E)	410-903-2547, 7-6351	escobabee@aim.com	2H
Eileen Dufton (NICU)	301-675-1411, 7-6510	dysnowyt@aol.com	2NW, 2F, 5B
Emelia Buobu (1E IMC)	301-540-0423, 7-9141	Ebuobu@verizon.net	2NE, 3NE
Greg Pelletier (CVRR)	202-387-7275, 7-7326	greg.pelletier@verizon.net	CVRR, 4NW
Hirut Belachew (5F - WIN)	7-6561, 240-838-0901	LiLHi5@aol.com	IV Therapy
Junnette Scheaffer (MOR)	7-6412		ATC, Clinical Supply, TFOR
Lisa McGuire (4F)	301-934-3842	lisaamcguire@verizon.net	4F, 4D, 4NE
Mamie Kella-Kamara (5F- WIN)	202-467-2730		5F, 5F N
Martina Hall (5D)	7-6541		5D, 5NW
Olive Pessima (5C)	7-6531		5C
Robin Stanley-Edmondson (Float Pool Dept)	301-985-1255	rstanley-edmondson@healthybabiesproject.org	Float Pool (110 Dept)
Roxanne Eckhoff (NICU)	202-364-2889, 7-6510	rox1@starpower.net	EP Lab, 3D
Steve Palmer (MedStar)	443-521-3508	steve-palmer@comcast.net	MedStar, ER, 3E
Sue L'Heureux (4G)	7-7141	sularu@comcast.net	3G, 4G
Suzanne Pearl (NICU)	410 884-3046, 7-6510		3F, 3NW
Valerie Braden (MOR)	7-6411		ATC, PACU, MOR

Holiday Pay (Article 12.2 of the CBA)

Some examples you can use to better understand the language

Stephen Frum, 4H, Chief Shop Steward

Contract language regarding holiday pay has caused quite a bit of confusion among the membership of Nurses United. I hope this article will help you better understand how holiday pay is calculated.

The first step to understanding holiday pay is to understand that everyone falls into one of four different categories for the purposes of calculating holiday pay:

1. Float pool nurses — the most straightforward (see pages 40–41 of the contract)
2. WIN nurses (see page 46 of the contract)
3. Full-time permanent clinical nurses, including 36-hour nurses (see pages 45–46 of the contract)
4. Part-time permanent clinical nurses (see pages 45–46 of the contract)

The second step is to read the relevant pages. So, get your contract and read the language.

The third step is to make a schedule like this:

	SUN	MON	TUE	WED	THU	FRI	SAT
Hours worked	A	8				A	

In this example the holiday falls on Monday.

The fourth step is to do the math. A full-time permanent clinical nurse working this schedule would be paid 40 hours for this week. Worked hours = 12 hours for Sunday plus 8 for Monday

plus 12 for Friday. Add 8 hours of holiday pay for Monday. This equals 40 hours.

A part-time permanent clinical nurse working this schedule would be paid 36 hours for this week (the same worked hours as above, plus 4 hours of holiday pay).

A WIN nurse working this schedule would be paid 8 hours of holiday pay for working a holiday that does not fall on a weekend.

	SUN	MON	TUE	WED	THU	FRI	SAT
Hours worked		A	A			A	

In this example, the holiday again falls on Monday.

A full-time permanent clinical nurse working this schedule would be paid 48 hours for this week. Worked hours = 12 hours for Monday plus 12 hours for Tuesday plus 12 hours for Friday. Add 12 hours of holiday pay for Monday. This equals 48 hours.

Note that only the first 8 hours of holiday pay count as hours worked for the purposes of computing overtime. Therefore, in this week, the nurse would be paid 44 hours of regular pay plus 4 hours of overtime.

A part-time permanent clinical nurse working this schedule would be paid 44 hours (the same worked hours as above, plus 8 hours of holiday pay for working more than 8 hours on a holiday). This pay would be 40 hours of straight time, plus 4 hours of overtime.

More examples can be created, but these are the most basic two. Please contact us if you have questions or comments. ■

Staffing on the Nursing Units



Mary Smith, RN, NICU

Contract language regarding staffing is new in this most recent collective bargaining agreement (CBA). Turn to page 78, article 30.3c, which states:

It is a mutual goal of the parties to have a multi-based process that identifies staffing needs on the units with input from nurses during the term of this Agreement. To that end, the parties will create a subcommittee of the Labor-Management Committee by no later than May 30, 2007, which will jointly develop principles to be used by each

unit as they identify staffing guidelines for the units....

This LMC-established subcommittee is comprised of four union and four management members. Nurses United will be vigorously represented by Lori Marlowe (4E), a member of NU's elected board of directors; Mary Smith (NICU), NU's elected corresponding secretary; Jay Brennan (ER); and Mindy Blandon (2NW). These individuals will attend an all-day retreat on October 10, 2007, with the four managers. The retreat, which will be held in the Silver Spring union office on Colesville Road, will be facilitated by personnel from the Training and Development Office. ■

Biographies for the 2007 Nurses United Election Candidates

PRESIDENT

Dottie Hararas, RN

2003–2007, president, Nurses United
2003, co-founder, NU
1986–1988, president, DCNA
1978–2004, negotiator, union contracts
1974–1986, president, WHCSNA
1975–1976, union organizer, first all-RN union at WHC
1967 graduate of WHC School of Nursing
Clinical staff nurse for 40 years

TREASURER

Betsy Cerullo, RN

NU treasurer (current)
WHC 110 nurse, L&D at INOVA (Alexandria)
1974 graduate of Geisenger Medical School of Nursing
Varied experience organizing and negotiating for RNs

RECORDING SECRETARY

Marie Edelen, RN

NU recording secretary (current)
WHC since 1978
Previous union shop steward
Leader in union's organizational team

CORRESPONDING SECRETARY

Mary Smith, RN

NU corresponding secretary (current)
WHC since 1982 (5A NICU)
Member of 2007 negotiating team
Member of hospital Quality Patient Care Committee
Member of Magnet Steering and Shared Governance Coordinating Council

SHOP STEWARDS

Hirut Belachew, RN, 5F

WHC since 2001
Shop steward since 2001
Enjoys working with colleagues

Eileen Dufton, RN, 5A NICU

Shop steward for 2 years
Loves working with this wonderful group of nurses
Enjoys negotiating for nurses' rights

Roxanne Eckhoff, RN, 5A NICU

Graduate of American University (BSN)
WHC for 25 years
Previous member of Nomination and Election Committee
Shop steward since 2006

Martina Hall, RN, 5D

WHC since 1977
Current shop steward
Clinical nurse 5D/Postpartum Nursery
WHC School of Nursing graduate
Past shop steward, DCNA

Dawn Kelly, RN, 3E

WHC since 2005
Current shop steward
Passionate about helping people
Part-time student at Bowie State University

Sharon Clark, RN, ER

1975 graduate of WHC School of Nursing
Worked in ER since 1978
Previous WHCSNA president
Participated in two strikes at WHC
Has taken college courses in paralegal studies

Barbara McCann, RN, L&D

WHC since 1971
Promoter of women's health
Proactive union involvement since 1970s
Shop steward for 12 years

Lisa McGuire, RN, 4F

WHC for 25 years
Shop steward 15 years, actively representing members

Jean Marie Keppler, RN, ED

WHC since 1978
Former WHCSNA chief shop steward
Former president of WHCSNA

Greg Pelletier, RN, CVRR

NU shop steward, 2003–present
WHCSNA shop steward, 1999–2003
NU and DCNA negotiating team
Patient/co-worker advocate

Steve Palmer, RN, MEDSTAR

MedStar flight nurse
WHC since 2005
Actively representing NU members

Tiffani Hampton, RN, 4F

WHC since 2005
Eager to represent nurses in the work setting
New to the shop steward role ■

Completion of the 2N-04 Grievance Resolution

Dottie Hararas, RN

A grievance entitled 2N-04, which was filed by the union, was finally resolved in November 2006, avoiding the need for the parties to go to arbitration. Following the settlement between the union and the hospital, the union had to embark on negotiation planning and formal contract talks with the employer. After we successfully completed negotiations in April, there was much to do — proofing the contract, correcting typographical errors, and finally getting the new contract in our members' hands. With all that finished, we were finally able to wrap up the resolution of the 2N-04 grievance.

Nurses United sent a letter on August 31, 2007, to specific nurses in our union who may have worked defined *nonstandard shifts* (see the description of those specific shifts below). The letter was sent to NU members working in the following WHC nursing units: EP Lab, Main OR, Third-Floor OR, Interventional Radiology, ER, ATC, Cath Lab, GI Lab, Hemodialysis, and PACU, and, specifically, to those nurses who may have worked defined nonstandard shifts *between February 2004 and November 13, 2006*. Those shifts are as follows:

1. Started the work shift at 6:00 a.m. and worked 12 hours or more on that shift
2. Started the work shift at 10:00 a.m. and worked 10 or more hours on that shift

3. Started the work shift at 11:00 a.m. and worked 8 or more hours on that shift

The letter also explains that, as result of the 2N-04 settlement, there is now new language in article 11.6 (pages 36–37) of the new contract, in addition to Appendix B of the contract (pages 104–106) containing examples of the application of articles 11.5 and 11.6.

After the affected nurses answer the questions contained in the letter, the union will review their work schedules during the time period described above to obtain sufficient documentation for those nurses who believe they should be included in the 2N-04 settlement. Preliminary union calculations indicate that there may be 60 nurses affected when all letters with the questionnaire are returned and analyzed. If you did not work a nonstandard shift, as described above, between February 2004 and November 2006, you would not be included in the settlement.

The 2N-04 negotiated settlement between the union and the hospital is another successful example of the union monitoring your rights and making certain that the employer adheres to the terms of the contractual agreement. ■

Nursing and Patient Care

Mindy Blandon, RN

Are you frustrated and tired of being pulled away from your patients' bedsides to wheel a patient downstairs for discharge home because you couldn't bear to have him or her wait another minute for the TSA to finally arrive, despite not having passed all your meds? Of being instructed to clean IV poles and equipment when you should be doing patient education? Of being told to change the needle boxes even though your patient's dressings have not been changed yet?

Enough is enough.

A unionized setting such as ours provides a "shared governance" atmosphere because of our jointly negotiated collective bargaining agreement — a signed contract with the hospital. It is a document that describes, in legally binding terms, how we go about the business of providing care for our patients. Look on page 79, at article 30, Nursing and Patient Care. It reads as follows:

The proper allocation of nursing and non-nursing duties enables nurses to *focus on the patient*. The Hospital and the Union share the underlying philosophy *that nurses should devote their work time to delivering optimum patient care...* (emphasis added)

We agree! But what is the reality on *your* unit? Nurses on medical/surgical units, in particular, have been facing an excessive and chronic demand to perform non-nursing duties as a result of the abolishment of the unit-based presence of the PSA (Patient Service Assistant) system. Since that system was centralized, nursing has been picking up the pieces of what remains undone on the units — non-nursing functions. It has become the expectation that the nurse will do it all!

Getting back to basics for nurses means *getting back to the bedside*. Contact your Nurses United elected leadership to share your concerns and unit examples of what should be done to enable you, the nurse, to concentrate on optimum nursing care. Depending on the magnitude of the issues and problems on your unit, the topic may be introduced at the Labor-Management Committee forum, where top representatives of the union and hospital explore problems and attempt to identify workable solutions.

Speak out for your unit. Stand up for your patients. Let's make certain that "patient first" is practiced 24/7 at WHC! ■

Safety Committee Review

Mindy Blandon, RN, 2NW—x3291 day shifts

1. WHC is considering declaring our hospital a smoke-free campus. With that possibility, smoking cessation programs for employees must be on the agenda. If you're a smoker and want to quit, get started today. Go to www.carefirst.com, click on Health and Wellness — My Care First, and then click on Smoking Cessation for an approach that could work for you.
2. Be on the lookout for changes in your supply room! WHC will no longer use powdered latex gloves. Nonpowdered latex gloves will still be used. Nurses who have an allergy or sensitivity to latex should report to occupational health to get a prescription to use only nitrile gloves (blue, nonlatex). The unit is required to make nitrile gloves available. All *vinyl* gloves will be removed from the nursing units, as they are not effective barriers.
3. Good news! There is a MedStar corporate-wide push to use an outside vendor to control our sharps. New containers will be provided, and the vendor will change the boxes and dispose of them. This should mean that nursing and the TSA system will no longer be required to handle these containers. Hopefully, we will see a great improvement in this area. This cannot happen too soon for the safety of our employees and our work environment.
4. Infection control has launched a unit-based initiative to attempt to lower infection rates, specifically to deal with outbreaks of MRSA and *C. difficile*. Medicare recently announced that it will stop paying the costs of treatment for infections, falls, objects left in surgical patients, and other preventable problems that arise in hospitals. Who is the first line of defense at the bedside? The nurse! Volunteer to be your unit's infection liaison. See the accompanying article on infection control. ■



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