

UPDATE 4

AFT Nurses' and Healthcare Professionals, AFTCT AFL-CIO

OCTOBER/NOVEMBER/DECEMBER 2017

Volume 17, Number 4

Letter from the President

I am very proud to be your President of The Danbury Nurses Union. There has been so much going on and I want you all to know that your union is fighting very hard to maintain current policies and standards.

Staffing has been a nightmare, it is not going unnoticed. The good thing about the current union leadership is that we all work full time as well. We are bedside nurses feeling the struggle and are able to report and act on the unsafe, patient/staff issues in real time. Please be certain to complete the on-line survey the hospital has sent out. This is extremely important and takes about 10 minutes.

We have been meeting with HR, Sharon Adams, the Safety and Security leaders as well as the AFT leaders in Hartford and Washington. We are making small steps and continue to strive for a healthy, safe nursing environment. Please continue to let the union office know about situations with specific details so we can address these concerns.

Today was a full 13-hour day in the union office with back to back meetings and then ending in a wonderful seminar on heart failure by Dr. Brian Pollack. There will be a separate section about this lecture by another nurse who attended.

The liaison and Executive board meetings discussed the new Kronos, new policies and Cerner. These things have a lot of negative concerns revolving around nursing and the union is working with many people to make this process run better without disrupting nurses lives and patient care. The union has asked to examine and revise these times of roll out and instituting of policies. One of the policies is about being tardy, 1 minute late and the implications of this to nurses. The union is meeting with leadership next week to discuss the effects on nursing and make every attempt to keep these policies from it past the proposal step.

The new contract books will be out by the end of this month. We have some proof booklets to review and then the go ahead to print and have nurses stop by the office when the contracts are delivered. This was a daunting task of many weeks of reviewing and discovering many errors and then the revisions made and re proof reading. I never realized how long the process was until I had to do it. I have more understanding of why this process takes so long.

The liaison checks will be mailed out before Thanksgiving. For the liaisons that put in the work and attended the meetings, wrote articles for the union newsletter and attended conferences etc. the stipend will be \$500. For those who attended at least 3 meetings, and did the other mentioned requirements, the stipend will be \$250. For those individuals who were not able to do the liaison role but did make a meeting or two, the stipend will be \$50. This was voted on at tonight's executive meeting. I hope those who did the role and want to continue, please let the union office know. Because this is the first year doing this role of liaisons, we realize nurses may not have known the obligations so well and may want to continue. Please let the office know and if you do not want to continue, please let us know that as well.

The Labor Management meeting is next Thursday. Please know that this union team is working hours upon hours to make things better. Please continue to email the union office concerns, be involved and most of all, remember each and every one of us are the union.

In Solidarity,

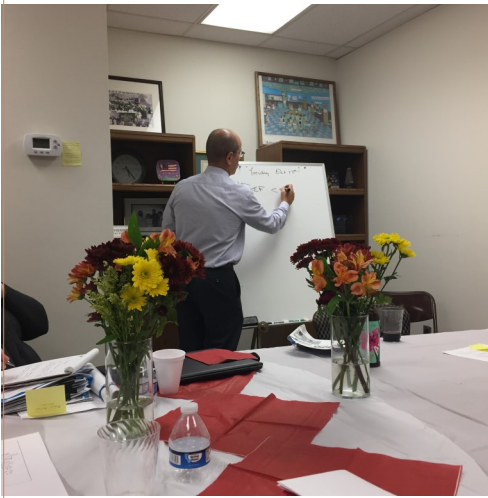
Janice Stauffer, BSN, RN

Lecture on Heart Failure

On October 17, I had the privilege of attending Dr. Pollack's lecture at the union office about congestive heart failure (CHF). Over 5 million people have the clinical diagnosis of CHF, with 500,000 new cases being diagnosed each year. Heart failure can be divided into 2 main types: Heart failure with reduced ejection fraction or HFrEF and heart failure with preserved ejection fraction or HFpEF. HF with reduced EF comprises those patients with an EF <40%, whereas HF with preserved EF comprises patients with an EF >50%. Both have a 50%, 5-year mortality rate. The standard of care for treatment of HF with reduced EF are ACE inhibitors, the most commonly used is captopril. Diuretics are also used to keep patients euvolemic, meaning they have a normal fluid volume within their body. Dr. Pollack also introduced us to a new medication called Entresto. This is a combination drug consisting of valsartan and sacubitril used to counteract the effects of HF. Sacubitril blocks the activity of an enzyme called neprilysin. When this enzyme is active in the body it breaks down the peptides which help relax blood vessels and decrease sodium and fluid in the body. Sacubitril inhibits neprilysin so these peptide levels can go back up. He warns of a common side effect, that of hypotension, so monitor closely!

A big thank you to Dr. Pollack for his very interesting and informative talk. I look forward to future lectures.

-Susan Hill (9T)



Code 33

Have you ever heard an overhead announcement for a Code 33? In the ICU, we start prepping a room and getting an Arctic Sun because that means a patient with a prehospital cardiac arrest is emergently being transferred to the ICU. When the patient arrives, Arctic Sun pads are placed on the patient and they are cooled to 33 degrees Fahrenheit. This is something we do to try help preserve brain function—think of it as a means of smothering the metabolic fire that occurs in the brain post arrest. The cooling phase lasts for 24 hours, then rewarming begins. Rewarming takes 12 hours, going up only 1/4 of a degree every hour up to 36 degrees. It is a critical time for a patient, electrolyte shifts and cardiac arrhythmias can complicate recovery. So why do we do this? World-wide, the survival rate for prehospital arrest is 6% with 20% of these patients regaining neurologic function. With the advancements such as Code 33 protocols, that same 6% of people who survive a prehospital arrest are surviving with 47% regaining neurologic function. Want to learn more? Keep an eye out for critical care education days!

Kerry Sparraco, ICU



You are Invited!!!

Unit 47 Holiday Party

Friday, December 1, 2017

5:30 PM – 10:00 PM

The Amber Room Colonnade

Hors d' Oeuvres at 6:00 PM

Surf & Turf Dinner at 7:15 PM

(Gluten Free and Vegetarian Choices available)

Music and Dancing / Cash Bar

All Members, RN Retirees and Guests

Let us celebrate our Solidarity

Meet new friends

Get together with treasured friends

\$50.00 per person

Make out checks to: Danbury Nurses' Union

Please Mail Checks and Seating Requests by October 15th to:



Danbury Nurses' Union
Danbury Executive Tower
30 Main St. Suite 202
Danbury, CT 06810-3006

Tel. # (203) 748 4774
aft5047unit47@gmail.com



We have extended our RSVP time. Please send checks and seating requests by **November 15th**. Don't miss this amazing event!

Will You Answer the Call For Workplace Safety?

Healthcare workplace violence is under reported, ubiquitous, and a persistent problem that has been tolerated and largely ignored. According to JCAHO, hospitals were once considered safe havens but are now confronted with various facets of crime including assault, rape and homicide. Have we become complacent to the shooting that took place on our grounds in 2010? This was the focus of a conference attended by Janice and myself in September at the AFT-CT office in Rocky Hill. We were educated on workplace violence prevention laws for the State of CT. Under the law, an assault of a health care worker is a Class C felony. The law protects workers in healthcare facilities which employ 50 or more full or part time workers--keep in mind that this excludes workers in the small group homes which services many of our patients. Our law is much more comprehensive than many of our sister states, including Maine, which has a workplace safety law that is exactly 2 sentences. Our law protects direct and indirect employees and volunteers who have direct contact with patients and/or their families, including workers who process records or escorts patients. Our employer is required to maintain records detailing the incident, including the specific area where the incident occurred. What it does not include is pertinent information such as the severity of injuries, identifying information about the victim/perpetrator, witnesses, the time of the event, or a detailed description of the event. So what does this mean for those of us who work at the bedside? First, be mindful. If a patient/family member is exhibiting aggressive behavior, do not address it alone. Please illicit the help of the supervisor and security. Your safety is our number one priority. In the event that you are the victim of an assault, report it! In the next few weeks, Janice and I will be meeting with the Danbury police to review the law with our local law enforcement. Under NO means, will violence be tolerated in our workplace. Janice is currently part of the hospital's Safety committee, a position that has not been held by any union member since the development of the committee--this only gives our union membership more strength at the bargaining table. Lastly, moving forward into 2018, we will be partnering with fellow AFT members at UCONN, Windham, and L&M hospitals to lobby for laws that include a more comprehensive process for reporting workplace violence. Want to be part of the process? Email your union team. Together, we are AFT strong!

Megan O'Toole

Medicare

Medicare law has not changed since 1965, so why are doctors' offices having patients sign a waiver that the patient is responsible to make payment?? The doctors that are receiving Medicare have agreed to receive the 40% payment and they are not wanting this pay cut. Therefore, the offices are trying to make the patients responsible to pay the difference. This is not something that should be done. The law protects the patients and please inform people on Medicare not to sign that they will be responsible for the difference. Please be informed and be in charge of the care, as well as the understanding of the cost. There is a free booklet that can be printed out and kept for reference: Medicare and you, 2018. Please go to Medicare.gov and print out this information or just know where it is to inform patients and families. Each year can be viewed, it explains Medicare A and Medicare B, there is so much information and we owe it to ourselves and patients to understand the law.

Remember, do not sign that you will be responsible to pay the difference in Medicare payments, this is the assignment these doctors have agreed to in the realm of receiving Medicare.

Janice Stauffer RN, BSN

Danbury Nurses' Union Unit #47

Update 47 is the official publication of Unit #47

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UPCOMING EVENTS

Holiday Party December 1st