Danbury Nurses' Union Local 5047

UPDATE 4

AFT Nurses' and Healthcare Professionals, AFTCT AFL-CIO

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A View from the Bedside

To Sharon Adams and the nursing management team,

I am a bedside nurse (on the night shift) at Danbury Hospital. I work in many different areas as part of the 'Unit Without Walls'. I see a lot and hear a lot. I have also worked in different health systems in two other countries previously but for the past 22 years I have provided nursing care here at Danbury Hospital as a 'Float'.

A fellow nurse asked me recently how long it had been since the work and morale here had been reasonable. Reflecting on this question, I felt it had been at least two years, maybe more. So many changes have happened in this time frame and with each change or new expectation the job has got harder and the time it takes to "pull it all off" (so to speak) has lengthened. I don't expect healthcare to 'sit still'. It is an ever evolving field and an even tougher business since Healthcare Reform and our CT Governor's tax implications - however I feel management does need to go further to provide adequate staff, resources and support to help us carry out the work.

Morale has been so low for so long now that this is highly concerning. As I go around the hospital I hear that so many fellow nurses are "looking for something else". As the months have moved on I know that some have found another employer. I was working on 12 Tower recently and a nurse was giving report to me on a couple of patients. I thanked her for her very comprehensive reporting. I had always been grateful for them. (She did not leave me trying to 'figure out the big picture'. This is something that is often lost with the report in front of the patient.) She then announced that this would be her last report to me since her final shift was to be the next day. The number of staff 'moving on' or wanting to do so is growing. This does sadden me.

I hope DH will not see a significant exodus. Some workers live very close to this hospital and need that proximity. WCHN does hold three major 'trump cards' - flexible scheduling (mostly), pay and benefits. Even with these favorable factors in place however, the organization is losing some very good staff members. I have seen many ups and downs in this hospital over the years - as I said - twenty-two! - however I feel the morale has never been 'rock bottom' for such an extended time.

The staffing levels together with the high acuity are also a huge concern and frustration. I keep hearing that we are just having a 'patient surge' and 'unexpected numbers', but this has actually now become the norm. When your phone blows up almost constantly during the day and night with requests for more staff and for people to 'pick up extra', your stomach starts to churn as you put on your scrubs at home. One text in November read "Night Shift. RNs needed for 12T, 10E, 10W and/or 9T. Please call staffing if you are available for an extra night shift." Read that before you come to work and your heart sinks. Some staff members have told me that they have blocked these messages since it is far too depressing before getting in their cars. When we are expected to take 7 or 8 or 9 patients on the night shift, it is highly unsafe. We need to say a prayer over our license before we start work. The challenge is to 'survive' the shift with your license intact and your patients safe. Really a very basic goal that it has come down to - but for far too many shifts. Never mind if the patient is highly satisfied with the care and feels like we are giving them our total and undivided attention. We try, but if all the standards are not met then we cannot be responsible for the ongoing situation at the bedside.

(continued on page 4)

Message from the President

Hello,

The year of 2017 has certainly had many challenges although Unit 47 Nurses have accomplished so much. During my first year as President of Danbury Nurses Union, we were able to get a strong contract during weak economic times. The Multispecialist roles were being considered to have 2 positions omitted. With strong and creative teamwork, the jobs were protected. The Labor Management meetings have been focused on units and making things better in unit specific ways. There still is much work to be done, and I feel we will continue to thrive.

A nurse from Ridgefield Surgical Center was laid off due to low volumes and I was able to ensure her another job in Interventional Radiology within 45 minutes of her lay off. Thanks to our contract and teamwork, this nurse did not miss a single paycheck.

The Liaison meetings and Executive meetings being on the same day of the month with scattered times have ensured nurses to come and discuss concerns on their units. This is huge because under this new hierarchy and union involvement, there are many more active members.

The Nursing Forums with Sharon Adams have shed light on many things that were not exposed. There is another open forum January 29th, please come with all concerns and solutions. The previous open forum led to 42 nursing positions to be posted. Walking rounds with Senior Leadership from the Union and Hospital will be done as well and the first date is January 31st.

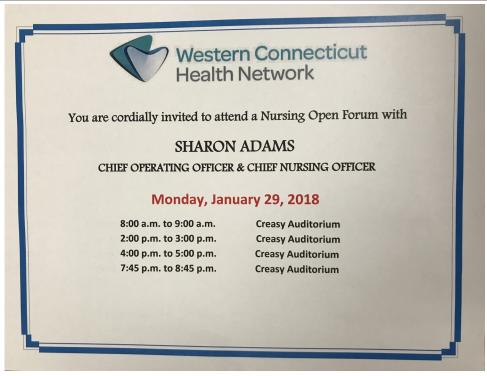
There are many challenges ahead with payroll issues, Cerner, new policies, etc., that remain road blocks. I hope to make them stepping stones with our solidarity and hope for the greatest good. Continue to do your personal best and we will all notice the goodness in what we do and in serving our patients to optimal health.

These are wonderful accomplishments and it would not be possible without all of you.

I thank you all,

Sincerely,

Janice Stauffer BSN, RN President, Unit 47



As President of Unit 47, I want to extend a huge thank you to all the liaisons of Unit 47 for all of the hard work they did throughout the 2017 year. The responsibilities of being a liaison include attending monthly meetings, writing 2 articles for the union newsletter and attending 2 AFT/Union conferences.

This is a noble and very meaningful job. Please know who your union liaison is for your unit and if there is not one present and you would be interested in this rewarding job, please send an email to the union office. We are always looking for positive role models to fill the role of the union liaison. The stipend for each union liaison is \$500 for the year, paid out in November, when the previously mentioned duties are fulfilled. Partial stipend payments are allowed, however, the full stipend is deserved and much appreciated by the nurse as well as the Unit 47 Union for a job well done.

Please thank your unit liaison for all the efforts to be the bridge between the Union and the Hospital. Without this collaborate approach, the voices of our nurses would be difficult to be heard. Remember, we are many nurses with a strong, loud voice. We can and do make a difference in the lives of our patients and ourselves. I am extremely proud to be President of Danbury Nurses' Union, Unit 47 and look forward to many years of solidarity and the commitment to excellence with all of you.

Sincerely,
Janice Stauffer

Membership Update

In 2017 AFT Connecticut requested that all Unit 47 Members sign new updated membership cards. Our previous cards were outdated and needed to be updated to current times. During Negotiations Unit 47 obtained many new membership cards. Unit liaisons worked very hard to get cards signed. Unfortunately, not all members have signed their new membership cards. My goal, as well as unit 47 is to get all of our cards signed. All members deserve the RIGHT to voice their opinion. Signing your card provides you the RIGHT to voice your opinion, the RIGHT to vote on important elections and the RIGHT to vote on topics of concern. After all, "YOU ARE THE UNION!" YOUR VOICE COUNTS! If you have not signed your membership card, please sign it. Each unit liaison has the list of who has not signed, as well as our office. Please sign your card. You know your profession and the dedication it requires. You are THE MOST RESPECTED AND TRUSTED PRO-FESSION!

In Solidarity, Tiina Hawley 2nd Vice President, Unit 47

Dear Colleagues,

In May 1980, the RNs at Danbury Hospital went on strike that lasted for twenty-one days. They felt very strongly that Management should hear their voices and concerns regarding inadequate staffing and safe patient care issues.

Since that time in1980, your Unit 47 Danbury Nurses' Union Leadership has been in the forefront in negotiating our Nurses' Contracts. Every day, we profit from the many years and countless hours of hard work put together by the negotiating team in order to afford us job security and safe working conditions. However, no contract is perfect; Unit 47 Leadership, in preparation for the negotiations in 2020, has already started evaluating and working on revisions that will conform to the current times.

Similarly, the people who volunteer to be Unit Liaisons have an equally important role. They are the direct line of communication between the members and the union leadership. They have the responsibility to address and bring forward any problems affecting their home units. Their commitment to fulfill their tasks is invaluable.

Our Collective Bargaining Agreement (Contract) is a very important document that affects many aspects of our daily work. I encourage everyone to read and become familiar with it and to continue to be well-informed of the hospital policies that are pertinent to our jobs. In the coming years, quite a few of our most senior and experienced nurses will be retiring. It is time for our young generation of very bright and technically skilled nurses to step up and be involved. We need to preserve the contract that our predecessors have painstakingly put together in order for us to enjoy today, the peace of mind knowing that we have a voice when our job security and benefits are concerned.

In Solidarity, Leodie A. Salazar RNC BSN Unit 47 Vice President for Grievance (continued from page 1)

I feel that from the management standpoint this organization is primarily concerned about the 'Three Ss' (as I see them) - Skin, Safety and Satisfaction Scores. The bigger picture of the patient's hospital stay, treatment plan, etc. is much further down the priority list. As a nurse who likes to have the total picture, this has been tough adjustment for me. That first couple of hours of your shift when you don't 'know' any of your patients (and this is typical for me since I am a Float nurse) is a huge safety risk. Your new admission is just arriving at shift change, you are trying to get report on all your other clients from 5 different nurses, two patients already requesting pain medication (since we woke them up as we stepped in the room for report), your PCT is telling you someone is complaining that they "can't breathe" and your patient in the hallway is constantly setting off his chair alarm. The 2 RN skin checks and skin care done at shift change represent an additional time factor. This is an example of a 'typical' scenario for me as I start my work. I often don't even get to check my Patient Care Orders, verify code status or check the most recent vital signs/critical labs on all my patients for quite a while. Management personnel who have been away from the beside for a number of years may not fully understand 'my walk', but Open Meetings at least give us a chance to tell our side.

A few months back I was on 11 East. On one notice board there were the Press Ganey results up there with some highlighted scores where 'we must do better'. On a nearby notice board there was the filing of 'unsafe' staffing forms. The first push pin was so fully loaded with paperwork that a new 'stack' of these forms was also needed (right next to the first collection). Hmmmm......two piles of unsafe staffing forms and some 'not to goal' patient satisfaction scores. My feeling is that the two almost certainly go hand in hand.

A couple of months ago I had a shift on 9 Tower that was highly concerning to me. My eighth patient was an admission. He had been in restraints in the ED for AMS (Altered Mental Status). Safety was a big concern - since the Dementia seemed quite advanced. It took me a while to get report on my 7 other patients and quickly assess this new one as the admission came up around shift change. During the course of this shift one of my detoxing patients was escalating and went from soft point wrist restraints, to four point and then to 4-point leather restraints. A high SAS (of 7 repeatedly) and requiring practically hourly IV Ativan - but no ICU/PCU evaluation "until morning" or the next shift. One of my 8 patients needed very little. A sixty something year old female with Pancreatitis, A&O, no pain since NPO with IVF every four hours. She was walking, talking and not a safety concern. She was not located near my other patients. I signed her rounding sheet at 00:10 hours after assessing her, doing VS and hanging a bag of IVF. The next time I signed that sheet was at 04:10 hours after hanging another bag of IVF and checking in on her. That was four hours later!! By DH standards was that not sufficient but also by my own standards that was not acceptable either. I shared with the PCT that I felt very bad. I was assured by my assistant that my patient had been fine and needed nothing over the previous few hours as she had been sleeping. I had my hands very full with my other 7 patients. Security had come to my aid three to four times when I'd called them (for my problematic detoxer) and the burden to keep my 7 other patients safe was huge. Asking for help from my fellow workers was not really an option. They each had unsafe patient numbers with high acuity. Just another example of the 'walk' we take when doing our jobs.

I'd finally like to touch more on the morale side. I feel management can at least go some way to helping with this. We as nurses are feeling like the finger pointing is on the increase. In some conversations I have heard coworkers even use the term 'bullying' (more than once). Again - sad!! (As I've said I see and hear a lot.) It is as though the message that comes down from 'above' is that we had better cross, dot, circle and sign all we need to since you are 'watching' us. I also heard that some staff had been told that management can see us remotely from home on the cameras. I don't expect 'warm and fuzzy' treatment from management but a more supportive stance would be most welcome and not an unreasonable expectation. We are expected to get through the check list above, care for our patient well (those satisfaction scores are so important), document thoroughly, take our breaks and get off on time; far too tall a request when you have unsafe staffing levels and/or unrealistic acuity levels. Even photos of the 'rounding sheets' have apparently been shown to nurses on a manager's phone to prove that at least one of the hourly 'signing' columns on the sheet was indeed missing a signature.

Danbury Hospital pays me well to come to work and I turn up with my 'A-Game' and work hard. That is only fair. However, as staff we are 'human' and not 'super human'. We can't be in 5 places at the same time. All we can do is try to prioritize when the staffing levels and high acuity are presenting us with such impossible challenges.

I am hoping that management can gain some insight into the present role of the bedside nurse with a few of these examples and some heartfelt comments.

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Amanda Hutchins, RN (UWW)



Healthcare Council 2018 Meeting Dates

Dinner will be served.

5-7pm

AFT Connecticut 35 Marshall Road 2nd Fl. Soifer Rm. Rocky Hill, CT

- January 22
- February 26
- March 26
- April 23
- May 21
- June 25

- July 23
- August 27
- September 17
- October 22
- November 26
- December 17







Alice Hamilton Day Pioneering Woman, Will be Honored February 27, 2018

Western Connecticut Area Labor Federation has endorsed the Alice Hamilton Day 2018 event which is being hosted by CTCOSH and CCEJ.

The event will celebrate the life of Alice Hamilton on her birthday, Tuesday, February 27, 2018 at 12 noon, in the legislative Office Building at the Capital. Attendees will attend a workshop with a video.

Alice Hamilton was a leader in the study of workplace hazards such as lead and mercury poisoning. She was an advocate for women's rights and the first woman professor at Harvard University. She went to Porter's school and lived in Haddam, CT from 1935 until her death in 1970. Please take the time to review the biography of Alice Hamilton on our website. http://ct.aft.org/unit47

We will car pool form office leaving at 10:00 a.m. We will be back for you to go to work for 3:00 pm.

Invite family and friends to attend.



SAVE THE DATE

March 10, 2018 Western CT Legislative Reception 9:30 am to 11:30 A.M.

You do not need to travel to Hartford, Meet with our local legislators' right here in Danbury area. Place to be determined, but put this in your calendars. Do this for yourself!

Legislative Report

RESOLVE TO BECOME A LEGISLATIVE ADVOCATE FOR 2018.

Did you make any resolutions to start 2018? How much do you value your life style and nursing license? Is this the year you resolve to say," yes I will do it, I will get involved to stand up for myself and my license? January is a good time to say, "I'm worth it"!

How do you do this? By becoming a Danbury Nurses' Legislative Advocate/ Liaison for your town. All you have to do is say, "YES", I will make a call and email my legislator. It does not involve a meeting, you can do this from your IPhone. You will be giving talking points and a message to convey. You can add your own comments as well.

How does this protect you and your license? By making our lawmakers aware of important laws that directly impact your lifestyle and license. We, as nurses, do the work. We know what is best for patient care. Nurses are the most trusted profession in any survey taken.

As we enter the 2018 State legislative session, your incredible willingness to become an advocate will give us the strength we need to face the challenges ahead.

Danbury Nurses have helped to stop mandatory flu shots and changes to the Nurse Practice Act. We helped pass work place violence legislation and worked to have safe staffing by mandating Hospitals submit annual staffing plans open to the public.

Unit #47 members can help AFT Connecticut "Bring home the Gold" again. JUST SAY YES.

To sign up send an email to our Unit #47 email, <u>aft5047unit47@gmail.com</u>. Put legislative advocate in the subject line and in the body of the email, say yes I will be an advocate for my town.

Sign your name, include mailing address (in case we do not have most current). The best phone number to use and make sure the email you are using is the one we use to respond.

Resolve to help yourself in 2018.

Thank you,

Mary Consoli, AFT Connecticut Legislative Advocate for Danbury Nurses

2018 Hospital Policies

The Hospital would like to implement many new policies this year. Unit 47 has not agreed to these policies. The Union continues to meet with Human Resources regarding these proposed policies and we will continue to bargain over these policies. In the meantime, it seems that the hospital has implemented some of these policies prior to agreement.

We encourage our membership to clock in on time. You are legally able to clock in 7 minutes prior to your scheduled shift start time. The Union is working very hard to bargain all these new policies to everyone's satisfaction. The next meeting is scheduled for this week. More information to follow as these negotiations progress.

Tiina Hawley 2nd Vice President, Unit 47

Danbury Nurses' Union Unit #47

Update 47 is the official publication of Unit #47

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