



LIFELINES

MNA Committee

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Labor & Delivery...2-5435

Double Vision

There has been some talk about the new vision for nursing here at BWH. The “five-year plan” has been presented by nursing leadership in many different forums. Nurses come away from these presentations with mixed emotions. On one hand, we are hopeful that real improvements surrounding our practice, our safety, and our ability to effectively care for our patients will occur, but the reality of what is happening throughout the hospital leaves us feeling unsupported.

At our recent open meeting, nurses talked about the frustrations of dealing with the unsafe staffing situations that have become routine. The admission of patients into hallway beds because the rooms are not ready puts a tremendous burden on staff to protect patient confidentiality. Patients are being held in operating rooms for up to two hours while they wait for beds to become available. In the ICUs, patients who have been appropriately 1:1 are now 1:2 because

management is “benchmarking” us with other hospitals. I believe the Brigham nurses should set the standards for our patients.

Nurses also spoke of the unprofessional treatment from “toxic” managers and supervisors. Nurses feel that certain managers/supervisors are vindictive if nurses speak out about unsafe situations. These situations are the responsibility of nursing management and they have, at times, failed to meaningfully address them.

How many “code grays” are called during your shift? Nurses spoke of being placed in the “good nurse/bad nurse” scenarios where they are trying to protect patients from over-crowding and unruly visitors. The lack of a responsible visitor policy is putting patients and nurses at risk.

The reality for nurses today at BWH is that, at times, we cannot even envision getting through our shift, let alone embrace a five-year plan. When the



Barbara Norton

hospital is over 100 percent capacity the pressure on the nursing staff continues to erode the moral, safe practice and safety of the nurses. If management is going to run the hospital this way, they need to staff it effectively and safely.

It is important for nurses to speak out about the poor conditions they may be working under... this can and will bring meaningful change. No one can take away our power unless we allow them to ...“OUR” vision is crystal clear.

In unity,
Barbara Norton,
MNA Chairperson

Unsafe Staffing, Unsafe Assignments

The hospital is never going to stand behind your error in judgment or mistake, *but it will do everything it can to make you take the assignment.*

A recent scenario in one of our ICUs left a charge

nurse with two patients. One patient was an asystolic donor. The level of nursing

care required to support the donation process kept the NIC off the floor with the donor for a couple hours. His other patient also needed to travel. Thus, the NIC with two patients, was unable to perform his charge role of staff support including physical as well as clinical care of his own patient assignment. So where is the unsafe staffing report? What? Too frazzled to fill it out? Too tired to go “find” it? Too demoralized to even care? Ca-ching, ca-ching they win! And patients and nurses lose!

Do you feel that you actually are giving excellent and safe care when you float to a unit where you have never been oriented, or are given an assignment for which you are not clinically prepared to deliver care? Recently, several nurses in the bargaining unit have been floated to units where they

have not had an orientation and have been given patient assignments that are out of their competency range. Are you one of those nurses who doesn’t speak up about this? Who would rather take the assignment, cross their fingers and let the gods take care of them because they are too **afraid** to refuse the patient and, even worse, too afraid to speak to their Nurse Manager about it? If you accept a patient who is beyond your level of competence, (meaning you have never had a full orientation to that type of patient) you are putting not only your license **but** your patient at risk. Your first action in this kind of scenario is to inform the NIC that you are not competent to provide the specialty care required for this patient. We are very aware that this can present a stressful moment for many nurses, but **you** are the only one who knows specifically with which patients you are competent. Any nurse acting as a NIC who makes out an assignment is responsible and

accountable for his/her actions. We will say it again for those of you who have not heard this in a while: You are responsible and accountable for your decision to accept a patient you cannot care for. So speak up, follow up and refer to your contract. There is specific language pertaining to inappropriate assignments.

When bad assignments are made and good nurses accept those bad assignments, **beware!** The hospital is never going to stand behind your error in judgment or mistake, but they are going to do everything they can to make you take the assignment. After all, they have a business to run. If this is happening to you and your colleagues, go to your nurse manager and

explain the specifics of the situation. She/he should speak to the manager of the unit in which this is occurring. And please be

sure to use the unsafe staffing forms as well as another way of communicating your concerns.

You are responsible and accountable for your decision to accept a patient you cannot care for.

We Have a Vision Too!

The nurses at Brigham and Women's Hospital are also committed to a vision of excellent care for patients and families. We always have been. In fact, if you talk to some of us you might think we invented the concept and, actually, we did. But the corporate monster of market-driven health care continues to attack the vision for safe delivery of excellent care. Is the profit in the term "non-profit" being reinvested in the vision for safe delivery of care or is it being reinvested in corporate business plans to own all of New England health care? Our vision and the investment in our NURSING PRACTICE are consistently threatened by those who refuse to challenge the status quo.

Can the expectation for the delivery of care in a safe and supportive environment be realized with lower staffing ratios in any of our units? Can introducing more paperwork (13-page assessment forms) increase the actual time we have to deliver this care when staff members already have trouble getting to a lunch break or even to the bathroom? Can the delivery of excellent care be provided when the Nurse Manager uses interrogation and intimidation tactics with staff or NICs to change a 1:1 ratio to a 1:2, forcing bedside nurses into unsafe assignments?

Your union is aware of these ongoing issues and they have been addressed during the Nursing

Advisory meetings. We still have a vision too.

Remember, if you

determine

your

assignment

to be

unsafe go

to your

NIC,

Nurse

Manager or

off-shift supervisor with

your concerns. If you are

not satisfied with the

response the next step is to

utilize the staffing concern

report. The staffing

concern reports are made

available for the unit by the

Nurse Manager. Please

continue to fill them out

on your shift, within thirty

days of the concern. Have

them signed by other

nurses present as they are

affected as well.



Our vision is that our nursing practice be supported, protected and implemented in the professional and safe environment that the BWH nurse thrives in.

Our vision is that every patient receives nursing care that is nursing driven within a collaborative interdisciplinary environment that supports a holistic focus.

Our vision is to deliver nursing care unencumbered by system failures that neglectfully impede the expedient delivery of patient care.

Our vision is an institution that supports the professional practice of nursing at the bedside.

Our vision is Nurse Managers who respect themselves as nursing professionals and reflect this through a mutual respect of their staff.

Our vision is to have Nurse Managers who invite bedside nurses to communicate their concerns and challenges and provide appropriate and supportive feedback and follow-up to these concerns.

Our vision is that Nurse Managers are supported by an administration committed to providing the appropriate tools to support a nursing staff committed to safe and excellent patient care.

Our vision is to provide the highest level of compassionate nursing care guided by our professional code of standards and code of ethics.

Our vision is to always have enough nurses to enable this vision.

Committee Evaluates Contract Proposals

In response to our mailing, the committee received numerous

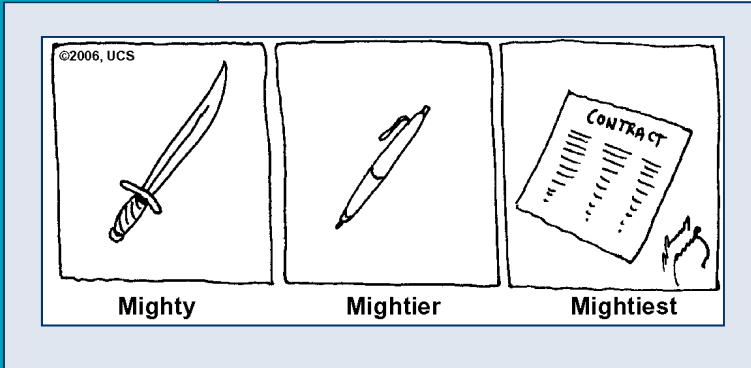
mailed to MNA in Canton, Shelley Reeve, our MNA liaison, reviews the

Unfortunatly, this means that not every proposal submitted to the Committee will be accepted.

proposals, collates them and summarizes them for presentation to the Committee. The Committee then reviews every proposal and

It is necessary that members of the Committee keep the list of proposals confidential. If management were to know of our plans before we reached the negotiating table, then we would suffer a serious loss of leverage.

Management has agreed to begin negotiations in July. We plan to keep the bargaining unit apprised of progress through a series of general meetings. Please watch for notices of the dates and times.



suggestions for modifications or additions to our contract. We thank you for taking the time to fill out the proposal forms, and for taking an active part in our contract process.

What happens to the proposals? Since they are

prioritizes them according to their importance to the bargaining unit as a whole, the frequency of their mention, and their probability of becoming part of the contract. We then try to reduce the list to a number that is reasonable to work with.

To All Ambulatory Nurses

By Connie Gassett

As you know, the ambulatory nurses are scattered far and wide throughout the hospital. As your union representative. I'd like to know your concerns and touch base with all of you. I requested a list of all the ambulatory nurses and got a multiple-page listing. The only way of reaching all of you is through the

hospital e-mail system, and because it is union business I didn't feel comfortable doing that. Also, management couldn't assure me it was a complete list and I don't want to miss anyone.

I want all of you ambulatory nurses to know that I am available to meet with anyone who has concerns or who just want to establish contact.

My phone numbers are: work 617-732-4806 and home 617-566-1589.

Get in touch and let's arrange a time and place to get together. I realize that often the concerns of the ambulatory nurse are unique and I would love to hear from you and discuss what you feel are your main concerns.

I hope to hear from all of you.

Brigham & Women's Health and Safety

Remain Alert To Environmental Changes

How to Report Health and Safety Concerns

If you have any health and safety concerns or if you believe that your work environment is compromising your health:

- **You must inform your Nurse Manager and NIC.**
- **You should also call Occupational Health Service (OHS) at 617-732- 8501 M-F 7a.m.-4:30p.m. (OHS on-call NP beeper 34414 after hours including weekends nights and holidays).**
- **Call the Air Quality Beeper 15000 in the event of unusual odors (e.g. sewer, oil, diesel or other construction related odors).**
- **MNA representatives should be contacted. Reps' phone numbers are located on the MNA bulletin boards.**

Mary Anne Dillon RN
3BC
MNA Health & Safety
Rep.
Ext. 27780

As you know the Massachusetts Nurses Association supports a safe work environment for nurses. A review of the line of communication currently in use regarding emergency adverse events, work safety and environmental concerns has revealed the need for nurses to remain alert to environmental changes within the hospital. The consistent reporting to the appropriate department will facilitate a healthy and safe work environment to the benefit of all.

Poor indoor air quality caused by construction projects, routine building maintenance and climate control problems may cause headaches, nausea, dizziness, eye, nose and throat irritation, coughing, wheezing, allergic reactions and exacerbation of respiratory conditions.

Prompt recognition and reporting of the conditions that can lead to adverse health effects allows for changes in scheduling, product selection and timely adjustments to the ventilation system.

FYI

- Know your contract. Always check the interpretation of the contract language with your representative, NOT your Nurse Manager. If you have any doubt that your manager is misinterpreting the language in our contract, PLEASE clarify it with a union representative before accepting management's interpretation.
- Vacation hours should be published for each week for all to see.
- Medication Reconciliation is not our responsibility. We must, however, document the meds that the patient or care giver tells you about.
- You do not have to accept the role of Preceptor.
- If you are asked to stay to work extra hours or an extra shift in exchange for a day off, you do not have to use your vacation or sick time.
- Negotiations begin July 13. Your union spokespeople are here to represent you, help you with questions, and to negotiate a strong contract for our members.

Solidarity

What It Means To Stand Together

SOLIDARITY: *n:* community of interests, objectives or standards in a group. *Syn.- see unity. Implies oneness, especially of what is varied and diverse in its parts. Implies unity in a group or class that enables it to manifest its strength and exert its influence as one.*

As nurses, even within one institution, we are varied and diverse. We work in

institution as a whole. Each time we encounter a problem, we look at it as a small part of a larger unit. A solution that is good for one person, or one unit, but not good for the rest of the bargaining unit is deemed unacceptable.

As members of the bargaining unit, you must also think of the overall effects of a strong contract. In the future, your support will be needed for issues that may not effect you as an individual, but will effect you as a member of the larger group. If we let our personal interests or agendas take precedent over those of the group, then we will be easy targets for division.



Every solution must, in some way, contribute to the betterment of the entire bargaining unit.

Our intent with contract negotiations is to also improve things for all MNA members at BWH. While some proposals may benefit smaller groups within our union, the contract we are working toward will improve conditions for the entire organization.

As negotiations progress, management will begin subtle initiatives designed to weaken our bonds of strength. Attempts will be made to divide us. You may hear that improving something for one group is unfair to the rest, and you will be

different specialty areas, we work different shifts, we come from different backgrounds, and we have different lifestyles and personal interests. And yet, we work and speak as one. As members of our MNA bargaining unit, we come together in strength and solidarity.

Members of the MNA committee were elected by the bargaining unit to represent each and all. As a committee we work to improve or correct situations on individual units, with individual nurses, and within the

Each gain we make, no matter how small, strengthens our contract. Each benefit that we protect and retain, strengthens our contract. A strong contract is good for all of us.

We must show management that our diversity is part of our strength.

encouraged to oppose or speak out against our proposals. Instead, you must think of our contract as a whole. If it is weakened, we are weakened.

Our contract has been built over a period of

...Solidarity

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years. Each improvement adds to and builds on the others. For example, maternity leaves have been granted for years. Then paternity leaves were added, and finally adoptions were included as well – not because so many nurses adopt children, but because it gives us a better

contract, one that is fair to *all* nurses. The result is a stronger contract with better benefits.

Management has tried very hard in the past to divide us. They hope that our diversity will work to their advantage. We must show them that our diversity is part of our strength. As individuals

we must embrace our differences, and value the needs of each group or sub-group. By standing together and supporting each other, we multiply our strength. Together, we can get **a good, strong contract** – one that offers improved economics, job security and working conditions for all of us.

Holiday and Vacation Time

Are You Being Denied Earned Time Off?

The Committee has recently become concerned that members of the bargaining unit are not getting the holiday and vacation time that they deserve. We have been hearing from nurses that requests to use their earned benefit time have been denied because the maximum number of non-productive hours has already been allotted. If this has happened to you, or if it is occurring on your unit, please contact your MNA representative.

It would be helpful if a volunteer or two on each unit sat down with the time book to calculate the actual number of vacation and holiday hours that are needed to give everyone their full amount of benefit time. This will involve a little bit of effort and a calculator, but having the results will enable us to

make our argument for more non-productive time.

Each nurse earns 11 holidays each year, and the amount of vacation time depends upon length of employment: up to three years = three weeks. After three years, four weeks, and after 10 years at BWH, nurses earn five weeks vacation. Both holiday and vacation time is pro-rated if the nurse works part time. Most seniority lists contain the date of hire for each nurse, this can be used to determine vacation earnings. (Per-diem nurses should not be included in these calculations.)

We are advising all nurses to pay attention to their accumulated vacation time as noted on your pay

stub. The maximum accrual allowed is also noted on the stub. If you “max out” you are in danger of losing additional vacation time. Prior to reaching this point, you should contact your nurse manager to ask for time off. Except during the summer vacation period, you should reasonably



expect to be given time off to prevent the further loss of your earned vacation time. Unless it is to your advantage, you should not take pay in lieu of time off.

Safe Staffing Saves Lives

Now Is Your Time To Act

Much of this newsletter deals with ongoing concerns by Brigham and

practice. Right now, the MNA is close to passing H. 4988, the redrafted

version of the safe staffing bill, which passed the House of Representatives and is being considered by the Senate. The hospital industry, including our administration,

We need every RN in Massachusetts, and your family and friends to contact their State Senator in support of the House passed Safe RN Staffing bill, House Bill 4988.

And keep contacting your State Senator every 48 hours – the hospital industry is doing everything to obstruct passage of this bill. Let's keep the pressure on and not let them be successful.



Women's nurses about issues related to safe staffing and safe nursing

is doing everything it can to kill this bill. You can help make it a reality.

How it will help you

- Sets a safe limit on the number of patients assigned to an RN
- Bans mandatory overtime
- Prohibits the replacement of RNs by unlicensed personnel
- Prevents floating without proper orientation to the unit
- Prevents a reduction of ancillary staff (i.e. LPNs, Aides)
- Includes nurse faculty, education and scholarship incentives and refresher courses for nurses returning to the bedside

What you need to do

- Tell your state senator this bill needs to pass!
- **PHONE:** State Senate 617.722.1455
 - **EMAIL:** Go to <http://capwiz.com/massnurses/> to email your State Senator.
 - **TO FIND YOUR LEGISLATORS:** Got to: <http://capwiz.com/massnurses/> and scroll down to "My Elected Officials" and enter your address.

H. 4988, the new safe RN staffing bill is close to final passage...

- ☑ Passed the Joint Committee on Public Health 12-1
- ☑ Passed the Joint Committee on Health Care Finance 11-2
- ☑ Passed the House Ways and Means Committee
- ☑ Passed the House of Representatives 133-20 on May 24
- Need to get vote and passage in state Senate by July 15
- Need to go to the Governor for his signature into law