

April 2019 Newsletter

Nurses Week, May 6-12

WSNA is celebrating its TG members during Nurses Week. Find WSNA officers and staff handing out treats and WSNA swag in the cafeteria (dates and times to be announced) and rounding the units during night shift. If you would like to spend an hour or two handing out treats and swag to your colleagues, contact WSNA Organizer Crystal Doll at cdoll@wsna.org.

Contract Negotiations are coming!

The RN contract expires Dec. 31, 2019. What does that mean for nurses? It means that it is time to start preparing now so that we do not have a repeat of the last negotiations. As a reminder of three years ago, we went a year beyond the contract expiration date before getting a tentative agreement with MultiCare. TG nurses were ready to take a strike vote to get the best contract.

How do we avoid a repeat? We start gathering input from nurses and building activism. Every nurse has a part to play in getting the best contract, beginning with completing the contract survey. This is how the nurses on our bargaining team determine the priorities of the nurses.

This survey is online only. WSNA has sent a link to the survey to your personal email address. If WSNA does not have your current email address, please

contact the membership department today at membership@wsna.org. If you don't complete the survey, your voice will not be heard, and your issues and concerns might not be priorities during these negotiations.

Take the survey today at wsna.to/TGRNsurvey (All survey responses are kept confidential.)

Completing the survey is the first step in getting the best contract. The second step in getting the best contract possible is active members. There is no greater determining factor during negotiations.

What does it mean to be an active member? There are many ways to be active, including talking to your coworkers, wearing a WSNA button or sticker, attending union meetings, becoming a WSNA officer and supporting the contract bargaining team. The easiest way to get more info is to complete the contract survey and indicate there that you want to become an active member.

Will you take what is given or will you help to get what you want?

TG RN Power Hour

The WSNA officers are kicking off negotiations with the first Power Hour.

Thursday, May 23

Room CR-MMC 4 (Rainier Wing)

5:45-6:45 p.m. and 7:30-8:30 p.m.

We want to hear from you and share with you our plans for getting the best contract.

If you are unable to attend, ask a coworker to attend and report back to you what you missed. Nothing will more directly impact your working conditions over the next three years than your contract. Our monthly Power Hours are all about getting the best contract.



WSNA Spotlight Member

My name is Amy Schneider and I have been a nurse in the Tacoma General Neonatal Intensive Care Unit since July of 2014. I have my BSN, as well as my RN certification in neonatal care. My husband and I reside in Tacoma with our Miniature Pinscher puppy Mia. In my spare time I enjoy traveling, reading, sewing, and spending time with family.

I recently became a more active WSNA member because I wanted to speak up for my unit in a concise way, before contract negotiations begin. I am honored to be chosen as the WSNA spotlight member this quarter!

Grievance corner - recent wins

In March, WSNA settled two grievances with MultiCare that are wins for all TG nurses.

One grievance was filed on behalf of Liz Leske, RN, and all affected. Liz was acting as charge nurse while orienting a nurse to her unit. According to article 5.4 of the CBA, nurses are eligible for both charge and preceptor premium.

5.4 Preceptor. A preceptor is an experienced nurse proficient in clinical teaching who is specifically responsible for planning, organizing, teaching and evaluating the new skill development of the following students or nurses enrolled in a defined preceptor program, the parameters of which have been set forth in writing by the Employer:

- a) Resident nurses;*
- b) Senior elective students;*
- c) New nurses starting at the Hospital with no previous experience in the clinical arena hired into;*
- d) Nurses cross-training to a new clinical area;*
- e) A nurse who has completed residency but needs additional orientation/training time;*
- f) Nurses assigned to orient a newly hired or transferred registered nurse will be paid as a preceptor.*

MultiCare refused to pay both premiums simultaneously. In March, both parties settled this Grievance and the nurses won the right to collect both premiums.

The other grievance was filed on behalf of all nurses affected at TG in regard to immediate access to EIT benefits. MultiCare had denied access to EIT on the first day of absence following outpatient surgery.

Article 11.4.1 ... Immediate access to EIT (without waiting period) is available due to inpatient hospitalization of the nurse or the nurse's family member (exclusive of Emergency Room visits), the nurse's on-the-job injury, chemotherapy treatment, radiation treatment, or outpatient surgery of the nurse...

The Association has settled this Grievance with MultiCare as a win for nurses, specific to outpatient surgery. From now on, you will not be denied immediate access to EIT due to outpatient surgery. It remains to be seen if TG will deny nurses immediate access to EIT due to the other situations listed in article 11.4.1.

Contract Spotlight - Low Census

Written by Liz Leske, RN and WSNA Secretary

Love it, hate it or feel ambivalent about it, Low Census is a part of the ebb and flow of patient population in a hospital. Low Census can be a real gift after several weeks of what feels like non-stop, overfull-capacity admissions, discharges, patient care and over-time. Or it can be a concern if it comes too frequently and jeopardizes one's livelihood.

Determining who is placed on Low Census can be challenging at times. Both our union contract and Multicare's "Low-Census In-Patient Nursing" policy inform that decision-making. (See Article 7.7, page 11 of the contract). Each unit should have a method they use to keep track of and determine assignment of Low Census. But it's a really good idea to know your own LC hours so that you can argue your rights should you be told it's your turn when it's not.

The very nicest thing about the Low-Census policy is that it allows for volunteers. On our unit this often eliminates the work of figuring out whose turn it is. It also keeps those who are not fond of taking low census from having to lose hours. Of course, there aren't always volunteers and then it's back to the assignment list.

Following are some important things to know about Low Census:

If you are going to be placed on Low Census before your shift has even begun, the hospital must call you AT LEAST one and a half (1.5) hours before the beginning of your shift to let you know. If that does not happen and you come in, you will be paid for at least 4 hours regardless of whether you are sent home or stay and work those 4 hours. If, however, you are called in a timely manner and a voice message is left, that is considered notification. Should you show up to work, you may be sent home. If your unit does choose to have you stay, then, of course, you will be paid.

Low Census is assigned and recorded in blocks of 4 hours (See section II F in the "Low Census In-Patient Nursing" policy). If you are told to come in one hour late or sent home one hour early, this does not count as Low Census.

If an FTE RN is placed on Low Census s/he may "bump" an on-call nurse working in that RN's clinical service area provided competence and skill level are commensurate. This, then, will not count as a Low Census Day.

Example 1: I work at Baker Day Surgery Center. I am given Low Census because patient count at Baker is low. But there is an on-call RN working at the hospital PACU. I can take her place and go to work at the main PACU because that is in my clinical service area and I have the skill set to work there.

Example 2: I get Low Census on Monday. I have Friday off. On Friday there's an on-call nurse working at Baker Day Surgery Center. I can "bump" her and take her shift because that is still in the same pay period and I am not incurring overtime

by doing so.

Example 3. Your unit does not need you on any given shift, but another unit in your clinical service area does need you. If you are floated to the other unit and this is in lieu of taking a low census day counts as your low census day – and you still get paid. Win-Win!

If you are placed on Low Census/Standby, you must be available to return to the hospital within one hour (or a reasonable time given your commuting distance) of being called back. If you come in from Low Census Standby, you automatically receive three hours of overtime pay (1.5x regular pay). You will, of course, get overtime pay for the entirety of the remainder of your shift if it's more than 3 hours from when you arrived off callback.

Finally - a new condition in Low Census: Travelers. If a traveler is working on the unit and the unit is (in the opinion of the Charge RN) overstaffed by one nurse, no one has to take a Low Census day. If the unit is overstaffed by 2 RNs, only one nurse will have to be placed on Low Census.

An important distinction to know: If you are placed on "straight" Low Census (there is no standby attached), you are NOT obligated to return to the hospital should you be called. You can (out of the goodness of your heart), go to work if called, but you will not be paid time-and-a-half if you do so. You will receive regular rate of pay for any hours worked.

And, did you know? We receive \$4 per hour when on Standby – you can take yourself out to lunch!

Shhh... it's a secret – a secret Facebook group!

The WSNA TG Nurses are starting a new secret Facebook group and we want you to be a member. We are also looking for a few savvy Facebook users to help manage the group. If you would like to help manage this or would like to sign up as an early user, please contact WSNA Nurse Representative Sydne James at SJames@wsna.org.

Rest break implementation roll-out

Have you heard? Full break relief for rest and meal breaks may be coming to your unit soon. As members of a steering committee, WSNA officers and staff are working with TG administration to roll out plans for rest break relief throughout the hospital. It started with pilot programs in ICU, then quickly moved to 6R and 7 Olympic. This is not a one-size-fits-all program and there have been some growing pains and adjustments

Nurses are experiencing full break relief and are reporting positive feedback. Full break relief means that the relieving nurse performs tasks or duties for you while you are away. Nurses get to leave the floor and fully check out during their breaks and return to find that they do not need to play catch up from having taken a break.

The way to for the new break relief system to be successful on your unit is to remember FEAT.

Flexibility – Be flexible when signing up for breaks and available to trade if needed.

Expectations – Be ready to go to break on time and return on time.

Accountability – Break relief nurse, take care of that work for the nurse you are breaking.

Teamwork – We all want this to succeed so that we get all of our breaks, all the time.

For more information, contact WSNA Nurse Representative Sydne James at sjames@wsna.org.

Certification premium update

Article 10.6 of the CBA speaks to \$1 per hour certification premium pay. Recently a nurse was two months late in receiving this premium because of a hold-up in processing her paperwork. It seems that not all units are following the approved process for submitting certification documentation. In an effort to clear up any confusion, WSNA received details of the process and is sharing it with the nurses here.

Upon completion of certification or renewal, the nurse should submit directly to HR and your supervisor the following: all of the required notation – certification title & acronym, your assigned number and the expiration date (HR updates the HR record and processes any pay that may be associated with it; the supervisor updates the department file). Once received in HR and if eligible for cert pay, the premium is added effective the first full pay period after the date certification notification is received in HR.

If you feel that you are being denied owed certification premium, contact WSNA Nurse Representative Sydne James at SJames@wsna.org

New online staffing complaint form

This new online staffing complaint/ADO form has been developed by a collation that included WSNA, SEIU, UFCW and WSHA representatives.

Completing the form serves many purposes, including data tracking, bring issues to light, supportive documentation and discussion tool to make things better. It is not punitive.

This form is to be completed if:

- The unit is not staffed according to its staffing plan or if mid-shift staffing adjustments are inadequate (in order to know if your unit is not staffed according to its staffing plan, you must first know what the staffing plan for your unit is. Staffing plans, including nursing and unlicensed staff, are required to be posted on every unit)
- Missed breaks or earned time denied
- In the event of equipment issues or system failure

If you have reason to complete this form, you first should speak with your manager or charge nurse for that shift in order to try to resolve the concern as quickly as possible. When you complete the online form, you are encouraged to include your manager's name and email.

What happens when I submit the form?

1. A copy of the submitted form immediately goes to you, the WSNA chair and co-chair, WSNA Rep, staffing committee co-chairs and your manager, provided you have entered his or her email.

2. The Nurse Staffing Committee will review the complaint at their next meeting if it is a staffing concern.
3. The Nurse Conference Committee will review the complaint at their next meeting if it is of other concern.

Find the staffing complaint form at [wsna.org/ado](https://www.wsna.org/ado) on your computer or phone.

Questions? Contact your WSNA Nurse Rep Sydne James, sjames@wsna.org

WSNA TG newsletter

Do you have ideas for or want to help write this newsletter? If so, contact your WSNA Nurse Rep Sydne James, sjames@wsna.org.

