



HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS



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Healthcare reform: A moral and economic imperative

RANDI WEINGARTEN, AFT President

IF THE AMERICAN SYSTEM for ensuring access to healthcare were a patient, it would be very sick indeed. Forty-seven million people are without coverage, and many millions more have inadequate coverage. Costs are spiraling out of control. Increasingly, even those who have health insurance find themselves paying more for less coverage and fearing that things will get far worse.

Addressing America's healthcare crisis is a moral imperative. It is simply unconscionable that, in a country that considers itself to be civilized, so many among us are deprived of a basic human necessity.

The AFT is working with the AFL-CIO to do all we can to avoid the mistakes of the past and, this time, actually achieve secure, high-quality healthcare for all. Working with progressive organizations, other allies and, crucially, employers, the AFL-CIO is developing support for comprehensive healthcare reform that addresses access, costs, financing, delivery and quality.

President Obama convened a healthcare summit in March that brought together many of the constituencies needed to make healthcare reform a reality. HPAE president Ann Twomey, who is an AFT vice president, repre-

private health insurance. It especially would help those who don't have employer-provided health insurance or are ineligible for programs such as Medicare and Medicaid.

- **Retain employer-provided insurance and favorable tax treatment for these plans.** Our unions negotiated these plans, often in lieu of salary increases. These plans cover more than 160 million Americans and are the bedrock of our healthcare system.

- **Accountability.** Hospitals must follow responsible business and safety practices. They should be held accountable for the public funds they receive. And they must provide services needed by communities, not just services they deem profitable.

- **Quality.** Preventable medical errors result in an estimated \$37 billion annually in unnecessary costs. The key to reducing such errors is safe staffing levels. One study shows that nurses intercept 86 percent of medical errors. Other studies have established that when nurse staffing goes down, patient deaths go up. Nurse-to-patient staffing requirements must be part of healthcare reform.

President Obama and Democratic congressional leaders want to have a healthcare reform plan in place by Labor Day. Despite the hopeful signs that a transformation of America's healthcare system is within reach, many powerful forces remain aligned against the reforms we seek. Moving forward, activism from union members like you, especially healthcare professionals with firsthand knowledge of the scope and seriousness of these issues, will be critical. Rest assured that the AFT will continue to push for true reform, and that your support will be essential to secure victory.

Unions are developing support for comprehensive healthcare reform that addresses access, costs, financing, delivery and quality.

It is also an economic imperative. The cost of healthcare now causes a bankruptcy in America every 30 seconds. Businesses that offer healthcare often find themselves at a competitive disadvantage. And healthcare entitlement costs are eating up such a large share of government spending that they put a stranglehold on other, equally worthy, investments.

But there is reason to believe a breakthrough is possible. Most people agree things have gotten so bad that we have no choice but to drastically revamp our healthcare system. President Obama and key congressional leaders have made healthcare reform a top priority. And groups that sparred during the last major effort to change our healthcare system have found common ground on some important issues, including the belief that doing nothing is not an option.

sented the AFT at the summit. The president made clear that healthcare reform is among his most urgent priorities.

The White House summit participants wrestled with—and found some common ground on—many of the toughest issues in healthcare reform. Not surprisingly, there also was disagreement on the details. No one would pretend that reforming our healthcare system will be easy.

Twomey had an opportunity to speak with President Obama about the need for safe staffing standards and the inclusion of healthcare workers in the process of defining healthcare reform. She outlined a number of considerations that should be part of any healthcare reform proposal:

- **A public plan option.** This would allow people to purchase health insurance from a public provider in direct competition with



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Mending Healthcare

Can the crushing cost of healthcare be addressed this year?

IN THE PAST DECADE, healthcare premiums for employer plans have risen faster than wages. To bring down costs, employers have increased co-payments and deductibles for their workers. The high out-of-pocket costs can have serious consequences for those who fall ill: Medical bills are one of the leading causes of bankruptcy in this country. There are 47 million uninsured Americans, and nearly 9 million of them are children.

Statistics like these are among the reasons President Barack Obama has made healthcare reform a priority.

“Healthcare reform is no longer just a moral imperative, it’s a fiscal imperative,” the president told participants at the White House Forum on Health Reform in March. “If we want to create jobs and rebuild our economy and get our federal budget under control, then we have to address the crushing cost of healthcare this year, in this administration.”

The president clearly intends to get reform under way this year. By allocating \$630 billion over 10 years to finance healthcare reform in his budget, he has shown just how serious he is.

Elmer Daniels, a nurse case manager in New Jersey, would like a more affordable healthcare system for everyone.



AFT vice president Ann Twomey attended the White House forum. “I came away enormously hopeful about President Obama’s commitment to moving toward a universal healthcare system and his political will to make it happen,” says Twomey, who is president of Health Professionals and Allied Employees (HPAE) in New Jersey.

After the forum, U.S. Reps. George Miller and Henry Waxman of California and Charles Rangel of New York, signaled their desire to pass healthcare reform this year. In a letter to the president, the congressional leaders noted that “comprehensive reform is essential to controlling healthcare costs, reviving our economy and expanding coverage.”

Too soon to tell

The AFT is prepared to work with the White House, Congress and other stakeholders on the much-needed reform of our healthcare system. Although it’s too early to say what kind of healthcare reform law will emerge from Congress, the AFT has several ideas about what the legislation should include.

First, healthcare reform must address the need for universal coverage. Delegates to the 2008 AFT convention in Chicago passed a resolution endorsing the United States National Health Care Act, also called the Expanded and Improved Medicare for All Act (H.R. 676). By adopting that resolution, our union pledged support of legislation that moves the country toward the dual goals of universal coverage and access to quality care at a reasonable cost.

Second, there must be a public insurance plan included as an alternative to private insurance. Such an option is the key to controlling healthcare costs and ensuring affordability. President Obama believes that having a public option “gives consumers more choices,” and “keeps the private sector honest” because of the competition.

Finally, the AFT strongly opposes increasing workers’ taxes for their employer-provided health insurance. The Obama administra-

tion has signaled it may be willing to tax these benefits.

No time to waste

Reform cannot come soon enough for many AFT members. Healthcare is a major issue in nearly every contract negotiation. Locals are in an ongoing struggle to maintain affordable healthcare, while employers—including school districts, county or state governments, institutions of higher education or hospitals—seek to shift the rising costs of healthcare onto employees. Employers who know they can’t squeeze any more money out of workers through premiums now are focusing on out-of-pocket costs—increasing co-pays, deductibles and co-insurance.

Elmer Daniels, a nurse case manager and a member of HPAAE Local 5089 in New Jersey, says she has seen her out-of-pocket costs for everything from doctors’ visits to prescriptions go up over the last 10 years.

“I guess things could be worse, but as a nurse who provides care for so many others, sometimes I worry about receiving care for myself and if I’ll be able to pay for these costs,” she says. Daniels is equally worried about her son who graduates from college soon. “Once he graduates, he no longer will be entitled to healthcare benefits [under my plan] unless he is able to find a job that provides such benefits. With today’s economy and job market, what are we to do?”

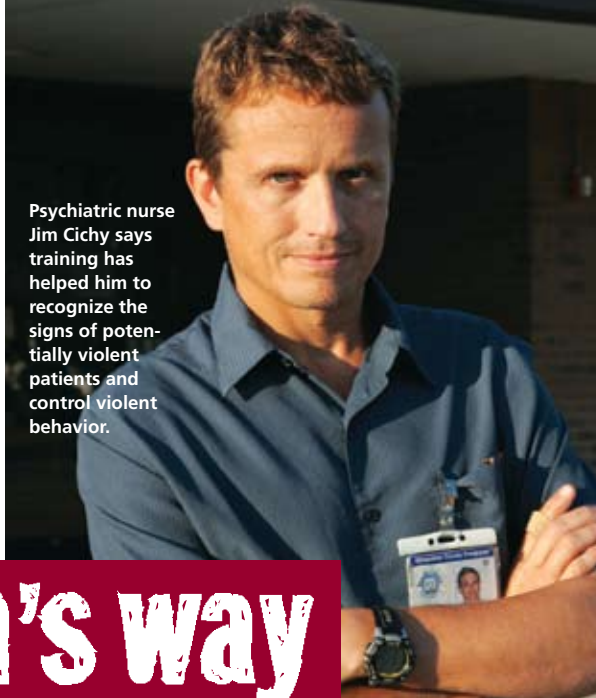
Daniels is all for paying for or contributing to her healthcare services, as long as her income keeps pace with the cost of living. She also is willing to work for a comprehensive plan that will provide healthcare coverage for all.

Correction: The article “Nurses restore the promise of safe and healthy delivery,” in the March/April 2009 issue of *Healthwire*, chronicled the efforts of nurses at Lutheran Medical Center in Brooklyn, N.Y., to improve overcrowding in the maternity unit. Due to an inadvertent error, a quote attributed to Anne Goldman, UFT special representative, was inaccurate. We apologize for any misunderstandings that may have arisen from this error.



Nurses and health professionals find ways to combat workplace violence

Psychiatric nurse Jim Cichy says training has helped him to recognize the signs of potentially violent patients and control violent behavior.



JOHN SALLER

in harm's way

PROBLEMS WITH VIOLENT patients at his facility seemed inevitable to Jim Cichy.

"The clientele we work with has changed over the years," says Cichy, who is a psychiatric nurse at the Milwaukee County Behavioral Health Division, which provides care and treatment to developmentally, emotionally and mentally ill adults, children and adolescents. Patients "are more willing to hurt people or become violent," he says. As a result, "there was always a sense of impending violence."

Two years ago, Cichy's concerns became a reality when he was attacked by a patient. "I was just coming on my shift when a fight broke out," Cichy recalls. "When I tried to

break it up, one of the patients picked me up and spiked me like a football, onto my head."

Cichy, a member of the Wisconsin Federation of Nurses and Health Professionals (WFNHP), Local 5001, suffered a concussion and a separated shoulder that kept him from work for six weeks. The attack caused more than physical damage. It shook him and his colleagues emotionally. "It was hard for everyone to accept. I have been here for 23 years and never had a problem. It made everyone feel more vulnerable."

In healthcare, the potential for violence is always present. According to the U.S. Bureau of Labor Statistics, half of all nonfatal injuries

resulting from workplace assaults occur in healthcare and social services settings. Often nurses and health professionals are in harm's way and become victims.

One of the primary goals of the union is to ensure a safe environment for workers, says Jonathan Rosen, director of occupational health and safety for the New York State Public Employees Federation (PEF). "Unions have always been there to advocate for health and safety, and workplace violence is a health and safety issue," he says, adding that the increase in workplace violence over the years has made the issue a top priority for PEF.

Predictable and preventable

Violence in hospital settings can stem from a range of factors. Patients may be frustrated over long waits in emergency or clinic areas, when they can't get needed services promptly. Units may be short-staffed, especially when there is more activity, such as meal times, during visiting hours and when staff are transporting patients. Staff sometimes examine or treat patients in isolation, making them more vulnerable to violence. And, finally, many healthcare workers are not trained to recognize and manage hostile behavior. The most likely places for violent incidents are psychiatric wards, emergency rooms, hospital waiting rooms and geriatric units that have patients with dementia or Alzheimer's disease.

Violence is predictable and preventable with proper training, communication and teamwork, says Rosen. If these elements aren't in place, healthcare workers should advocate for the protections they need.

"Workers need to have an equal voice at the table because they deal with the day-to-day realities of the workplace," he says.

Unions and other advocates have put pressure not only on employers but also on state lawmakers to address the issue of workplace violence. Legislation calling for the creation of workplace violence programs or establishing penalties for acts of workplace violence aimed at health professionals has been adopted in Alaska, Arizona, Colorado, Hawaii, Illinois, Maine, New Jersey, New Mexico, New York, Nevada, North Carolina, Oregon, Washington and West Virginia.

In 2006, with the help of healthcare unions such as the Federation of Nurses/UFT and PEF, New York passed a law that requires public employers to perform a workplace evaluation at each work site, and to develop and implement programs to prevent and minimize workplace violence. In addition,

What you can do | safety tips for healthcare workers

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps defuse anger:

- Present a calm, caring attitude.
- Don't match the threats.
- Don't give orders.
- Acknowledge the person's feelings (for example, "I know you are frustrated").
- Avoid any behavior that may be interpreted as aggressive (for example, moving rapidly, getting too close, touching or speaking loudly).

Be alert:

- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor.
- Be vigilant throughout the encounter.
- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting.
- Don't let the potentially violent person stand between you and the door.

Take these steps if you can't defuse the situation quickly:

- Remove yourself from the situation.
- Call security for help.
- Report any violent incidents to your management.

SOURCE: "VIOLENCE: OCCUPATIONAL HAZARDS IN HOSPITALS," NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH.

workers must receive workplace violence training every year.

“The law was 14 years in the making,” says Rosen. During that time, unions learned a valuable lesson. “There are some progressive employers who do the right thing for the good of the patients, however most will only move when they are mandated.”

Last year, New Jersey Gov. Jon Corzine signed a law that requires healthcare facilities in the state to create programs to combat violence against employees. In addition, facilities must establish a violence prevention committee that includes direct patient-care workers and those experienced in violence prevention. Members of the Health Professionals and Allied Employees led the fight by lobbying for legislation to set statewide standards for violence prevention.

Not part of the job

At the Milwaukee County Behavioral Health Division, where Jim Cichy was attacked, the union is taking action. Barbara Kelsey, president of the WFNHP local, and her fellow union members focused on coming up with a solution to prevent violent attacks against staff, which had escalated over the years. They began by encouraging members to report incidents of workplace violence.

Kelsey says county nurses often are targets for violence because they work with mentally ill patients. “Unfortunately, incidents often went unreported because the attitude was ‘Hey, this is your job, so take it,’” she says.

According to Jonathan Rosen of PEF, that attitude is part of the healthcare culture. “It takes a lot of energy and effort to get people to see that violence is not part of the job,” he explains.

WFNHP now gets in touch with its members within 12 to 24 hours of an incident to offer support. “We make sure they have everything they need and don’t have any problems with pay or insurance,” says Kelsey.

Members then are asked to report the incident to the sheriff’s office, even though the administration may advise employees against doing so. WFNHP encourages its members to follow through so nobody else will get hurt; a patient who attacks a hospital worker could injure patients or other workers in the future. Reporting and prosecuting a violent patient after a first attack could prevent subsequent attacks. Kelsey also notes that the decision to go after violent attackers should be up to law enforcement.

WFNHP approached the Milwaukee



TIMOTHY RAAB

“Violence is predictable and preventable with proper training, communication and teamwork.”

— JONATHAN ROSEN,

PEF occupational health and safety director

County Sheriff’s Department and the district attorney’s office, calling on them to prosecute patients who attacked staff. Because the district attorney and the sheriff became more proactive in investigating allegations and prosecuting offenders, members were more willing to press charges. “It helped the staff to know that the district attorney’s office would prosecute perpetrators,” says Kelsey. Prosecutors don’t just “sit on their hands” when a complaint is filed.

Cichy agrees. “Initially people were resistant or less likely to press charges because they felt nothing would happen to violent patients,” he says.

“Workers are now documenting patients who say they can’t be touched because they are mentally ill,” says Kelsey. “This helps to show that they are competent to be charged.”

PEF in New York also has had some success working with district attorneys and going after repeat offenders. “The laws are there for prosecuting attackers,” says Rosen. “You don’t give up your rights as a citizen to file an assault charge, just because you work in a healthcare institution. It should be left to the appropriate legal authorities to determine competency.”

Extra steps

Once the WFNHP had a system in place to handle violent incidents committed by patients, it shifted its focus to ways to protect its members by preventing workplace violence.

For example, at WFNHP’s request, hospitals have increased the number of security guards. Although this isn’t a long-term solution, the security guards’ presence has made a significant difference.

In addition, the union now provides its own educational pieces to make up for newer staff’s lack of skills in handling patients. New nurses no longer receive job orientation, says Kelsey.

WFNHP worked with the county to implement training programs that include sessions to teach de-escalating techniques focusing on verbal and nonrestrictive behaviors to control violent behavior. In the beginning, there was some resistance to the training, especially from those who had been on staff for years, says Cichy. But attitudes have changed. Cichy and his colleagues have come to believe the training has helped prevent some workplace violence. “Now we are doing a better job of recognizing the signs.”

Another way WFNHP has addressed the issue is by establishing a safety assurance committee to make sure hospitals are following policy and procedures, and adopting new policies when needed.

Since these changes were implemented, assaults on staff by patients have significantly declined. As for Cichy, he says having the union support made a big difference for him. “To hear concern and to have support was a vital part of making me feel like I matter.”

Cichy has returned to work but he is not the same man. He’s tried to put the incident behind him, but he looks at his work differently now. “If patients go at it, I ask myself, do I intervene immediately or call before I take on the situation?”

But even though he was attacked, Cichy says he doesn’t regret getting involved to protect a patient. “In retrospect, I would do it again because I thought the other patient was in danger.”

— ADRIENNE COLES

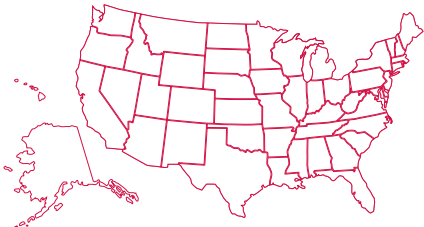
AFT VOICES



What sources of income will you rely on in retirement, and do you expect them to be sufficient?

IT’S YOUR VOICE We want to hear from you! Visit www.aft.org/voices to respond to this question and to others throughout the year.





NJ Nurses at Newton Memorial Hospital won their right to vote in an upcoming union election under an April ruling by the National Labor Relations Board (NLRB), the federal agency responsible for overseeing labor law. The nurses had petitioned to join the Health Professionals and Allied Employees, the state's largest union of nurses and healthcare workers.

After the nurses filed their petition in February, the hospital management filed an objection with the NLRB, stating that more than 100 of the 330 nurses were, in fact, supervisors, and ineligible to join a union. The NLRB, in its decision, disagreed, finding that nurses who rotate the title of "charge nurse" are not supervisors and therefore are eligible to vote to join a union. Only 16 of the nurses, all permanent charge nurses, met the standards to be called supervisor.

"This union election has always been, and remains, about speaking up for our patients and our profession. We always believed we would win our right to vote, and were disappointed that hospital management chose to spend an exorbitant amount of money to fight our democratic right to a voice in our workplace," says Kendra Doran, a registered nurse in the Newton emergency room.

The union election will be held May 14.

CT Retirees in Hartford showed their elected officials that they may be off the job, but they are still organized. The Hartford Federation of Teachers (HFT) retirees' chapters formed a coalition with other city

employees to protest health benefits cuts and premium increases announced by Hartford officials in response to the city's 2008-09 budget gap.

The coalition, which held rallies and spoke out at city council and board of education meetings, was able to get a moratorium on the cost increases and later worked with the city to negotiate smaller, more manageable increases.



Retired members Phyllis Kornfeld, left, and June Pinkin helped members fight premium increases in Hartford, Conn.

"I guess the city thought we were not well-organized enough to fight this, but they were

wrong," says Phyllis Kornfeld, president of the HFT retired paraprofessionals chapter and head of the coalition.

Rena Cyr, a retired paraprofessional, says the proposed premium increase "was quite a shock. Last year my insurance was \$175 a month. My new premium would have been \$501. That's half my pension."

Hartford mayor Eddie Perez has since formed a task force to look at healthcare costs. Both Kornfeld and June Pinkin, president of the HFT retirees' chapter, serve on the task force.

OR In March, Oregon lawmakers voiced their support for a resolu-

tion urging Congress to enact legislation creating an Office of the National Nurse. Oregon joins Massachusetts, New York and Vermont, which have passed similar resolutions.

Teri Mills and Alisa Schneider, both AFT members and faculty at Portland Community College, have been lobbying state and congressional lawmakers to establish an Office of the National Nurse for several years.

"A nursing leader with the unique title of National Nurse will be a beacon for recruitment and ensure prominence for the nursing profession, as well as increase public awareness for promoting health at the national level," says Mills.

"Nurses hold too few positions of influence at the national level, and with pending healthcare reform, it is critical that nursing's unique input be included in policy and planning," says Schneider.

MD Public employee unions in Maryland scored a big victory when the state Legislature passed a "fair share" bill on April 13, the final day of the legislative session. The bill allows unions to negotiate fair-share provisions, which would let them require everyone in a bargaining unit, including nonmembers, to pay fees to cover the cost of union representation.

"Nonunion workers benefit when the union negotiates a contract for better wages, healthcare coverage, and other employment terms and conditions," says AFT-Maryland president Lorretta Johnson, who is also the AFT's executive vice president. "Because nonunion workers benefit from the work unions do on their behalf, we feel it is only fair that these nonunion workers share in the cost of that work."

AFT-Maryland and other unions in the state, with strong support from Gov. Martin O'Malley, lobbied hard for the bill. Almost 1,000 union members gathered in Annapolis in late March for a lively rally in support of fair share and other legislation to protect public services.

Union members gathered in Annapolis in March for a rally in support of fair share.



MICHAEL CAMPBELL

Wife of rescued ship captain is AFT member

WHEN SOMALI PIRATES hijacked the Maersk Alabama off the Horn of Africa in April, they also took hostage the hearts and minds of the crew's family members, including AFT member Andrea Phillips, wife of Capt. Richard Phillips.

Andrea, a registered nurse in the emergency department at Fletcher Allen Health Care in Burlington, Vt., is one of 1,700 registered nurses and licensed practical nurses at the hospital who are members

of the Vermont Federation of Nurses and Health Professionals (VFNHP).

Now that Capt. Phillips is home, the family is taking time to heal. Time alone for the family is exactly what Andrea's colleagues hope to give. Under the VFNHP-negotiated contract, union members can donate accrued paid leave to a co-worker. "I just think it's the best gift we can give them," says union member Joanne Rheaume, an RN who works with Andrea.

AFT is monitoring impact of H1N1 flu on member institutions

THE AFT HAS BEEN KEEPING a close eye on the news of a highly dynamic H1N1 influenza (swine flu) outbreak in Mexico, the United States and other countries for its potential impact on the institutions where our members work. The AFT is monitoring recommendations from the Centers for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration, and public health

departments to keep members informed of changes.

The number of cases is expected to rise as more suspected cases are tested for the H1N1 flu. Fortunately, the outbreak continues to be fairly mild; the recent spread of H1N1 flu is considered an outbreak, not an epidemic or pandemic. This episode may subside, or it may grow. However, many experts are predicting that this spring's outbreak of H1N1 will make a comeback in the fall.

The current situation in the United States with H1N1 is evolving quickly. The CDC encourages staff in healthcare settings to monitor its H1N1 flu Web site, and state and local health department Web sites,

for the latest information.

Healthcare facilities should be prepared to implement their contingency response plans, says the CDC. In addition, facilities should implement plans for proper allocation of personal protective equipment, including N95 respirators and antivirals.

In areas where the H1N1 virus is spreading, healthcare workers should be monitored daily for signs and symptoms of illness, says the CDC. Workers also should be instructed not to report to work if they develop symptoms. If symptoms develop while at work, workers should cease patient-care activities and notify the supervisor and infection control personnel.



The Centers for Disease Control and Prevention's H1N1 flu Web site, www.cdc.gov/h1n1flu, provides the latest updates.

Survey: Hospitals inadequately prepared for pandemic flu outbreak

Inadequate health and safety measures could endanger healthcare workers

AS THE COUNTRY grapples with an outbreak of influenza A, H1N1 (swine flu), a recent report reveals our frontline healthcare workers are at risk. Many healthcare workers are not protected because their facilities are unprepared, according to a recent AFL-CIO survey.

The report, "Healthcare Workers in Peril: Preparing to Protect Worker Health and Safety During Pandemic Influenza," found that while healthcare facilities have made progress in preparing for an influenza pandemic, much more needs to be done. More than one-third of the respondents say their workplace either is not ready or is only slightly ready to address their health and safety needs in the event of a pandemic.

and Health Professionals and an AFT vice president. "Preparation is the key in properly handling disasters."

The AFT strongly urges Congress to address the current weaknesses in the healthcare system's ability to respond effectively, and to provide more resources to ensure the safety of both the public and healthcare workers.

Currently, there is no Occupational Safety and Health Administration (OSHA) standard to protect healthcare workers from exposure to influenza. That means it is up to healthcare facilities to plan and prepare for safety and health concerns before the flu arrives. A plan for controlling exposure to pandemic flu should focus on identification and isolation of infected patients, identification of healthcare workers who will care for infected patients, worker training, and securing adequate supplies of safety equipment, antiviral drugs and vaccine.

Of the 104 healthcare facilities surveyed, one-third have yet to develop a written plan for responding to pandemic flu. Less than half the facilities surveyed (43 percent) have provided pandemic flu training to their workers.

The AFT is particularly concerned with healthcare facilities' lack of adequate preparedness training; written plans that designate essential personnel; preventive health

and safety programs; and coordination with local, county and state health departments.

Recommendations from the report include setting national workplace standards that address airborne-transmissible diseases, as well as developing a comprehensive worker training and compliance strategy. It also recommends that Congress evaluate the funding and readiness of state and local influenza plans.



Ready (or not)

AFL-CIO survey asks: **Are our facilities prepared for a pandemic flu event?**

57%

The percentage of healthcare facilities surveyed that **have not provided pandemic flu training** to workers.

34%

The percentage of facilities surveyed that **still need to develop a written plan** for responding to pandemic flu.

69%

The percentage of facilities that **have not conducted a drill** to determine if their pandemic flu plans will work.

SOURCE: "HEALTHCARE WORKERS IN PERIL: PREPARING TO PROTECT WORKER HEALTH AND SAFETY DURING PANDEMIC INFLUENZA"

"Preparation is the key in properly handling disasters."

— CANDICE OWLEY,

president, Wisconsin Federation of Nurses and Health Professionals, and AFT vice president

"If there was an influenza pandemic today, our healthcare facilities would be overwhelmed, healthcare workers would be exposed to great risk, and patients wouldn't get the care they would require," says AFT Healthcare chair Candice Owley, who is president of the Wisconsin Federation of Nurses

The report is available at www.HealthCareWorkersinPeril.org.

Health professionals can access the CDC's guidelines for care of patients with H1N1 in healthcare settings at www.cdc.gov/h1n1flu/guidelines_infection_control.htm.

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NYSUT members have insurance through NYSUT Member Benefits Trust. To obtain more information about these plans, members can call 800/626-8101.

PULSE POINTS

Hospitals slow to adopt health information technology

ONLY A FRACTION of U.S. hospitals have full health information technology (HIT) systems in place, according to a study published in the *New England Journal of Medicine* (March 26 online edition).

A survey of nearly 3,000 hospitals shows that less than 2 percent use comprehensive electronic health records (EHRs), and about 8 percent use, in at least one care unit, a basic EHR system that includes physician or nurse notes. The findings come as Congress and the Obama administration look to expand the use of EHRs in the healthcare sector.

"Despite the promise that HIT holds for better health, the accumulating evidence shows that many of those who deliver care have yet to be convinced," says David Blumenthal, director of the Institute for Health Policy and senior author of the study. "This survey continues to make the case for why the federal government needs to step in and exercise its fiscal and policy muscle to spur adoption."

The study shows that larger, urban teaching institutions are more likely to have EHRs than other hospitals, partly because they may have more financial resources at their disposal. Inadequate capital and high main-

tenance costs were the major barriers cited among hospitals that have not adopted HIT.

AFL-CIO survey gathering opinions on healthcare

AS THE OBAMA ADMINISTRATION prepares to push for healthcare reform, the AFL-CIO and its community affiliate, Working America, have launched a massive online survey to gauge the healthcare experiences of America's working families.

Last year's online survey captured one of the largest opinion polls available on healthcare, with more than 26,000 people participating.

The online survey gives working families an opportunity to make their voices heard about what they are experiencing. The results and stories from participants will be distributed to healthcare decision-makers around the country.

To take the survey, visit www.healthcare.survey.aflcio.org.

Overcoming the challenges to healthy hand hygiene

PREVENTING INFECTIONS is critical to patient safety. Effective hand hygiene practices have long been recognized as the most important way to reduce the transmission of po-

tentially deadly germs in healthcare settings. To help healthcare organizations target their efforts in measuring hygiene performance, the Joint Commission is releasing "Measuring Hand Hygiene Adherence: Overcoming the Challenges."

The monograph is meant to address "everything you ever wanted to know about hand hygiene measurement but were afraid to ask."

"Monitoring hand hygiene is useful only if the methods are valid and reliable, and the results are widely disseminated and used to improve practice," says Elaine Larson, scientific adviser for the project and associate dean for research at the Columbia University School of Nursing in New York. "This monograph will be an invaluable resource to institutions struggling to do it right."

Visit www.jointcommission.org/PatientSafety/InfectionControl/hh_monograph.htm to find out more.

National Nurses Week 2009

CELEBRATE NATIONAL NURSES WEEK, beginning May 6 and ending May 12 on Florence Nightingale's birthday. The theme for this year is "Building a Healthy America."