



# HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS

## fixing what's broken

By relying on insights from frontline workers, hospitals can improve quality and their bottom line

THE MOST COMMON approach to improving hospitals—whether the improvement relates to quality of care, safety or efficiency—is for management to launch initiatives and then use gimmicks to increase staff buy-in. This approach rarely works because it fails to directly involve the rank-and-file workers who are ultimately responsible for implementing most of the improvements—and making sure other parts of the hospital implement them as well.

“The most the hospitals can get is compliance, but it is not sustainable because the staff has no ownership over it,” says Pete Carlson, an independent consultant who works with healthcare unions to make improvements with the input of workers.

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Having a formal way to make improvements is “satisfying,” says Hank Schekter, an operating room nurse who is a member of the Vermont Federation of Nurses and Health Professionals.

Red Cross, workers “cooling off”

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Connecticut, New York nurses say “Union yes!”

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## A virtuous fight

RANDI WEINGARTEN, AFT President

IT IS HARD TO IMAGINE a more important job than monitoring the public's blood supply. So when nurses and other healthcare professionals say they are concerned about the safety of blood donors, recipients and workers, most of us assume that the American Red Cross will listen to them.

Unfortunately, many registered nurses and donor collection staff at blood centers in Philadelphia and Southern New Jersey found out that isn't necessarily the case.

That's why those 250 workers, who are represented by the AFT's Health Professionals and Allied Employees, went on strike May

All Americans benefit from the wisdom and expertise of those who work on the frontlines. These are the people who do invisible yet indispensable work, whether it's monitoring our blood donation system or making sure that our drinking water is safe. Collective bargaining is the best vehicle to make their voices heard. When collective bargaining rights are eliminated or diminished, workers' voices are silenced and the public suffers.

We know that unions created the middle class, and it will be unions that rebuild the middle class today. We know that unions lift all boats, boosting the wages and benefits of all

It's no secret that we have come under unprecedented attacks lately. Some employers are using a budget crisis, real or imagined, as an excuse to take away our bargaining rights and silence our voices. Instead of offering real solutions to real problems, they are making us the scapegoats for everything that is wrong.

We know their rhetoric isn't really about budgets, but is instead an agenda to destroy us. We can stand up to them, and that's why they want to silence us.

But this is a marathon, not a sprint. And after months of battles, I think we are turning a corner. The American people have seen through the smokescreens, and they know what's at stake. Poll after poll shows that Americans support collective bargaining and oppose taking away the rights of working people. Americans value fairness, and they know that silencing the voices of workers is unfair.

Tough times are built for unions, and unions are built for tough times. We must fight hard and stay strong. If we do, we can turn this moment into a movement and renew America's commitment to dignity and opportunity.

Throughout the three-week Red Cross strike, community leaders, elected officials and other citizens joined us on the picket line to show their support. They stood shoulder to shoulder with us because we were fighting for safety, and that's a virtuous fight. But they also knew that when the voices of frontline workers are silenced, we all lose.

Tough times are built for unions, and unions are built for tough times. We must **fight hard** and **stay strong**.

24 over safety issues. Their concerns included a high turnover rate of staff, inconsistent training, equipment shortages and unsafe working conditions. In fact, the U.S. Food and Drug Administration has fined the American Red Cross \$37 million for repeated safety violations since 2003. In June, the workers agreed to a 90-day cooling-off period and returned to work. Bargaining sessions are to continue in July.

People sometimes ask me whether unions are still relevant. I can't think of a better way of demonstrating their relevance than the example set by our courageous Red Cross workers in the Penn-Jersey Region.

workers. But we also know the importance of using our collective voice for the public good to make sure the services we deliver are the best they can be to make a real difference in the lives of the people we serve.

Our brothers and sisters who work for the Red Cross have shown us that sometimes we need to play offense, not just defense. They have reminded us that unions play an important role as a watchdog for the public good, shining a powerful light on issues of vital importance. For many workers, a union card provides the all-important shield they need to speak truth to power.



HEALTHWIRE (USPS 011536) is published five times a year in January, March, May, July and September by the American Federation of Teachers, 555 New Jersey Ave. N.W., Washington, DC 20001-2079. Phone: 202/879-4400.  
[www.aft.org](http://www.aft.org)

Periodicals postage paid at Washington, D.C., and additional mailing offices.

**POSTMASTER:** Send address changes to HEALTHWIRE, 555 New Jersey Ave. N.W., Washington, DC 20001-2079

**MEMBERS:** To change your address or subscription, notify your local union treasurer or visit [www.aft.org/members](http://www.aft.org/members).

HEALTHWIRE is mailed to all AFT Healthcare members as a benefit of membership. Subscriptions represent \$2.25 of annual dues and are available only as a part of membership.

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# Red Cross workers return to work, resume bargaining

Staffing, scheduling, training and collective bargaining rights are key issues

AFTER A THREE-WEEK strike, American Red Cross workers in the New Jersey-Pennsylvania region, agreed to a 90-day cooling-off period and returned to work on June 16. Under an agreement with Red Cross, the nurses and blood service workers will maintain their current contract terms and protections while negotiations resume. The workers are represented by Health Professionals and Allied Employees (HPAE).

The nearly 250 nurses and donor collection staff at the Blood Services Division of the American Red Cross in the Pennsylvania-New Jersey region went on strike May 24 over safety issues, including high turnover of staff, inconsistent training, equipment shortages and unsafe working conditions. The Red Cross also demanded that workers waive their collective bargaining rights over healthcare coverage before addressing the issues raised by the union members.

In early June, the workers traveled by bus to picket in front of the American Red Cross headquarters in Washington, D.C. Hundreds of union activists and supporters joined the striking workers in their protest. In the week that followed the protest, both the union and the Red Cross met with a federal mediator to hammer out an agreement covering a 90-day cooling-off period. Seven bargaining sessions have already been scheduled through July.

"This will work if Red Cross bargains fairly over the next 90 days to produce a fair settlement that protects workers' rights while ensuring safe working conditions and safety for donors and the blood supply," said Renee Conyers, co-president of HPAE Local 5103. "We are glad that we will be able to return to our mission of providing a safe and adequate blood supply to our New Jersey and Philadelphia communities."

The union members expressed their determination to continue letting the public know about their safety concerns, and are participating in a national coalition of Red



BILL BURKE/PAGE ONE PHOTOGRAPHY

Services Region was fined \$2.9 million. HPAE released a report that details the recurring non-compliance with safety practices at Red Cross blood collection sites in the Penn-Jersey region and elsewhere around the country.

Red Cross workers traveled by bus from New Jersey and Pennsylvania to picket in front of the American Red Cross headquarters in Washington, D.C., in June.

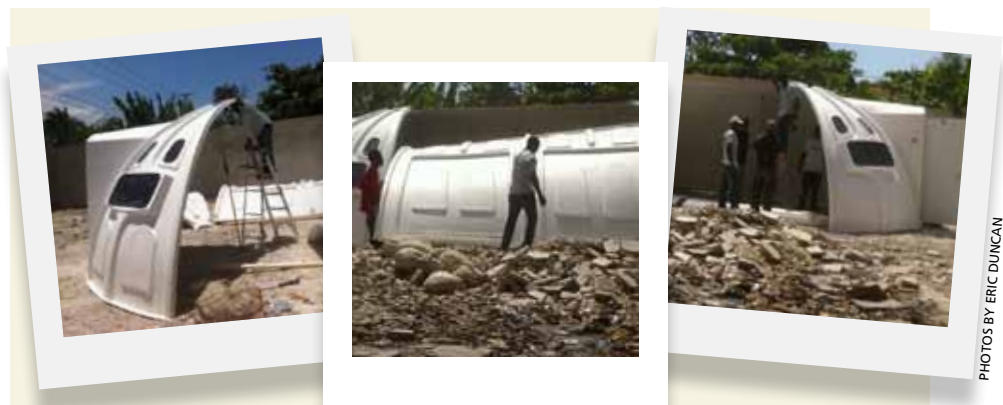
"We want to ensure everyone's safety," says Pascaline Estrilet, a phlebotomist who has worked for the Red Cross in Philadelphia for the

last three years. That's the bottom line, she says.

Throughout the strike, community and labor leaders and elected officials appeared on the picket line supporting the workers, and urging the resumption of bargaining.

Since 2003, the U.S. Food and Drug Administration has fined the American Red Cross \$37 million for repeated safety violations. In 2009, the Red Cross Penn-Jersey Blood

workers in a campaign to "Keep the Blood Supply Safe."



PHOTOS BY ERIC DUNCAN

## Progress on union-sponsored clinic in Haiti

LAST FALL, an article in *Healthwire* (September/October 2010) detailed a plan by the Vermont Federation of Nurses and Health Professionals to establish a union-run health clinic in Port-au-Prince, Haiti.

The union, determined to maintain its commitment to Haiti after the 2010 earthquake, received a \$50,000 grant from the AFL-CIO Solidarity Center to help create the facility, which is named the Workers Solidarity Clinic.

In late April, the clinic's primary structure (a prefabricated building) was delivered to the site and erected by a team of local and national union members. The clinic is expected to open this fall. The facility also will be used to train medical workers, many of whom are union members. The clinic's initial focus will be on providing primary care, as well as maternal and infant care, including immunizations.



**Vermont local to establish a clinic in Haiti**  
AFL-CIO grant will help build clinic, train health workers

# fixing what's broken



JOHN SALLER

"Frontline workers know their jobs. They just need to be willing to step up and advocate for improvements," says Kim Buss, an ER nurse at St. Francis Hospital in Milwaukee.

*Continued from page 1*

The best way to have lasting improvements, Carlson says, is to go directly to workers and ask them for suggestions. "Frontline workers are in the best position to know where the dysfunction lies" and how to fix it, "and usually the fixes are pretty simple."

It was the opportunity to have a voice in addressing the problems she saw in her unit that led to Kim Buss' decision to serve on a labor-management committee at St. Francis Hospital in Milwaukee where she's an emergency room nurse.

"I decided to stop complaining and do something," says Buss, who had contemplated leaving St. Francis because she was unhappy with staffing cuts.

Buss had been on the committee for a year when the Wisconsin Federation of Nurses and Health Professionals, which represents 2,000 nurses, techs and service workers at the hospital, applied for a grant from the Albert Shanker Institute to implement a frontline worker project at St. Francis. When they won the grant, the WFNHP chose to start with the hospital's emergency department.

## **A big accomplishment**

The emergency department was an ideal place to start because at least 60 percent of hospital admissions came from the department. "It was an area of the hospital that was strategic to its business," says Carlson, who worked with the WFNHP on the project.

In addition, there was already a nurse-

doctor committee in place to address issues on the unit. One of the first things the union did was open up the committee to technicians.

"Bringing in the techs gave us a different perspective—which allowed us to see the big picture of what was happening in the unit," says Buss.

The committee conducted a unit survey and found (patient) transport to be the biggest concern, so that's where the committee decided to focus.

The problem with transport was twofold: The amount of time staff spent away from the department (nine hours a day) transporting patients to other units in the hospital; and the delay in transport caused by caring for patients. The objective of the improvement plan was to find a way to decrease the wait time for transport, which dissatisfied patients, and to reduce the time staff had to be away from the unit while transporting patients. After researching the problem, the committee came up with a solution: Create a transport team and move the X-ray equipment to the emergency department. In addition, the hospital CEO agreed to hire two full-time transporters. The fix seems to have worked.

"We are starting to see improvements," says Buss. So far, the staff has shaved 10 to 15 minutes off the time patients have to wait for transport. Before the wait was an hour or more; now the average is 45 minutes. The staff anticipates a further decrease in the wait time when the new transporters arrive.

Staff satisfaction also has improved. Buss reports that her colleagues feel involved, and they regularly recommend other improvements. The department now has a suggestion box to solicit ideas, and the committee plans to conduct quarterly surveys of unit staff members.

"Now, administration looks at us differently," Buss says. "We showed them how certain improvements benefit their bottom line and at the same time improve the process."

Buss notes that the biggest surprise of the project was discovering the number of issues that needed to be addressed. "I'm glad that things are out in the open. If we don't know about problems, we can't do anything about them."

Meanwhile, the WFNHP is looking at ways to address concerns in other units, particularly ones that have to do with pay for performance.

"Our goal is to fix whatever's broken in the system and make the hospital a place [where] you want to stay," says Buss.

## **A commonsense approach**

Collaborating to make improvements is a "commonsense approach" that benefits hospitals and unions, as well as the frontline workers, Carlson says. "It is very empowering because it really taps into job satisfaction. Workers have a voice in how their jobs get done. They can create a plan and put it into action."

The payoff can be in big in terms of engag-

ing members and opening the door for new leaders to emerge. It also demonstrates the role that unions can play in ensuring that members have a voice in the work they do. Improvement projects that rely on the insights of workers are the wave of the future because a major goal of healthcare reform is to fix the broken system that many health professionals work in daily. By establishing projects that improve quality, unions can make the claim that union care is far superior to care in nonunionized hospitals.

There still are issues to confront, including a management that resists giving up control, says Carlson. “You have to carry them along until they finally decide to walk with you.” And Carlson notes, unions and their members will have to do some homework. “You can’t just say we need more staff. You have to speak [management’s] language. That means collecting data to support your argument for change and talking to co-workers to get a handle on what’s happening on your unit.”

The good news is that a lot of hospitals already have structures in place that directly involve staff, such as committees that focus on quality improvement and patient satisfaction.

### Plan, do, study, act

Sometimes it takes filing a grievance to get issues on the table for discussion and a possible solution.

That’s what members of the Vermont Federation of Nurses and Health Professionals did. In 2004, the VFNHP established the model unit process or MUP, as a result of a settlement from a class-action grievance regarding staffing. As a part of the MUP, the union brings together units at its hospital, Fletcher Allen Health Care in Burlington, to discuss quality improvements and to engage frontline staff in defining specific goals and taking action to achieve them.

The VFNHP’s idea came from the work of members represented by the Oregon Federation of Nurses and Health Professionals at Sunnyside Medical Center in Clackamas, Ore. The center is a Kaiser Permanente facility that uses unit-based teams. These teams are composed of frontline workers, doctors and managers who help to solve problems and make decisions that directly affect the work of the unit. Its four-step “plan, do, study, act” rapid improvement model is the basis for Vermont’s MUP.

“The hospital was initially very opposed to the idea,” says VFNHP president Mari Cordes. And there were other challenges as well, such



Julie Dufresne, surgical pre-op nurse at Fletcher Allen Health Care in Burlington, Vt., has helped her union coordinate improvements on a unit by unit basis, for the past four years.

ANDY DUBACK

as the expense of starting the project, low staff morale stemming from the hospital’s unilateral management style, and lack of understanding among members about the project and how it would work. But those challenges have been overcome, and VFNHP members are now eagerly embracing the model unit process, which is already making a difference at Fletcher Allen. The hospital has reduced its

a formal way to make improvements creates a huge sense of empowerment for people.”

Hank Schekter, an operating room nurse who works at Fletcher Allen’s Fanny Allen campus, agrees. Prior to the MUP, there was no structure in place in his unit to address problems that would arise. MUP has provided that structure and enabled him to better navigate the hospital system.

**“Knowing that there is a formal way to make improvements creates a huge sense of empowerment for people.”**

— JULIE DUFRESNE, nurse, Fletcher Allen Health Care, Burlington, Vt.

use of nurse travelers, reduced post-op nausea for patients and reduced infection rates in a number of units.

The Fletcher Allen cardiology unit used the process to tackle its 30 percent Clostridium difficile (c.diff) infection rate. After going through the program and making changes based on staff input, the rate dropped to 0 (yes, that’s zero).

Still, the project is “not a magic bullet” for change, says Cordes. “It takes a lot of work and requires the active involvement and support of the union and management.”

But members are satisfied with the process overall, says Julie Dufresne, surgical pre-op nurse, who helps facilitate MUP for the union.

If there’s a problem with the MUP, it’s that the process often deals with problems one at a time. That disappoints some staffers, says Dufresne. “Unfortunately, we can’t fix everything at once. However, knowing that there is

“It is satisfying to know how to get things done more efficiently,” he says.

Schekter’s unit was able to successfully address multiple issues during the six-month model unit process. He believes his unit’s success with MUP has significantly improved the staff’s day-to-day work experience as well as patient care. “I’m confident that we can perpetuate the changes we need and want in our unit.”

— ADRIENNE COLES

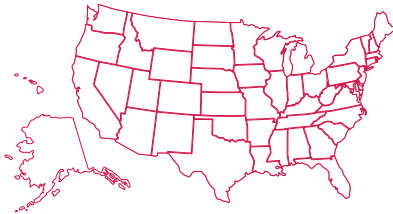
AFT VOICES



**Are housekeeping staff at your facility included in education about infection-control efforts?**

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**CT** State lawmakers in the House and Senate passed a workplace violence measure in June titled “An Act Concerning Workplace Violence Prevention and Response in Health Care Settings.” (The Connecticut House of Representatives passed it unanimously.) The legislation requires healthcare employers to develop and implement plans and training programs related to workplace violence prevention and response; requires employers to report on incidents of workplace violence to the local law enforcement agencies and the Department of Public Health; establishes criminal penalties for assault of a healthcare employee; and requires the Department of Public Health to report incidents of workplace violence to the General Assembly and to the public at large. “Nurses and all healthcare workers need to feel safe in their work environments to deliver the care our patients need,” says Mary Consoli, president of the Danbury Nurses Union at Danbury Hospital. The bill awaits the governor’s signature.

**MT** Three unions have filed an unfair labor practice against the Montana Legislature, charging that lawmakers failed to bargain in good faith by refusing to act in a timely fashion on the pay plan for

state employees. The MEA-MFT; the Montana Public Employees Association; and the American Federation of State, County and Municipal Employees of Montana filed the ULP with the Montana Board of Personnel Appeals on May 25. Unlike most state governments, Montana’s finances are back in the black. The unions say the state’s economic recovery from the recession is, in part, attributable to state employees who agreed to a two-year pay freeze in the previous pay plan that was submitted to the Legislature for ratification in 2009.

The state pay plan at issue, which the unions negotiated with Gov. Brian Schweitzer, as required by state law, provided a 1 percent salary increase in 2012 and 3 percent in 2013. Union members ratified the plan last November. The Legislature took no substantive action on the pay plan (H.B. 13) until the final days of the legislative session in April.

“The failure of the Legislature to address H.B. 13 in a timely fashion and the resultant late-session defeat of H.B. 13, occurring when there was no time left for the exclusive bargaining agents (the unions) to negotiate a new proposal to submit to the Legislature, constituted a failure of the state, acting through the Legislature, to bargain in good faith with the exclusive representatives of its employees,” the complaint says.

In an alert to state employee members, MEA-MFT explained that if the Board of Personnel Appeals finds in favor of the unions, “the unions will demand that the state come back to the bargaining table to

negotiate. This could force the Legislature back into special session to ratify a pay plan agreement.”

**NY** Hundreds of nurses converged on the Capitol in Albany in May to call for the passage of legislation that would enhance staffing levels at acute care facilities statewide and improve patient-



ANDREW WATSON/COURTESY NYSUT

handling standards. Nurses from a variety of unions including New York State United Teachers, the Public Employees Federation, 1199 SEIU and the New York State Nurses Association, lobbied their state lawmakers for safe patient-staffing ratios for hospitals, no mandatory overtime for home care nurses, and a school nurse in every building in New York’s Big Five cities. “When we band together it makes a difference,” NYSUT vice president and AFT vice president Kathleen Donahue, who oversees healthcare for NYSUT, told the nurses.

**Nurses traveled to Albany, N.Y., in May to lobby their lawmakers for improved staffing in hospitals and schools.**

## The fight for workers’ rights continues

### Public employees in Wisconsin, Ohio, refuse to be silenced

AFT AFFILIATES in Wisconsin are among the unions that have filed a federal lawsuit charging that the state’s “budget repair” bill—which the Wisconsin Supreme Court on June 14 decided could be implemented—is unconstitutional. And, while public employees in Wisconsin have suffered a setback, Ohio workers are on the road to seeing efforts to eliminate collective bargaining in the state overturned.

In Wisconsin, the state Supreme Court’s 4-3 decision overturned a Dane County Circuit Court’s ruling that the Legislature violated the state’s open meetings law in passing

the legislation. The court ruled with breakneck speed—on the same day it decided to take the case. The decision quickly drew large crowds of protesters to Madison.

“We are disappointed but not surprised by the Supreme Court ruling and will redouble our efforts to restore a fair and democratic process to Wisconsin,” AFT president Randi Weingarten says. “The hundreds of thousands of people who have demonstrated their disagreement with the governor’s and Legislature’s attempts to silence the voice of the public deserve no less.”

In Ohio, opponents of the state’s Senate

Bill 5, which guts the collective bargaining rights of teachers, firefighters, police officers and other public employees, have collected more than the number of signatures needed to get a referendum to overturn the bill on the November ballot.

We Are Ohio, a broad-based coalition of citizens and activists that wants to overturn S.B. 5, announced in June that it has collected 714,137 signatures.

A referendum will give Ohio voters the chance to say no to extremist politicians who want to strip public employees, including nurses, of their rights and their dignity.

# Putting patients before profits

## Nurses at Connecticut hospital vote union “yes”

AFTER SEVERAL MONTHS of organizing and fending off attacks from one of the oldest and largest union-busting firms in the country, the nurses at William W. Backus Hospital in Norwich voted to join AFT Connecticut this spring.

The effort to organize more than 400 nurses at Backus began in the winter and culminated in an election victory on May 11. The nurses decided to organize because they were concerned about short staffing and other cost-cutting measures the hospital had implemented.

The administration, in turn, hired Jackson Lewis, a notorious union-buster, to halt the campaign. But the momentum was on the nurses' side. They even had the support of Connecticut Gov. Dannel P. Malloy, who met with a group of Backus nurses in March.

“Ultimately, it’s about the patients,” Angela Shirey, a nurse in the maternity ward, told *The Day* newspaper, after the vote. “We want our staffing to be up. We don’t feel the

administration is supporting us in that way.”

A new CEO, who claimed to have an open door policy, hired a consultant who made changes that resulted in a lot of take-aways. It wasn’t just the loss of longevity pay or vacation time, but the disrespect of not being listened to, says John Brady, an emergency department nurse at Backus for 17 years.

Carol Adams, a step-down unit nurse has worked at the hospital for 26 years. Her concerns about understaffing and the quality of equipment and other materials led her to join the effort to unionize. “We had quite a lot taken away over the years,” she says, including “the ability to provide the quality of care that I enjoy giving.” By voting for the union, Adams says she is making her hospital better.

Lisa Currier, a nurse who works in the operating room, agrees. “Having a contract will give us a voice in the hospital so that we can be stronger advocates for our patients.”

The Backus nurses will join with nine



other nursing locals represented by AFT Connecticut, the state’s largest representative of acute care hospital workers. The Backus nurses plan to start the process of electing local leaders and negotiating a contract immediately.

“We’re very happy with the [election] results,” says Brady, “We’ll be speaking with every nurse as soon as possible so we can begin contract negotiations. We’re ready to get back to the work of putting patients before profits.”

**Nurses at Backus Hospital in Norwich, Conn., were concerned about short staffing and other cost-cutting measures at the hospital.**

In his blog, ER nurse John Brady documented the nurses’ effort to form a union. Check out what he has to say, <http://backusunited-john.blogspot.com>.

### POSTSCRIPT

#### An expansion in the works

IN “SAVING JOHN DEMPSEY,” (*Healthwire*, July/August 2010), members of University Health Professionals used grass-roots lobbying to keep the last public hospital in Connecticut open. Their efforts have paid off. With the help of Gov. Dannel P. Malloy, the University of Connecticut Health Center in Farmington, which is home to John Dempsey Hospital, not only will remain open, but will expand.

The governor’s plan for a \$864 million renovation and expansion—to be funded with public and private sources—will result in thousands of new union jobs. The expansion will emphasize bioscience research, outpatient care at the hospital and new laboratory space. Expanding the university’s medical and dental schools is also part of the plan. “We’re encouraged by the governor’s support,” says UHP president Jean Morningstar. “We look forward to working with Gov. Malloy, the Legislature and our members.”



## An “old-time union struggle” ends with victory

### Home care nurses overcame numerous union-busting attacks

FEDERATION OF NURSES/UFT organizers scored an impressive victory May 25 when nurses at GuildNet, a managed long-term home care operation run by the Jewish Guild for the Blind, voted solidly to join the UFT nurses group.

Despite an anti-union campaign by the employer, GuildNet nurses voted 72 to 22 to form the new 113-person bargaining unit. Included in the unit are 21 out-of-state telecommuting nurses responsible for record keeping.

“It was an old-time union struggle, which is the only way to fight these days,” says UFT special representative Anne Goldman, who headed the organizing effort.

The healthcare operator, which provides in-home services to blind New Yorkers in Manhattan, Queens, the Bronx, Brooklyn, and Nassau and Suffolk counties, has a history of treating employees arbitrarily. Among the complaints voiced to union organizers was that management unilaterally stripped new staff members of sick and vacation days.

In the process of organizing the new unit, six nurses were fired. “Management did the

best it could to weed out union supporters. They failed,” she adds.

Among the union-busting practices: using managers as poll watchers, a potentially chilling practice that is strictly forbidden by federal labor law. Even that kind of intimidatingly close supervision didn’t stop the nurses themselves from serving as poll watchers for the election, something Goldman found “very exciting in this anti-union climate.”

A bare-bones three-person team mounted the organizing drive: Goldman along with Cynthia McDaniel, chapter chair of Manhattan’s Jewish Home and Hospital Home Care, and Renee Setteducato, chapter chair of Brooklyn’s Lutheran Medical Center.

When asked to explain the team’s success, Goldman replied: “We developed the issues with the nurses, we had a proven track record and we were always available.”

“It was a great victory, now we are moving forward and getting ready to negotiate a first contract,” says McDaniel.

*This is adapted from an article by Michael Hirsch that appears on the UFT website, [www.uft.org](http://www.uft.org).*

**PULSE POINTS**

**It's not about the money**

PAY PLAYS a relatively small role in a nurse's decision to stay in a job in a nursing home or to leave that job, according to new research from Rice University, the University of Pittsburgh and Baylor College of Medicine. In a comprehensive study of certified nursing assistants, researchers found that job satisfaction and emotional well-being are better predictors of turnover in long-term care facilities.

While previous studies have found high turnover rates (between 23 and 36 percent) in the long-term care industry, this new study has found that only 5.8 percent of the workers left the industry and 8.4 percent switched to another facility within a year. "Many of the past studies mix full-time and part-time workers and tend to overestimate the turnover rate in the industry," says Vikas Mittal, co-author of the study and professor of marketing at Rice.

The study, to be published in an upcoming issue of the *Gerontologist*, gives nursing home administrators a better understanding of the work-related factors associated with staff turnover. "As baby boomers age, it's critical for the U.S. to have a stable, long-term care workforce," Mittal says.

**Patient satisfaction on the rise**

PATIENTS' SATISFACTION with hospital care rose 1.6 percent, according to a June HealthGrades report. Although it may seem like only a modest gain, patients' overall response to the federal Hospital Consumer Assessment of Healthcare Providers and

Systems (HCAHPS) is notable.

Based on data from the Centers for Medicare & Medicaid Services (CMS) of nearly 3,800 hospitals from April 2009 to March 2010, the report showed 81 percent of patients said they were most satisfied at the time of hospital discharge because they received instructions.

However, patients were most dissatisfied with the quietness of their rooms (55 percent) and explanation about medications (58 percent).

"It's clear that patients are driving higher quality in our nation's hospitals," says Rick May of HealthGrades.

**The hidden cost of nurses**

WAGES AND PAYROLL are only part of hospital nursing labor costs, according to a 2011 U.S. Hospital Nursing Labor Costs Study conducted by KPMG.

The study, which evaluates current labor costs and discusses future labor strategies, notes that while nurses' wages and payroll accounted for 76 to 78 percent of total outlay, other costs came from nonproductive labor costs, insurance, and recruitment. The actual cost per hour for a full-time, direct-care hospital registered nurse is, on average, 176 percent of his or her base hourly wage. The cost is \$98,000 per year (\$45 per hour). Of that, base wages account for \$55,739 per year (\$25.84 an hour). Knowing the total cost of nursing labor is important because it is a key factor hospitals use in evaluating whether to add staff, increase overtime or hire contingent nurses to meet patient needs.



AFT Healthcare now has its own **Facebook page** where you can keep up with the latest news.

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