



HealthWire

THE NATIONAL PUBLICATION OF AFT HEALTHCARE PROFESSIONALS



Standing up for our rights

Faced with attacks on collective bargaining, AFT members and our allies are fighting back. **PAGE 3**

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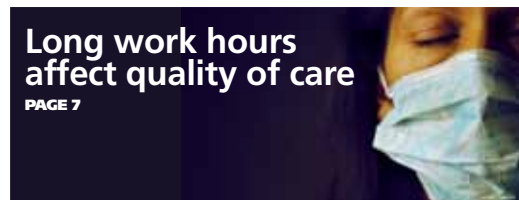
Moving forward on the future of nursing

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Long work hours affect quality of care

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From the trenches in Wisconsin

RANDI WEINGARTEN, AFT President

As I traveled to Indiana, Ohio and Wisconsin in late winter, I witnessed with pride and admiration the courage and solidarity of people on the frontlines of the struggle by public workers to keep a voice at work and to fight the attacks on their collective bargaining rights.

Joined by our allies, AFT members—nurses, teachers, bus drivers and higher ed faculty—and other unionized workers have sent the clear message that they will not sit idly by while elected officials attempt to silence them. AFT vice president Candice Owley, who serves as president of the Wisconsin Federation of Nurses and Health Professionals, shares with us her firsthand account of that experience.



VF/NHP PHOTO

OWLEY

Madison, Wis., March 3, 2011

IS THIS THE BEGINNING of a revitalized union movement? Or is it the start of a time when multinational corporations and the mega-rich take control of our government and roll back decades of gains by the middle

class? As I watch events unfold in my state, I can imagine each scenario because I have seen evidence of both.

In early March, the people of Wisconsin are continuing to turn out in unprecedented numbers to protest the conservative agenda that proposes to strip 50 years of collective bargaining rights. They have come to believe deeply that the battle for workplace rights is a battle for democracy. I have never seen so many middle-class people take to the street to defend unions. For the first time in my life, young people have found unions and their struggles and songs hip.

The occupation of the state Capitol, which began without a plan, evolved into an event that has inspired the world. Beginning with a few signs and banners, the walls, stairwells and doors inside and out became plastered with placards that gave voice to the people's frustrations, fears, aspirations and demands. An organic city developed complete with information centers, medical staff and supplies, food distribution operations, children's and family sections, and communal governance.

Wisconsin's Democratic legislators, in the minority, unable to stop the destruction of bargaining rights, did their best to filibuster in the Assembly, and the senators left the state to prevent a quorum. On the last weekend in February, in the cold and snow, we had the largest rally in the history of Madison with close to 100,000 people filling the Capitol and streets of the city. That Sunday, when we were told the protesters would be forcibly removed from the Capitol, hundreds, ready to be arrested, joined the protest. The show of moral force won out, and the order was rescinded.

The protesters who left were told the Capitol would reopen on Monday, but as had been

the pattern, they were told a lie. When the public returned, they found a Statehouse in police lockdown. Lobbyists were seen being brought in while citizens were being kept out in violation of state law. Outside, the people being denied access chanted: "This is our House—let us in." On Tuesday, a judge issued a temporary restraining order stating that the Capitol was to be reopened to the public, but Gov. Scott Walker refused to comply and appealed.

On that same day, the governor presented the state budget covering the next two years. It includes massive cuts to education, slashes money to counties and cities, and cripples Medicaid and universities and technical colleges. The battle has suddenly gotten even bigger, but so has our list of allies.

Every day, I wonder if protesters will arrive, and every day the Statehouse steps fill with workers, families, students and members of the general public carrying signs and chanting "kill the bill" and "recall Walker" and now "This is our House—Let us in," and always, always: "This is what democracy looks like."

My occupation of the Capitol ends as it began, united with strangers in solidarity over the passionate desire to protect workers' rights. It was physically uncomfortable but spiritually uplifting. I believe I have seen the rebirth of the labor movement. Never has the song "Solidarity Forever" had more meaning. The words of the past seem written for today: "In our hands is placed the power. ..."

We turn our attention to our local communities as we mount a recall of those who will not listen. We will rally, march, sing, pound drums and make calls to engage our members, our allies and the public. The rebirth of activism will not be complete in a few weeks. We are in it for the long haul.



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Standing up for our rights

From threatened layoffs and drastic budget cuts to a flat-out denial of workers' rights in Indiana, Michigan, Ohio and Wisconsin, AFT members are fending off blows from elected officials and fringe groups.

Wisconsin: Union pride on display

Hundreds of thousands of Wisconsinites, plus friends from all over the nation, converged on Madison in February for a series of rallies and sit-ins against the governor's attempt to strip workers of half a century of rights and protections.

The flashpoint was a plan, hatched by Gov. Scott Walker and slipped into his budget proposal, to deny employees the right to bargain over anything other than wages, an obvious attempt to bust the union. His plan also would increase the amount public employees contribute to their pensions and hike state employee health insurance contributions.

But as the protests mounted, it became clear that the point of the governor's scheme was not monetary concessions, because union leaders stated plainly that their members are willing to make monetary concessions in light of Wisconsin's tight budget.

"This is supposed to be a repair bill for our budget, but it's really a rip-apart bill," says Janet Carlson, a Dodge County mental health nurse from Juneau, Wis., and a member of the Wisconsin Federation of Nurses and Health Professionals (WFNHP). "It's not about the money; this is just a destruction of the unions. We are more than willing to make financial concessions to help."

But, adds Carlson, collective bargaining is too important to give up. "It gives the workers an opportunity to sit down with the employer and discuss work issues. That is an opportunity that many people do not have. I service a clientele that has no voice, so it is really the only way that we can help those people."

Grass-roots opposition to the governor's plan spread far and wide. AFT-affiliated nurses across Wisconsin poured into buses to join in the protest, along with AFT members

As *Healthwire* went to press, Republicans in the Wisconsin state Senate, in violation of the state's open meeting laws, rammed through a bill that strips public employees of their collective bargaining rights.

from other states. In fact, Americans in general strongly opposed taking away collective bargaining power as a way to ease financial woes, according to a *USA Today*/Gallup poll, which found that 61 percent of the public would oppose a law in their state similar to the plan in Wisconsin. Only 33 percent favored such a law.

Kim Peterson, a registered nurse and president of the Racine County Federation of Nurses, brought her son to the protests. "I wanted him to see what the labor movement is all about. I wanted him to see middle-class workers fighting for their rights. I wanted him to see what happens in Wisconsin when democracy rules," she says.

Even President Obama weighed in. "Public employees, they're our neighbors, they're our friends. ... And I think it's important not to vilify them or to suggest that somehow all these budget problems are due to public employees."

"The thing that's been the most amazing to me is the total pride that people have in their union," says WFNHP president and AFT vice president Candice Owley. "Now that they've had a threat of taking away their unions, you've seen them just come together and speak with passion about what it means to have a contract, what it means to be in a union, what it means to stand with other workers."

Indiana: Taking a stand

Determined union members are spearheading a growing, galvanized counterattack against state bills aimed at crippling the labor movement in Indiana and, in turn, prospects for a strong and viable middle class.

Indiana AFT members joined more than 3,000 other Hoosier activists in Indianapolis in February, filling the state Capitol with protests against what's been dubbed a "right to work for less" scheme. The bill, designed to sap unions' effectiveness by weakening them financially, squeaked through a House committee on a party-line vote. But it hit a stone

Continued on page 7



Top photo: Wisconsin FNHP members protest in Milwaukee against the governor's efforts to strip collective bargaining from public employees. Middle: Kim Peterson, a nurse from Racine, Wis., and her son at the state Capitol. Bottom: AFT president Randi Weingarten cheers on activists in Indiana.

Keeping Hospitals *in* CHECK

An inexpensive, low-tech checklist can help reduce errors and save lives

IF A HOSPITAL could take medical research and boil down the most important findings into an easy-to-follow protocol like a checklist, hospital patients could be much safer, says Peter Pronovost, a professor of anesthesiology and critical care medicine at Johns Hopkins University School of Medicine, and an expert on patient safety.

In his book *Safe Patients, Smart Hospitals*, Pronovost details why he believes that using checklists could change the profession by improving patient care and safety. Poor communication and lousy teamwork are problematic in every level of healthcare, he says. That kind of disorganization can lead to mistakes being made. Checklists, says Pronovost, have the potential to change that.

However, as Pronovost's book reveals, checklists are worthless unless people use them, and people won't use them unless they own them. "The why, what and how behind the checklist needs to be shared," he explains.

That's what Michele McLaughlin, a post-anesthesia care unit nurse, discovered when her employer, Englewood Hospital and Medical Center in New Jersey, asked its health professionals to use checklists for certain procedures.

"We all had one question: What's this

about?" says McLaughlin, president of the Health Professionals and Allied Employees Local 5004, which represents the 650 registered nurses at Englewood.

A checklist is "well and good." But without the education and knowledge about why it is being used, "it's just a piece of paper."

— MICHELE McLAUGHLIN, nurse,
Englewood (N.J.) Hospital and Medical Center

McLaughlin later discovered that Englewood was taking part in the Surgical Care Improvement Project (SCIP), a national partnership of organizations committed to improving the safety of surgical care by reducing postoperative complications.

"At first, we just used the checklist, and it failed because people didn't understand what the underlying goal was and didn't comply," says McLaughlin. "It was easy for

me to see why it wasn't working initially," says McLaughlin. "People were unsure about why they were performing the tasks on the checklist. You have to educate people about what the checklists are supposed to accomplish."

According to Pronovost, for a checklist to work, hospitals need evidence to support a change; they need to talk about adapting the checklist into the daily routine; and they need to get feedback from their health professionals.

The hospital didn't do that in the beginning. Eventually, the lack of compliance prompted the hospital to hire a consultant to study why the checklists weren't working.

The consultant told the hospital what many of the healthcare workers already knew. "Checklists are well and good," McLaughlin says, but without the education and knowledge about why a checklist is being used, "it's just a piece of paper."

So the hospital began educating the patient care team members—from the secretaries to the surgeons—and reinforcing the goals of SCIP. In no time, the teams were at 89 percent compliance and eventually achieved 100 percent compliance.

"Now, everyone feels ownership over the process" because everyone knows what's ex-





PAUL ZWOLACK

pected of them, says McLaughlin.

Checklists not only can help health professionals deliver better care, they also can help in the prevention of hospital-acquired infections. To prove his point, Pronovost started with a plan to reduce central line infections, which are common, costly and often deadly. Central lines are used regularly for patients in the intensive care unit to administer medication or fluids and to take blood. Each year, roughly 80,000 patients become infected, and 30,000 to 60,000 die at a cost of \$3 billion nationally.

Pronovost's prevention checklist contained five basic steps for doctors to follow when placing a central-line catheter: wash their hands; clean a patient's skin; wear a mask, hat, gown, and gloves and put sterile drapes over the patient; avoid placing a catheter in the groin where infection rates are higher; and remove the catheter as soon as possible. Initial compliance was dismal. But eventually Pronovost was able to work out the problems. In fact last year, Pronovost and his team from the Hopkins Quality and Safety Research Group, issued a report in *BMJ* (the *British Medical Journal*) about the success of his pilot project in Michigan. The state, which has used his five-step checklist for the past three years, has virtually eliminated bloodstream infections in Michigan hospitals. His team is planning to take the checklist system global.

Time is key

Ramona St. James, a registered nurse who works in the operating room at Danbury (Conn.) Hospital is big fan of checklists, but she worries that overusing them could jeopardize patient care because attention is diverted. "We are starting to do more paperwork and less patient care, which concerns me."

For St. James, a member of the Danbury Nurses Union, time is the biggest key to using checklists. "It's important to take the time to look at a relevant, very precise checklist that helps ensure my patient's safety."

St. James says that some things on a list can be "time-wasters" that take health professionals away from patient care. "Sometimes we are asked questions on forms that really should be asked of someone else," she says.

For St. James, a good pre-op checklist would include making sure there is enough blood available and ensuring adequate specialty supplies are on hand. Other items on the checklist, such as doctors not washing their hands, "are not problems I have ever encountered," says St. James.

But every hospital is different. That's why Pronovost decided to focus on using his checklist to change hospital culture as well.

A cultural shift

Pronovost knew he had to persuade doctors to follow the checklist's steps all the time, every time. And that would require a cultural change. It would mean creating a work environment in which "nurses question doctors who don't use the checklist diligently," he says. Ultimately, everyone would have to be held accountable.

At Englewood, McLaughlin believes there has been a cultural shift. "In the beginning, I was having all of the difficult conversations because no one was getting it," she says.

"But now people are willing to step up and have the difficult conversation or stop the procedure if the checklist is not being followed."

The checklist has improved outcomes as well as communications. "Even our conversations are more professional," says McLaughlin.

The key to success isn't just following standardized checklist steps, says Pronovost. To change culture, doctors and nurses need to know that the measures they're taking are working, to realize that the science behind the checklist is valid. "The use of checklists is not the endgame. Reduced infection rates are," Pronovost says.

McLaughlin agrees. "It's not about the checklist alone; it's about the knowledge behind the checklist." Once the people who used the checklists understood what the process was all about, they liked them, she explains. "Now, the checklist has become a reminder, not just a set of instructions."

And, says McLaughlin, surgery is no longer just a one-man show. The checklist forces people to stop and be sure all of the people on a surgical team are on the same page. "If someone falls by the wayside, someone else is there to pick up the slack because everyone knows what's going on. It's no secret."

— ADRIENNE COLES

Right, the World Health Organization's surgical safety checklist can be modified to fit a hospital's needs. Here is an example.

Surgical Safety Checklist

BEFORE ANESTHESIA

- PATIENT HAS CONFIRMED**
 - IDENTITY
 - SITE
 - PROCEDURE
 - CONSENT
 - SITE MARKED**
 - ANESTHESIA SAFETY CHECK**
 - PULSE OXIMETER ON PATIENT AND FUNCTIONING**
- DOES PATIENT HAVE A:**
- KNOWN ALLERGY?**
 - DIFFICULT AIRWAY / ASPIRATION RISK?**
 - RISK OF BLOOD LOSS?**

BEFORE INCISION

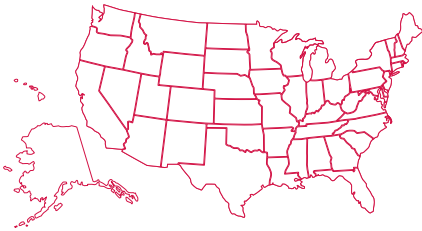
- CONFIRM THE PATIENT'S NAME, PROCEDURE AND SURGICAL SITE**
- ANTICIPATED CRITICAL EVENTS**
- SURGEON:**
 - WHAT ARE THE CRITICAL OR UNEXPECTED STEPS?
 - HOW LONG WILL THE OPERATION TAKE?
 - ANTICIPATED BLOOD LOSS?
 - ANESTHESIA TEAM:**
 - ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
 - NURSING TEAM:**
 - HAS STERILITY BEEN CONFIRMED?
 - ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?

AFTER SURGERY

- NURSE VERBALLY CONFIRMS:**
- THE NAME OF THE PROCEDURE**
 - INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT**
 - HOW THE SPECIMEN IS LABELED (INCLUDING PATIENT NAME)**
 - WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED**

THIS CHECKLIST IS BASED ON THE WORLD HEALTH ORGANIZATION'S SURGICAL SAFETY CHECKLIST AND IS NOT COMPREHENSIVE.

SOURCE: WORLD HEALTH ORGANIZATION



CT Exactly one year after they voted to form a union, the nurses at Rockville General Hospital in Vernon, Conn., unanimously approved their first contract with Eastern Connecticut Health Network (ECHN) on Dec. 16.

“We have worked hard to get to this point,” says Lynn DeYoung, a registered nurse at the hospital.

The nurses began organizing in early 2009 and had an initial union vote in May 2009. They lost that election by one vote, but AFT Connecticut challenged aspects of the election, and the National Labor Relations Board ruled that a new election should be held; it took place in December 2009, with the nurses voting overwhelmingly in favor of unionizing.

“It’s been a long process, but we made it, and we’re happy to be part of a great union,” says Sharon Thompson, RN.

“Having a contract gives the nurses a voice in the workplace,” adds Sharon Palmer, president of AFT Connecticut and an AFT vice president. AFT Connecticut is the largest representative of acute care hospital workers in the state. It also represents nurses and staff at Manchester Memorial Hospital, which ECHN also operates. “We have a good relationship of working with ECHN at Manchester Hospital, and we expect that to continue at Rockville Hospital,” Palmer says.

MD State employees represented by AFT Healthcare-Maryland and the Maryland Professional Employees Council overwhelmingly ratified their respective three-year contracts in February.

“The new contracts reflect the unions’ goal of protecting the rights and hard-won progress of workers, and of advancing their ability to earn and enjoy wages and working conditions that promote their health and well-being,” says AFT Maryland president Marietta English, who is also an AFT vice president.

In addition to securing a no-furlough provision, the agreements provide a \$750 bonus in fiscal year 2012; a 2 percent general cost of living increase effective Jan. 1, 2013; and a 3 percent general cost of living increase effective Jan. 1, 2014. Within-grade step increases will be reinstated effective April 1, 2014.

As part of the state’s effort to mitigate the impact of previously imposed furlough days, workers will receive five additional days off in each year covered by the new contracts.

The agreements maintain the state’s current health insurance premium subsidy for fiscal year 2012, with the parties agreeing to revisit health benefits in fiscal year 2013.

“By securing a bonus and pay raises, while holding healthcare costs down, and securing a promise that there will be no furloughs during the life of these contracts, the unions have again demonstrated their

effectiveness in representing the rights of Maryland workers,” says English.

AFT Healthcare-Maryland represents 1,500 state employees in more than 100 job classifications, including community health nurses, dentists and nutritionists. The Maryland Professional Employees Council represents 5,300 state employees in more than 450 job classifications, ranging from accountants and architects to entomologists and meteorologists to bank examiners and forensic scientists.

NJ After three months of delays by the national hospital chain that owns Memorial Hospital of Salem County (N.J.), nurses there finally won the right to form a union. The vote count was delayed by continued appeals from Community Health Systems, the hospital’s corporate owner. CHS repeatedly lost its appeals before the National Labor Relations Board.

When the votes were counted in December, the final tally was 73 to 48 in favor of the Health Professionals and Allied Employees, an AFT affiliate that is New Jersey’s largest union of nurses. The unit at Memorial has 140 registered nurses.

“The nurses spoke loud and clear for their right to speak up for their patients and their profession,” says nurse Linda Serata. “It was past time that CHS and hospital management sat down to negotiate a fair contract that offers respect and fairness to the RNs working here, rather than continue expensive legal delays and objections to our rights.”

Nurses filed to hold an election in May, but were initially blocked by CHS, which had claimed that a substantial number of the RNs were supervisors and therefore ineligible to vote. The NLRB ruled against CHS in August, and the election was held in September.

Maryland Gov. Martin O’Malley and AFT Healthcare Maryland president, Debra Perry sign a new three-year contract for state workers.



MICHAEL CAMPBELL

AFT VOICES



Does your facility have a policy on the appropriate use of social media, such as Facebook and Twitter? Are you aware of any disciplinary actions from improper use of social media?

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.



Nurse schedules can affect quality of care

Long hours linked to patient mortality

A NEW STUDY has found that patient deaths were significantly more likely in hospitals where nurses reported working long hours. “Alertness and vigilance required for providing good nursing care depend upon having adequate sleep and rest,” says the study’s author, Alison Trinkoff, “and long work hours can impact the quality of nursing care and can increase the potential for error.”

The finding was just one of several from a study of nurses’ work schedules, patient outcomes and staffing conducted by University of Maryland School of Nursing researchers in collaboration with researchers at the Johns Hopkins University School of Medicine.

Trinkoff, a professor of nursing at the University of Maryland, and her co-authors linked patient outcome and staffing information from 71 acute care hospitals in Illinois and North Carolina with the survey responses of 633 randomly selected nurses who worked in these hospitals. The findings are published in the January/February 2011 issue of the journal *Nursing Research*.



Most U.S. hospitals use 12-hour nursing shifts (as opposed to eight-hour shifts) exclusively, a trend that began in the 1980s during nationwide nursing shortages, the study notes.

“Although many nurses like these schedules because of the compressed nature of the workweek, the long schedule as well as shift

work in general lead to sleep deprivation,” says Trinkoff.

“Lack of time off” was the work schedule component that was most frequently related to mortality in this study, along with long work hours. Nurses need time off to rest and recuperate to protect their health,” says Trinkoff. “Now that we have data that these conditions affect the public adversely, there is even more reason for providers in each hospital and clinic to look at the situation and find solutions.”

In the meantime, many AFT Healthcare locals have negotiated contract language limiting the number of hours health professionals can work safely. At the state level, many legislatures have been persuaded by lobbying efforts of AFT healthcare members and others to pass bills or consider legislation to ban forced overtime for health professionals. At the federal level, AFT Healthcare is working with legislators on a proposal that would require facilities receiving Medicare funding to stop mandating overtime.

Standing up for our rights



HPAE PHOTO

Members of the AFT Healthcare affiliate from New Jersey in Madison, Wis.

Continued from page 3

wall one day later, when Democratic House members took a page from battles in Wisconsin and walked out en masse rather

than give the GOP majority the quorum it needed to steamroll the bill through.

By the end of February, the *Indianapolis Star* was reporting that Gov. Mitch Daniels and Republican leaders in the House and Sen-

ate had agreed to stop active consideration of the bill and send it to a legislative committee to be studied later in the year.

Ohio: Preventing a power grab

Thousands of Ohio union members and their allies descended on Columbus in February to protest Senate Bill 5, legislation that would weaken the collective bargaining rights of public employees. It would significantly diminish the ability of Ohio’s state and local public employees—including teachers, police officers and firefighters—to negotiate terms of employment through collective bargaining.

Despite the best efforts of the OFT, the state AFL-CIO and a cross section of community organizations that spoke out on behalf of the state’s public employees, in early March the Ohio state Senate passed the anti-worker bill by a one-vote margin.

Some opponents of the law have suggested that Ohioans launch a ballot initiative campaign to repeal S.B. 5 if it’s passed.

Michigan: A time for solidarity

Michigan union members and their supporters converged on the state Capitol in Lansing on Feb. 22 to lobby their elected representatives against a group of bills that would give

extraordinary powers to emergency financial managers, including the right to throw out all labor contracts, strip the powers from local elected school boards and city councils, and impose their will with no means of appeal.

In addition, the group lobbied against the governor’s budget proposal that would cut funding for public services, and legislation that would eliminate binding arbitration and make Michigan a right-to-work state.

Members of AFT Michigan, as well as those of other unions, told their elected representatives that Gov. Rick Snyder’s budget is not “shared sacrifice” but a gift to businesses and corporations at the expense of children, working families and seniors.

“Lowering business taxes and increasing taxes on working people and seniors does not net out any additional income for the state,” AFT Michigan president and AFT vice president David Hecker says.

Take a stand

ACROSS THE COUNTRY, workers are fighting to preserve public services and collective bargaining rights. To get state-by-state updates and find out how you can help, visit the AFT’s Making a Difference website, www.aft.org/difference.

PULSE POINTS

Are you satisfied?

A STUDY PUBLISHED in the journal *Health Affairs* found that, among nurses working directly with patients, 24 percent of hospital nurses and 27 percent of nursing home nurses reported dissatisfaction in their current jobs, compared with just 13 percent of nurses working in other settings.

Researchers at the University of Pennsylvania conducted a survey of 95,449 nurses in 614 American hospitals and other healthcare settings.

The researchers cited previous studies showing the work environment and staffing levels are chronic stressors that cause burn-out. Nurses working under those conditions feel overextended and depleted of emotional and physical resources.

The study found that among nurses working directly with patients, 34 percent of hospital nurses and 37 percent of nursing home nurses reported feeling burned out in their current jobs. Nurses' dissatisfaction also affects patient satisfaction with the care they receive, according to the study.

Health-tech hazards for 2011

FOR THE PAST several years, the ECRI Institute, a nonprofit organization that researches the best ways to improve patient care, has

come up with a list of the top health technology hazards.



According to ECRI, the list represents the potential sources of danger for patients and staff that warrant the greatest attention for hospitals. The top hazard comes from radiation overdose and other dose errors during radiation therapy. Here are some of the other problem areas on the list:

- alarm hazards;
- cross contamination from flexible endoscopes;
- health IT complications, such as data loss;
- Luer misconnections;
- needle sticks;
- surgical fires; and
- defibrillator failures.

The full report is available to healthcare professionals for free with registration at www.ecri.org.

Improving the nursing profession**Coalition moving forward on recommendations**

WHEN THE REPORT "The Future of Nursing: Leading Change, Advancing Health" was published in October 2010 by the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine, both groups were determined not to let their recommendations simply sit gathering dust. So, soon after the report's release, the RWJF announced a campaign for action, aimed at guiding implementation of the recommendations, which cover such key topics as improving nursing education; removing practice barriers; fostering interprofessional healthcare teams; and making workforce planning more effective by developing better data collection and a more effective information infrastructure.

The recommendations already are being reviewed by a growing coalition, which includes a broad array of organizations that support and value the nursing profession. The group is called the Champion Nursing Coalition, and the AFT is a member, joining

the AFL-CIO, Aetna, Leapfrog, Target and many other organizations.

Partnering with the coalition is the Champion Nursing Council, which is made up of a variety of specialty nursing organizations. In January, the coalition and the council met to identify strategies for implementing the report's recommendations, and to identify ways in which the two groups could collaborate and share resources. The summarized strategies will be forthcoming.

All work will be done on a voluntary, collaborative basis at the state level through regional action coalitions (RACs). California, Michigan, Missouri, New Jersey and New York already have established RACS, and 10 new RACs are expected to be announced soon. More information on these regional coalitions can be found on the Center to Champion Nursing in America's website where you can sign up for e-newsletters and state-based activity updates.

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Find out more about the Champion Nursing Coalition and its Nursing Council at <http://championnursing.org/coalition>.



Visit the RWJF's Campaign for Action at <http://thefutureofnursing.org/get-involved>.