In Search of Satisfaction

Members, hospitals differ on the best way to meet patients’ needs

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High-quality affordable healthcare—a promise for all

RANDI WEINGARTEN, AFT President

ACCESS TO AFFORDABLE healthcare is an essential building block to restoring the middle class and providing economic security for all Americans. High-quality, affordable healthcare should not be a luxury for a few, but a promise to all. While pundits speculate about how the U.S. Supreme Court will rule on the Affordable Care Act, the men and women who actually work in the healthcare field know that returning to the unsustainable system we had previously would be a disaster.

As every family that has faced a catastrophic illness understands, access to affordable healthcare and treatment is essential to our families, our communities and our nation.

We live in a time when millions of Americans are struggling to make ends meet. College students, our nation’s best hope for a brighter future, are graduating with mountains of debt and few job prospects. As every family that has faced a catastrophic illness understands, access to affordable healthcare and treatment is essential to our families, our communities and our nation. Nobody should lose their life savings or their homes as a result of an illness.

Because of the Affordable Care Act, 17 million children who have pre-existing conditions can no longer be denied coverage by private insurance companies. More than 2.5 million additional young adults up to age 26 now enjoy health insurance coverage. Millions of Americans now receive preventive care, which in the long run will cut costs and make people healthier. Small businesses that provide healthcare to employees receive tax breaks. Seniors who fall in the Medicare prescription drug “doughnut hole” receive rebates until 2020, when the hole is eliminated.

Collectively, we need to build upon the success of the Affordable Care Act, not tear it apart. We are all in this together, and we all have a role to play. We know we can’t build a strong healthcare system in America unless it is affordable and accessible to all. We also know that we can’t fix the system unless healthcare workers have a voice and their talents and skills are respected, valued and nurtured.

Hospital executives have an important role in how our facilities function. But executives should not be concerned with matters in which they have no expertise. When it comes to improving things at the bedside, caregivers are the experts. They are the ones who work most closely with patients and their families.

Let’s be honest: For most of us, hospitals are not fun places to be. A hospital stay can be a confusing and frightening experience for families and patients alike. It’s not surprising that studies have found patient satisfaction is directly linked to nurse staffing and to a supportive nursing environment. Likewise, the cleanliness of the hospital was directly linked to the number of men and women doing the cleaning. These are things our union fights for every day. Sure, adequate staffing is important to our members. But it is absolutely crucial for the patients we serve.

We are the best advocates for the kind of healthcare system Americans need and deserve. We need to show how we are making a difference by telling our stories, being visible in our workplaces and getting involved in our communities.

The people we serve are counting on us. Semande Odosu, a laid-off school nurse in the Philadelphia public schools, said it best: “I know we need to be in the school. There are many sick children out there. Who is going to assess the needs of students if the nurse is not there?”
THE IMPORTANCE OF building coalitions to strengthen our communities—and fight back against attacks on workers and the middle class—was a major topic of discussion during this year’s AFT Healthcare Professional Issues Conference. Several hundred nurses and health professionals from across the country gathered in Washington, D.C., for the annual conference, April 20-22, where they heard AFT president Randi Weingarten and others stress the value of the work they do and the importance of working with the community.

“It’s always remarkable to me—the work that you do,” said Weingarten, who praised members of the AFT’s healthcare division for their professionalism and dedication. Members of the community know the value of healthcare workers, she told conference participants. “They know how important your job is to the vitality of the community. As union members, you have two huge assets when it comes to making a difference in the lives of others: moxie and heart. Now is the time to use those assets to bring our communities together.”

It’s by partnering with the community that labor will be able to withstand the attacks on workers and the middle class, Weingarten stressed. “You know the opposition’s game plan. They are coming after our rights. We have to fight back against these efforts.”

The way we fight back has to be different today than the way we fought back 30 years ago, added Weingarten, and it starts with connecting with the community. “We may not always agree, but we share the same beliefs and values” as many members of our communities, she said. “Community is our new density.”

This fight isn’t over

John Nichols, Washington correspondent for The Nation and MSNBC, gave a fiery, often funny, speech during the conference’s opening session. A Wisconsin resident, Nichols chronicled the uprising in his state that began in February 2011 when Gov. Scott Walker used a budget bill to eliminate public employee collective bargaining rights. “If they come for your rights, you should rise up and say no,” he told the crowd. “This fight isn’t over until we win it. It’s not over until the trade union movement gets the protection it deserves. We are going to restore decency, freedom and democracy to America.”

“We should counter money power with people power,” Nichols said.

Addressing the conference’s closing session, Vincent DeMarco, executive director of the Maryland Citizens’ Health Initiative, shared the successful plan of action his group set in motion to address health issues in his state. By partnering with community organizations, the initiative was able to help reduce the number of smokers in Maryland by 30 percent. The group’s efforts also allowed more than 70,000 uninsured Marylanders to get healthcare benefits.

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WHEN IT COMES TO healthcare in the United States, Americans typically pay for quantity, not quality. Our healthcare system is a fee-for-service payment model that creates incentives for lots of tests and procedures that don’t always result in the best care. This focus on volume rather than on wellness serves only to increase the cost of care, which is why the United States has the most expensive health system in the world. Controlling the cost of healthcare was a top priority in crafting the Affordable Care Act.

The health reform law includes provisions that encourage cost shifting by giving incentives to providers for their quality of care. Hospitals will be scored on their ability to follow appropriate processes, to produce certain outcomes and to achieve a certain level of patient satisfaction. High scores will bring rewards and low scores, penalties.

Patient satisfaction is of particular concern for hospitals because starting in October, Medicare will withhold 1 percent of each hospital’s payment for goods and services, but the hospitals will have a chance to “earn that money back” based on their overall quality score; patient satisfaction will constitute 30 percent of the overall score. Hospitals fought to get the weight of the score reduced to 20 percent but were unsuccessful.

Medicare will use the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (see page 5) to measure patients’ perceptions of their hospital experience. The surveys are key to Medicare’s plan to reward hospitals for the quality of care they provide. The random sample survey asks patients questions about their recent hospital stays, covering areas such as communication with nurses and doctors, responsiveness of staff, the cleanliness and quietness of the hospital environment, pain management, discharge information, the overall rating of the hospital and whether the patient would recommend the hospital.

Hospitals are offering nurses training on communicating if you have enough staff,” explains AFT Healthcare director Mary MacDonald. “Everything that hospitals want to achieve with patient satisfaction will require proper staffing.”

At Jersey Shore University Medical Center in Neptune, N.J., workers received training on how to improve patient satisfaction from the Disney Institute (the professional development and experiential training arm of the Walt Disney Co.). The meetings and presentations were designed to teach the workers customer-service skills. The training asked hospital staff to look at patients as guests; this was an idea that Pam Reinhardt, a neonatal intensive care unit nurse at the hospital, struggled with. Reinhardt also found it unnecessary to be coached on how to talk with patients.

“Nurses are pretty compliant. It’s in our nature to put the patient first,” she says. “You don’t need a script to say ‘Good morning’ or to ask ‘How are you feeling?’”

Having consultants from Disney come into the hospital has changed the atmosphere, says Reinhardt, a member of Health Professionals and Allied Employees (HPAE) Local 5058. The consultants also emphasized uniformity in appearance, so now all workers—from nurses and housekeepers to doctors and dietary staffers—must cover any tattoos and piercings.

Terry Myers, a labor and delivery nurse at Armstrong County Memorial Hospital in Kittanning, Pa., believes the focus on customer service by hospitals misses the mark.

Myers’ hospital also has held training sessions for its nurses on customer service, “There are times when I feel like a waitress as I step into a patient’s room and announce: ‘Hi. I’m Terry, and I’ll be your nurse today.’ Patients are being turned into clients. It’s become a whole different ball game.”

Healthcare is a business, but the nature of the business is serious, she says. “It’s not all smiles. Sometimes what needs to be done [to a patient] is painful. ‘Yes, it hurts, but you will get better.’ There are certain things in this work that aren’t pleasant, and there are certain expectations that can’t be met. How long it takes to answer a call bell is rather subjective when you’re in pain.”

Myers, who is president of the Armstrong Nurses Association/Healthcare PSEA at the hospital, would like to see a more realistic snapshot of the patient experience. “It’s likely that people who had a good experience will not fill out the surveys, but the ones who had a perceived problem will.”

But Myers has no problem with being held accountable for the things that nurses actually can improve; however, “sometimes
with these surveys you get negative feedback on things you have no control over, like the rooms are too small.”

Before the hospital started using the HCAHPS survey, the hospital used its own survey for patients. “We have talked about going back to those surveys to give us a better idea of where we’re going and what needs to be fixed,” says Myers.

The way she sees it, now is a good time for unions and hospitals to partner to find the best way to improve a patient’s experience.

“Having our own surveys will allow a comparison and allow a true focus on caring for patients, which will result in improving satisfaction scores.”

One satisfying idea: Hire more staff

Most nurses and health professionals are wondering if linking satisfaction scores to reimbursement will eventually get hospitals to adjust their staffing ratios.

The role of the nurse has always been to provide medical care and support to patients and their families. However, the constant cuts to staff make it difficult for health professionals to do their jobs in a manner they believe is best for the patient.

Research studies have revealed a strong link between staffing and quality of care. Most recently, the March 2012 British Medical Journal published a study which found that deficits in the quality of hospital care were common in all countries, including the United States, and that improving hospital work environments (with adequate staff) might be a relatively low-cost strategy to improve safety and quality of care, as well as increase patient satisfaction.

In most hospitals, patients and families are probably aware that nurses can’t spend a great deal of time at each patient’s bedside. A nurse on a medical/surgical unit is likely to have seven or more patients to care for during an eight- or 12-hour shift. Without proper staffing, it’s a struggle to provide safe patient care.

Natacha William, a per diem nurse in the long-term care division at Bergen Regional Medical Center in Paramus, N.J., hopes the hospitals will use these survey results to take a closer look at what’s really happening.

“Our tasks are overwhelming. There is no time to properly educate patients, and we find patients returning to our care again and again,” says William, a member of HPAE Local 5091 at the hospital.

“A lot of times patients feel like they are a burden to you because they see you in a rush,” says William. “A patient may get the exact care he needs, but the nurse may not have time for extended care or ‘customer service.’”

Not just a labor issue

Community members can be strong allies in our effort to provide safe, quality care, says AFT Healthcare’s MacDonald. “Too often people see this issue as a labor or union issue, but we can engage the community on this as well.”

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NATACHA WILLIAM, nurse, HPAE Local 5091

For its part, the union can propose changes to improve quality with input from members on the frontlines as well as the community. Unions also can partner with employers to create a gain-sharing program or effort. To do this, hospital employees can work with their hospital management to set certain goals to improve patient satisfaction. When those goals are met, workers are compensated.

“The best way for union members to make an impact is to get involved,” says MacDonald. “Frontline workers should make their voices heard on quality improvement.”

How was your hospital stay?

HERE’S A SAMPLING of questions on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Patients are asked to respond to most questions with the answer: Never, sometimes, usually, or always.

During this hospital stay:

- How often did nurses treat you with courtesy and respect?
- How often did nurses listen carefully to you?
- After you pressed the call button, how often did you get help as soon as you wanted it?
- How often did the hospital staff do everything they could to help you with your pain?
- How often were your room and bathroom kept clean?
- Did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?

SOURCE: WWW.HCAHPSONLINE.ORG

AFT VOICES

Is your hospital taking a team-based approach to healthcare? Do you think it’s the best way to improve patient care?

IT’S YOUR VOICE We want to hear from you on issues throughout the year! Visit www.aft.org/voices today, where you can respond to this and other questions.
Workplace victims call for job safety enforcement
‘There is no reason that a person should go to work and not come home whole’

VICTIMS OF WORK-RELATED injuries and sickness, and family members of workers killed on the job, went to Washington, D.C., in April to meet with members of Congress and Obama administration officials to press for regulatory action and stronger enforcement of job safety laws.

For the past three decades, it has taken the Occupational Safety and Health Administration more than seven years on average to develop and issue safety and health standards, with some standards taking as long as 19 years, according to a Government Accountability Office report, “Workplace Safety and Health: Multiple Challenges Lengthen OSHA’s Standard Setting,” released the day of the meeting.

The AFT’s Judy Rychcik, a member of the New York State Public Employees Federation, was among the dozen-plus group gathered by the AFL-CIO to put a human face on the consequences of inadequate regulation and enforcement. Rychcik, a registered nurse, suffered a career-ending injury in March 2011 when she was assaulted by a patient at New York state’s Capital District Psychiatric Center in Albany.

“We’re here for a political reason, but I can’t sit here and not feel everyone’s grief,” Rychcik said to her fellow health and safety advocates from across the country—some victims, like her, and others, including wives, fathers, daughters, sons, sisters, nieces and co-workers of people killed on the job. “We are all here together.

“There is no reason that a person should go to work and not come home whole,” said Rychcik. “The government needs to draw the line on safety and health, and step up to protect our workforce. The system failed me and my family, and I will be paying for it for the rest of my life.”

She urged OSHA action on critical standards like the Injury and Illness Prevention Rule to protect workers from job injuries and illnesses that destroy their lives—and other workplace health and safety regulations that have been derailed in recent years by opposition from business groups and Republicans in Congress.

Backus nurses rally for first contract
Negotiations have been going on for 10 months

EFFORTS BY THE Backus Federation of Nurses to secure a first contract have dragged on, so over 100 members of the federation rallied outside William W. Backus Hospital in March to let the public know what’s happening at their community hospital. Representatives from unions statewide turned out to show their support.

“I’m not here to save the world. I’m here to save my patients, because I am a nurse,” said Michelle Hayes, a registered nurse in maternity and delivery.

Connecticut Gov. Dan Malloy, who attended the rally, left, to show his continued support for the nurses’ right to negotiate and reach a contract, told the crowd: “All you’re asking for is to be treated fairly, for negotiations to meet appropriate timelines, for a decent wage and decent benefits.”

John Brady, right, a nurse in the hospital’s emergency department and a member of the union local’s bargaining team, said workers will continue to hold out until they strike a fair deal: “We are not going away.”
A CLEAR CHOICE

AS THE ELECTION landscape unfolds, the choice we face in November becomes clearer: Re-elect President Obama, who has focused on rebuilding the middle class and fighting for economic fairness and opportunity for all Americans, or elect a candidate who is out of touch with the concerns of working families.

The vast differences between the presidential candidates, their proposals and their track records on jobs, the economy, healthcare, retirement and education speak for themselves.

“I believe that this country succeeds when everyone gets a fair shot, when everyone does their fair share, when everyone plays by the same rules,” President Obama said during a speech given in Osawatomie, Kan., on Dec. 6, 2011.

ECONOMY, JOBS AND BUDGET

Nowhere are the candidates’ differences more evident than in their budget proposals. Despite inheriting the worst economic downturn since the Great Depression, President Obama’s proposals underscore his track record of fighting for the middle class.

The president:

■ Championed and signed into law the American Recovery and Reinvestment Act, which saved or created approximately 300,000 education and public service jobs.

■ Worked with labor and management to provide critical rescue loans to save the U.S. auto industry and 1.4 million jobs. Since then, the U.S. auto industry has created more than 160,000 jobs.

■ Fought for economic fairness via the Lilly Ledbetter Fair Pay Act.

■ Is fighting for the American Jobs Act, which would prevent layoffs of educators, police officers and firefighters; provide resources to modernize infrastructure, including public schools, roads and bridges; and provide funding to community colleges and job training programs.

Meanwhile, the leading Republican presidential candidate, Mitt Romney, is supporting out-of-touch policies that hurt working families. He seems most interested in attacking President Obama and espousing rhetoric about the economic recovery.

Mitt Romney criticized the bold steps taken to save the auto industry.


Romney also supports the Republican congressional budget (also called the Ryan budget), which calls for dramatic cuts to programs that provide security and economic opportunity for all Americans. The budget Romney supports will slash so-called discretionary spending, including assistance and education programs. These cuts disproportionately affect women, children and older Americans. While cutting aid to people who need it most, the budget would provide millionaires with an average tax cut of $150,000.

As President Obama said recently in a speech at an Associated Press event, “In this country, broad-based prosperity has never trickled down from the success of a wealthy few. It has always come from the success of a strong and growing middle class.”

HEALTHCARE AND RETIREMENT

President Obama has long understood the link between access to high-quality healthcare and economic security for all Americans, which is why he championed and signed into law the Affordable Care Act. Through this healthcare reform legislation, 33 million more people have access to affordable health insurance.

Conversely, the Republican budget would turn back the clock and:

■ Slash healthcare benefits for our seniors, forcing them to pay more for less.

■ Reopen the prescription drug doughnut hole, which would result in Medicare beneficiaries paying nearly $11,400 more on needed medication.

■ Affect the most vulnerable Americans through devastating cuts to Medicaid that are estimated to result in 19 million people losing coverage, and an additional 33 million losing access to health insurance they could have received under the Affordable Care Act.

When you listen to what the candidates are saying, it becomes clear which one will be fighting for us in the Oval Office.
The quest for a national nurse continues
An idea resonates, but making it a reality proves difficult

IN 2005, TERI MILLS wrote an opinion piece in the New York Times that called for creating a “national nurse” position. Mills and her colleague Alisa Schneider haven’t achieved their goal yet, but they are making strides toward it one day at a time.

“This is a grass-roots effort, and the idea doesn’t come from an organization but from individuals,” says Mills, a nurse educator at Portland Community College in Oregon and a member of AFT Local 2277.

For seven years nonstop, Mills and Schneider (who is currently acting director of the college’s nursing program) have been pursuing the idea of having Congress appoint a national nurse for public health to complement the work of the U.S. surgeon general. One of the first things they did was start the National Nursing Network Organization, making the pursuit of a national nurse position its first priority. Its second priority is to build a volunteer network of nurses and other health professionals who will promote wellness and disease prevention nationwide.

For the past several years, Mills, Schneider and members of their organization have been successful in finding a member of Congress to introduce a bill to create the position. This year, the National Nurse Act of 2011 (H.R. 3679) was introduced by U.S. Rep. Eddie Bernice Johnson (D-Texas) and co-sponsored by Rep. Peter King (R-N.Y.). Johnson, who is a registered nurse, says that “having a national nurse focused on prevention activities will help reduce illnesses and decrease the costs for care and services.”

The idea of having a national nurse seems to resonate with people, but getting legislation passed is another story altogether. Competition for getting legislation passed is stiff, especially in a divisive Congress. Over the years, the National Nursing Network Organization has garnered support from those who see the need for more nursing leadership.

“We are starting to make a difference because we are starting to advocate for the legislation more aggressively,” says Mills, while at the same time “educating the public and combating misinformation.”

This spring, several members of the group traveled to Washington, D.C., and met with 33 legislators in hopes of gaining their support. This year’s bill now has 36 co-sponsors. “It’s more complicated to get lawmakers to sign on than people think,” says Mills, but she’s excited about the prospects of getting the bill passed this year.

“We just feel like we can do better, and that’s what inspires us. The most important work needed to get the legislation passed is being done at the grass-roots level.”

“Every organization really believes its legislation is the most important to pass,” says Mills. The National Nursing Network Organization is certainly no different. If the legislation doesn’t make it into law this year, there is little doubt that Mills, Schneider and many other network members will be back in Washington.

“AFT members don’t quit,” says Mills. “We know that a lot of nurses share the vision of having a healthy America, and we are not giving up on that vision.”

Teri Mills, Jackie Walus-Wigle and Alisa Schneider recently traveled to Washington to lobby for a national nurse.