

New
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nurse



**Labor stands together
for safe staffing**

See page 3.

Let freedom ring



By Judy Sheridan-Gonzalez, RN, NYSNA President

On July 4th we celebrate the 248th anniversary of the signing of the Declaration of Independence. The document put forward that “all men (sic) are created equal” and endowed with the right to “life, liberty and the pursuit of happiness.”

Things were different then: the Founders did not consider that

Certainly, quality healthcare is a necessary pre-requisite. That’s why we say, “Healthcare is a Right.”

Critical thinking

This is defined as the mental process of actively conceptualizing, applying, analyzing, synthesizing and evaluating information to reach a conclusion. There’s a great deal of hype around this. Nurses are often told to use “critical thinking” when evaluating patients and developing care plans.

How often can we spend enough quality time with patients to engage in such thinking? What indication do we get from Employers that they care about what we think or need? When was the last staff meeting focused on what front-line nurses require to do our jobs better? What

obligatory input from hands-on caregivers – a condition for getting magnet status. The critical element in true shared governance is budgetary control. That is clearly not up for discussion with direct care providers like us. While a few cosmetic changes might be made to appease unrest, fundamental practices are not altered as a result of such interaction.

Staffing, support, education and resources are the key elements in allowing for meaningful nurse-patient relationships – staffing being the most essential one. Unfortunately, few of our needs are met as nurses on a daily basis. EMR systems are not focused on care; their primary purpose is to provide optimum reimbursement to the facility. When nurses offer solutions to problems, it is often only through concerted activity, under the union umbrella, that we see real changes implemented.

Time for a new paradigm

The predominantly Assembly Line Care that we are forced to deliver – in spite of rhetoric to the contrary – will continue as long as we allow it to. When will nurses stop saying, “Oh, that will never happen,” or “The hospital says it can’t afford it,” or “Single Payer is a pipe dream. You’ll never get rid of these insurance companies?”

The famous Brazilian educator, Paulo Freire, developed the concept of “critical pedagogy.” He postulated that in most societies people are educated to be “objects” in our world, to be fed information which they then regurgitate in the form of exams or expected behaviors. Freire saw that liberated people are instead “subjects” of our world, with the capability of *understanding and changing it*.

As we celebrate Independence Day let’s examine this concept of liberty. We can choose to be victimized and powerless, with the illusion of influence. Or we can choose to think critically, become agents of change and exercise the freedoms that we value. That would require investigation, open and honest communication and collective action.



“To affirm that men and women are persons and as persons should be free, and yet to do nothing tangible to make this affirmation a reality, is a farce.”

Paulo Freire

women, Native Americans, Africans, European indentured servants, and non-land owners should have any rights. We’ve changed as a nation in many ways.

But principles haven’t changed. Consider: what are the conditions that make it possible to live, enjoy freedom and pursue happiness?

forms of professional development are offered free of charge to nurses on work time anymore?

The myth of shared governance

This misnomer, being promoted in a number of facilities, is little more than a forum to put forth management’s agenda with

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ALBANY REPORT

Unions united for safe staffing

HUNDREDS of NYSNA members were joined by nurses and other health-care providers from four unions in Albany on May 20 to let elected leaders know that nurses statewide agree: safe staffing saves lives.

Our unprecedented show of solidarity at last month's Lobby Day sent a clear message to lawmakers that New York's nurses are united in their support for passage of the "Safe Staffing for Quality Care Act," Bill A6571.

"This is about the rights of patients to receive safe, quality care each and every time they access the healthcare system," NYSNA President Judy Sheridan-Gonzalez told legislators and participants. "We will continue to defend our patients in the Capitol, in our hospitals, in our communities, until we have a law that mandates minimum nurse to patient ratios."

Safe staffing saves lives, money

The nurse coalition included 1199SEIU United Healthcare Workers East, Public Employee Federation (PEF), New York State United Teachers (NYSUT) Healthcare Professionals, and Communications Workers of America (CWA). Equipped with research from California's successful experience implementing safe staffing ratios, we met with legislators and their aides to convince them to support the bill.

We told our stories of understaffed units, discussed the many studies showing greater patient outcomes with safe staffing ratios and demonstrated that, far from triggering closings due to greater costs, safe staffing can lead to savings through curtailing expensive readmissions.

Our voices are being heard: while we were in our meetings, we received word that the bill had passed the Assembly Health Committee! Next, it's on to the Codes Committee.

"We've all prayed that no one suffers under our care. We may be scared to talk about those days, but they happen to all of us. We will fight for passage of this bill for one reason only: we know safe staffing saves lives, and we have the research to prove it.

—Debbie Hayes CWA District 1 Upstate NY and New England Area Director



1199SEIU

"Nurses are the mind, the heart, and the backbone of our healthcare system, and nurses are saying that our patients are in danger from short-staffing. Set safe staffing ratios and save lives. It's the right thing to do for New York's patients."

—Norma Amsterdam
Executive Vice President, 1199SEIU RN Division



"I've routinely had nine patients at once. It's totally unsafe. It's bad for nurses, who get burned out. It's terrible for the patients, who return to the hospital because the nurse wasn't able to spend adequate time on education and advocacy."

—Joy Benjamin Davis, RN, Queens Hospital Center



PEF

"California is a very progressive state, but this is New York and we need this legislation now. Enough of the excuses, get it done. We need safe staffing, and we need it now!"

—Susan Kent, President, PEF



"When the census gets up there, we can get up to 5:1. That's a horrible day, a high-risk day."

—Leatrice Durant, RN,
Neonatal ICU, Jacobi Hospital



NYSNA

"Hospital income went up in California after the safe staffing law went into effect there. No hospital closed as a result of the law. Costly RN turnover decreased dramatically. Over 100,000 nurses moved to the state, increasing the tax base and creating more jobs for others."

—Judy Sheridan-Gonzalez, RN,
President, NYSNA

STAFFING LEVEL STUDIES SHOW:

Deaths occur when the nurse to patient ration increases – by even one patient

Complications increase in direct proportion to a decrease in nurse staffing

Readmissions increase in frequency with fewer nurses at the bedside.

ON THE COVER On May 20, NYSNA RNs were joined by nurses and other healthcare providers from unions around the state to tell legislators, "Safe Staffing saves lives," and lobby for passage of the "Safe Staffing for Quality Care Act," Bill A6571.

Raising the minimum wage is a matter of public health



By Jill
Furillo, RN,
NYSNA
Executive
Director

Low wages and the pervasive poverty they cause have created an overwhelming and growing public health crisis in our state and around the nation.

Poverty is all around us. It reaches into some of our own lives. We see it in parents with inadequate retirements, in debts from healthcare and student loans, and as a result of mortgages in excess of housing values.

Here in New York State, results are glaring: At more than 15%, the 2012 poverty rate for NYS residents sat above the national rate. The poverty percentage for

almost four million new jobs in the low-wage sector in recent years. While corporate profits are surging to new highs, wages in 2013 made up the lowest percentage of the overall economy *on record*.

Poverty doing us in

Overall, according to CNN, the median wage earner in the U.S. took home 9% less last year than in 1999, while after-tax corporate profits soared to a record-high \$1.68 trillion in 2013.

How does this profound economic inequality impact our patients and communities?

For one, poverty and near-poverty serve to block access to health services. Many insurance plans are not affordable in a low-wage society, especially when co-pays and deductibles are factored in.

Pervasive poverty has profound healthcare effects. The heart attacks suffered by younger Americans, gut disorders we see among children, and increases in anxiety and severe mental illnesses in Americans of all ages are linked to the stresses of poverty and demise. Suicide rate increases have been shown to be a result of job loss and home foreclosure.

Even access to fresh foods – greens, fruits, fish – is limited in low-wage communities. The makeshift farmers market sells out early on Tuesdays in the South Bronx, as demand for affordable fresh products far outstrips supply. (It is here that the myth – that low-income families do not want fresh foods – is debunked.)

The lack of fresh quality food at affordable prices is devastating our population. Take diabetes. Poor diet is the leading cause of this illness, which in 2012 afflicted 29 million Americans, some in New York, according to the American Diabetes Association.

Of the families with children who report hunger during the last 12 months, 68% contained at least one adult working full-time, according to the U.S. Department of Agriculture. We need to break the link between full-time work and hunger.

Unions fight low wages

Unions are united in New York to fight low wages. NYSNA and our allies in labor and other supporters pressed Albany to raise the state minimum wage and to up it again over the next two years. We need to keep going.

Low wages and the pervasive poverty they cause have created an overwhelming and growing public health crisis in our state and around the nation. Worst are the healthcare disparities we see every day. We cannot close the gap on these disparities without paying New Yorkers enough to keep them out of poverty.

We know that union wages set a pay standard for all of society. That's one important reason for all union members to hold the line. We must also be united in our support of all wage demands of these workers. Pushing harder on minimum wages, supporting living wage movements, giving a nod to cities that seek local laws to raise minimum wage standards... all these efforts add up. Decent pay is critical to the health of the workforce.



Between 1999 and 2012, the number of Americans who failed to get needed medical care due to cost grew by more than 40%.

children under 18 in NYS was 21.2% – more than one in five. In New York City, 46% of residents were living at or near poverty! This appalling fact underpins the characterization of New York City as the Inequality Capital of the USA.

Low wages dominate

Underlying it all is one basic shortfall: low wages.

Job growth is almost entirely in the low-wage sector. High-wage positions, such as in accounting and law, are in decline. Meanwhile, the country added

MEMBER LEADER TRAINING

Montefiore workshops develop leaders to build nurse power

In the face of management intransigence and bottom-line pencil pushing best known in the for-profit sector, our nurses face the challenge of bargaining for fair contracts, exercising rights under those contracts and, throughout, protecting high standards of quality patient care.

Member leader training prepares members for these essential tasks, with targeted seminars, instruction and exercises. Close to 500 NYSNA members across New York have participated in these trainings. At Montefiore Medical Center in the Bronx, 60 nurses have participated and support for this effective training is very strong.

Standing up, demanding respect

What does it take to be a good member leader? At the workshops, nurses are learning the necessary strategies and skills to exercise their rights under the contract and law



Member leader workshop attendees at Montefiore performed a small group exercise with instructions, "Use your own experience to draw a picture that describes what NYSNA is and why it is important." Then they described their drawings to the larger group. Pictured here, l to r: Marjorie Peguero, RN; Anne Naguit, RN, NYSNA rep.; and Ketty Regis, RN.

to advocate collectively for their patients. NYSNA leaders and staff facilitate the day long workshops, teaching practical organizing skills and strategies and sharing their



experience to empower member leaders to speak out and stand up to demand the respect they know they deserve

At a recent Member Leader Training session at Montefiore's Moses Campus, nurses trained in the strategies required to press management to carry out its responsibilities to fill sick calls. At the end of the session, participants gave themselves an assignment. There were three alternatives: organize a meeting on their unit, or recruit another nurse to a contract committee, or observe three NYSNA meetings with management.

On the leadership path

At Montefiore, many NYSNA members are already on the leadership path, and respect runs high among co-workers. Leadership is not a defined role; it is not tied to a title. Leadership is a characteristic of the individual in interaction with others towards a shared goal.

Member Leader Trainings are being scheduled in every region; many are scheduled on-site at hospitals. Contact your NYSNA Representative to find out when Leader Trainings will be coming next to your hospital or local area.

Hudson Valley RNs honored for advocacy



Hudson Valley Magazine has recognized 11 NYSNA nurses in its annual "Nursing Excellence Awards."

Jayne Cammisa, an RN at Westchester Medical Center (WMC), was chosen because of her outstanding advocacy for patients. Among WMC RNs, Jayne is known for working tirelessly to educate lawmakers about safe staffing and the dangers of privatization. "It was a complete surprise to be nominated and after 25 years of service, it is nice to be recognized for the hard work," Jayne said.

The awards are given to local nurses of the Hudson Valley region

who go above and beyond the call of duty for patient care. Winners range from nurses who volunteer their time serving on local boards to those who take time away from their normal work schedules to travel as far as Haiti to provide patient care.

Pictured above are (l-r): Amy Zimei, Jayne Cammisa, Kathleen Conklin and Terri Rattigan-Davis. Zimei, Conklin and Rattigan-Davis scored so high in the judging that they earned themselves a spot among the magazine's "Top 20 RNs."

In their own words

Here are some of the responses Montefiore member leader workshop attendees gave NYSNA leader facilitators when asked, "What are issues that brought you here today and what do you want to learn?"

Alfredo Perez, RN, ICU: "Low staffing is the biggest problem. I was active in the union years ago, and I know that if we protest as one, we can win. Nurses are the largest group of clinical employees at these hospitals."

Marie Kiffen, RN, Step Down Unit: "Safe staffing is a weekly issue for us. I want us to be union strong."

Alexander Santos, RN, Children's Hospital Emergency Department: "Management was trying to add higher acuity patients to our unit, but the nurses unified to defend quality care for these children. I want to bring more new RNs closer to NYSNA."

For-profit dialysis *'postponed'*

An announcement on May 27 by the Health and Hospitals Corporation that the sale of dialysis patient services and equipment at four HHC facilities was “postponed indefinitely” was greeted with cheers by NYSNA nurses, their patients and supporters. The four HHC hospitals – Kings County, Harlem, Metropolitan and Lincoln – will continue to provide chronic dialysis services to patients.

The decision is a resounding win for quality standards, skilled nursing and the public hospital system. Efforts by a for-profit provider, Big Apple Dialysis, to take over those HHC clinics have been sidelined. With this victory, NYSNA has helped establish a line against outsourcing in this sector of essential care. NYSNA is determined to hold that line.

HHC reaffirmed in its announcement that quality care was its top priority. Outsourcing to for-profit companies, however, remains on HHC’s agenda, as part of a budget plan to reduce costs. But NYSNA will continue to guard against outsourcing, including in all areas of dialysis, that sacrifices quality care and undercuts services at the public hospitals.

In the end, the facts won out.

Comparisons of two critical measurements of patient outcomes – mortality and hospitalization – came down on the side of the HHC facilities by substantial margins. The 12 facilities of Big Apple Dialysis in the New York City area have mortality outcomes that are 35% worse than the four HHC clinics. On rates of hospitalization Big Apple Dialysis was found to be 11% worse than HHC.

Nurses and patients join together

In launching and sustaining this successful campaign, NYSNA was joined by dialysis patients and community advocates, by other unions and public health professionals. Patients and NYSNA members appeared and testified at hearings before state and city officials, sought support from the Mayor’s office, from Public Advocate Tish James, and from the City Council,

notably Health Committee Chair Corey Johnson. The support of all was forthcoming.

Dialysis clinics are required, as a matter of law, to report mortality, hospitalization and other outcomes to Medicare and these data are accessible to the public. Medicare characterizes poor care in chronic dialysis by the designation “worse than expected”. (“Expected” takes into account factors of age, race, gender and condition of patient upon first dialysis treatment.) In the U.S. overall, about 9% of clinics perform very poorly – at the “worse than expected” level. For New York State, as a whole, 10% were “worse than expected”. Big Apple Dialysis’ record showed more than 41% of its clinics at “worse than expected” levels. None (0%) of the HHC clinics is rated “worse than expected” in mortality. [See Chart]

HHC care better

Similarly, on rates of hospitalization, Big Apple Dialysis achieved “worse than expected” levels in 25% of its facilities. HHC clinics had none (0%) at this poorest care level.

That means that no HHC dialysis patient runs the risk of being cared for in a “worse than expected”-rated dialysis clinic. “HHC has a fine record of care provided to dial-

ysis patients at its four facilities,” testified Anne Bové, RN, Bellevue Hospital Center nurse and president of NYSNA’s HHC Executive Council. “We, at NYSNA, are proud of that record.”

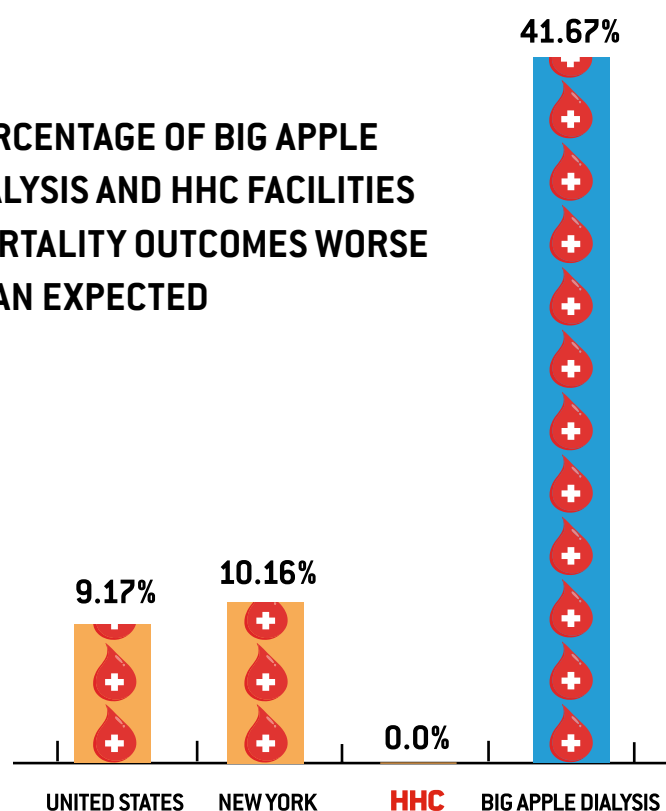
Threat to patient safety of for-profit

The data presented by NYSNA in behalf of retaining the dialysis clinics within the HHC system was reviewed by Dr. David Himmelstein, an internist, professor of public health at City University of New York and lecturer at Harvard Medical School. “I endorse the disturbing conclusions regarding quality and outcomes of chronic dialysis at Big Apple’s clinics presented by the New York State Nurses Association,” wrote Himmelstein. “[I]n my judgment the proposed transfer of patients from HHC to Big Apple Dialysis poses a serious threat to patient safety.”

The backbone of quality at a dialysis clinic is its nursing staff, for whom making patient assessments and adjustments in the course of treatment of End Stage Renal Disease patients is a fine-tuned skill and key to quality care. Big Apple Dialysis proposed to cut RN staffing by more than half in its submission to the New York State Department of Health to affect the

WITH THIS VICTORY, NYSNA HAS HELPED ESTABLISH A LINE AGAINST OUTSOURCING IN THIS SECTOR OF ESSENTIAL CARE. NYSNA IS DETERMINED TO HOLD THAT LINE.

PERCENTAGE OF BIG APPLE DIALYSIS AND HHC FACILITIES MORTALITY OUTCOMES WORSE THAN EXPECTED



l indefinitely'

transfer of patient services. While no nurse would have lost a job had the Big Apple Dialysis deal gone forward – RN positions at units other than dialysis were promised – the prospect of no longer providing care in the dialysis setting was very disturbing to NYSNA RNs. Patients voiced their concerns too, in rallies in New York City and in Albany, in testimony and letters.

Big Apple scrutinized

Earlier this year, NYSNA RN David Quarshie, who works the chronic dialysis clinic at Harlem Hospital – one of the units targeted for sale – testified at a hearing before the City Council Committee on Health Oversight. “It is critical to safe and effective dialysis to have RNs treat chronic dialysis patients, because patients can become unstable very quickly, as most of our patients have other co-morbidities, such as diabetes, hypertension and coronary issues,” Quarshie told the Committee.

Big Apple Dialysis continues to operate acute dialysis facilities in a number of HHC hospitals. These are service contracts for the staffing and management of in-hospital dialysis assessment and care. Undoubtedly, there will be calls that the acute facilities be scrutinized. Accounts are surfacing of substandard care at the acute dialysis units run by Big Apple Dialysis.



Beginning in the mid-1990s, chronic dialysis services were targeted by Wall Street as a profit center, as Medicare payments, supplemented by substantial profits from anemia and other medicines, presented an enormous revenue opportunity. Through aggressive merger and acquisition activity, two for-profit companies are now in control of more than 80% of the U.S. chronic dialysis market. Together, the two generated \$26 billion in revenue last year. CEO salaries and stock options are through the roof in an industry where average dialysis patient lifespans are only five years.

Non-profits have better outcomes

The very unfortunate reality is that profits have been linked to

higher death rates in the chronic dialysis field for some years. Studies have shown that the high mortality rates in for-profit facilities contrast with those in the non-profits. In 2011, patients at the largest for-profit chain were found to have a 19% higher risk of death than patients at a non-profit; at the second largest dialysis firm the risk was 24% higher. No surprise, reduction of skilled nursing staffs has accompanied the rise and consolidation of for-profit dialysis providers in the U.S.

In its submissions to the state, Big Apple Dialysis anticipated making a 20% annual profit on the four HHC dialysis units. Big Apple Dialysis already has made millions of dollars in the operation of the 12 NYC-area chronic dialysis clinics. One clinic, Broadway Dialysis, was purchased from HHC in 2006. It continues to operate within HHC's Elmhurst Hospital in Queens.

HHC: proven quality care

Clarette Fontanelle, a dialysis patient at Kings County for the past seven years, said, “I was so happy to hear this news. The dialysis nurses have been there for me. It makes a big difference.”

“Why interfere with such proven quality care?” said Harlem RN David Quarshie speaking of the four HHC units on the block in his testimony. That question has resonated throughout.



“HHC has a fine record of care provided to dialysis patients at its four facilities.”

– Anne Bové, RN,
Bellevue Hospital, President
of the NYSNA HHC/Mayorals
Executive Council

“The dialysis nurses have been there for me. It makes a big difference.”

– Clarette Fontanelle,
Kings County dialysis patient



Harlem Hospital's chronic dialysis clinic continues to operate under HHC.

Supporting sisterhood on Staten Island



NYSNA Treasurer Pat Kane, RN.

NYSNA was on the scene at a seminar held by the Sisterhood of Women's Organizations in Ocean View, Staten Island. Speakers addressed the challenge, "What About Me? Envision Your Future." NYSNA Treasurer Pat Kane, an RN at Staten Island University Hospital where the event was held, spoke to the need for recognition of nurses in promoting women's health and well being in the context of patient rights. "We always speak for patients' rights," she reminded an audience of active women from the area. "We're listening. We're here to help."

Building community strength

Other RNs from SIUH in attendance included NYSNA members Martha Gonzales, June Haran, Alicja Janowicz, and Helene Lapolla. "Sisterhood is about all women standing strong. I'm always here for that," said Lapolla, who works at Rehab with Janowicz. Community cooperation is important for nurses, Gonzales pointed out: "We need affordable daycare and other support."

NYSNA takes part in such events to build community connections



Staten Island RNs took part in the seminar. L. to r.: Alicja Janowicz, June Haran, Helene Lapolla.

and join the urgent discussion among area women. Approximately 36% of single women with children in Staten Island live below the poverty line, up from 33.3% in 2011.

The Sisterhood of Women's Organizations was formed when the Staten Island chapter of New York State Women called on local

women's professional organizations to unite as volunteers to approach issues with one voice.

Nurses hold vigil to end workplace assaults at RUMC on Staten Island

NYSNA united with supporters on June 11 for a vigil to end workplace violence in response to a series of attacks at Richmond University Medical Center. The latest incident left a NYSNA nurse leader hospitalized after being assaulted.

Vigil participants pledged to continue to work to address the root causes of workplace violence and to ensure that every healthcare worker can care for patients in a safe environment.



Mary Howley, RN, at the NYSNA vigil to end violence.

CLIMATE CHANGE

The time to act is now!

On June 7, NYSNA Executive Director Jill Furillo spoke about the adverse health effects of climate change to a group of international trade unionists that travelled to Cornell University's ILR School for Labor Studies in New York City for the 2014 Transatlantic Social Dialogue.

"Our nurses know something about climate change," Furillo explained. "On October 29, 2012, Superstorm Sandy, the largest Atlantic hurricane on record, came ashore in New York. Our members were there and stayed on the job at the hospitals affected and at others where evacuated patients were taken."

Furillo's participation in the event is part of a larger NYSNA campaign to educate nurses and the

public about climate change and mobilize to do something about it.

A new NYSNA workshop on climate change has been developed as the union prepares to participate in a major mobilization for the People's Climate March, to coincide with the United Nations' Climate Summit in New York City on September 23, 2014.

In addition, NYSNA has joined Trade Unions for Energy Democracy, a global initiative to advance the control of energy to promote solutions to the climate crisis, the degradation of both land and people, and respond to the attacks on workers' rights and protections.

Join the People's Climate March, September 20-21, NYC. peoplesclimatemarch.org



PEOPLE'S CLIMATE MARCH

SEPT 20-21

NEW YORK CITY

Join with 250 local, national and international organizations to protect the planet

peoplesclimatemarch.org



People travel many hours to seek care at the primary clinic provided by NYSNA Nurse Practitioner Beatrice Marseille and her colleagues in Meyer, Haiti.



CALLED TO SERVE

On a mission of care to rural Haiti

By the time you read this, Beatrice Marseille, a Nurse Practitioner in Mt. Sinai's oncology unit, will be leading a medical mission to her hometown of Meyer, nestled in the mountains, two hours from the Haitian capital of Port-Au-Prince.

"People walk for hours from the mountains and line up early in the morning, then they wait for hours to be seen," Marseille explains. "They are very gracious and appreciate what we are doing. That's why every year I try my best to go back."

Marseille's mission to Meyer is sponsored by Vision for Haiti, a non-profit organization founded in 2009 by a group of concerned Haitians in Spring Valley, NY, including physicians, nurse practitioners, nurses and other healthcare workers.

Providing much needed care

Little did they know that shortly after starting the medical relief organization, the nation would be struck by the devastating earthquake of January 2010. Every year since then, Beatrice has led a growing group of healthcare providers to staff the Meyer primary care clinic, the only healthcare facility serving a region of 35,000. Although the facility is open year round, no nurses or doctors work there.

This year, in addition to providing hundreds of vaccinations against tetanus to the largely live-stock-raising population, Beatrice will be bringing an OB/GYN doctor and a midwife. "Otherwise," she says, "the women will have no access to a doctor before they have their babies."

Beatrice this trip is working side-by-side with three Mt. Sinai colleagues who are also NYSNA members, Gueldye Beaubrun, Lucienne Stfort, and Joyce Walker. This will allow a second primary care clinic to open, doubling the number of people seen during the week of June 21 – 29.

In Haiti, approximately 6.5 million people live on less than \$2 per day and healthcare is unavailable for 70% of rural area residents and 50% of urban residents.

Every year, Beatrice leads a growing group of healthcare providers to staff the Meyer primary care clinic, the only healthcare facility serving a region of 35,000.



This year Marsaille is bringing an OB/GYN doctor. Many women have never seen one in their lives.

UPCOMING INTER-REGIONALS

LONG ISLAND

July 9, 2014 at 6:00 pm
NYSNA Long Island Office
900 Walt Whitman Rd.
Melville, NY 11747

BRONX

July 23, 2014 at 5:00 pm
Eastwood Manor
3371 Eastchester Rd.
Bronx, NY 10469

WESTCHESTER

September 2, 2014 at 6:00 pm
DoubleTree by Hilton
455 South Broadway
Tarrytown, NY 10591

LONG ISLAND

September 10, 2014 at 6:00 pm
NYSNA Long Island Office
900 Walt Whitman Rd.
Melville, NY 11747

NURSE PRACTITIONERS/MIDWIVES/ADVANCE PRACTICE NURSES

Need for union representation grows as profession evolves

Nurse Practitioners, Midwives and other Advance Practice Nurses are bringing their expertise to the U.S. healthcare landscape and adding an important voice to NYSNA, as well.

“Before joining NYSNA, we did not have a voice, we fell between the medical role and nursing role,” says Michelle Bryan, a Nurse Practitioner (NP) at Maimonides Medical Center. “There was no standard protocol for how many patients we had and no formal way of addressing this and other issues.” Making matters worse, she adds, “Our benefits were not that great.”

“With NYSNA representation, we have a voice in any situation, especially when it comes to scheduling,” says Glenda Long, an NP employed by Montefiore Medical Center to run school clinics. “Because we are in the union, we have a set shift. My colleagues who are not unionized don’t have a specific schedule. As NPs, if there are patients who need us, we are going to continue working whether our shift is over or not. If anything happens and we have to stay late, we are compensated. Some of my colleagues do not have union representation and they can’t do that.”

Today, Bryan, Long and 840 NPs, Midwives and other Advance Practice Nurses have a meaningful say on issues central to their work and enjoy outstanding benefits. Both are the result of NYSNA representation and a union contract.

NP numbers growing

With greater emphasis on primary care the role of NPs is expanding. Their expertise is being tapped across the healthcare spectrum.

“We are trained to look at, and treat, the entire patient,” explains Bryan. “We are able to pick-up on medical, psychological and social issues affecting a patient’s health.”

The projected growth of the profession is very substantial, and NYSNA is well prepared organizationally to represent NPs, Midwives and other Advance Practice Nurses.



Maimonides NP Michelle Bryan.



Montefiore NP Glenda Long.

Advocating for patients and themselves

In the unwritten hierarchy of healthcare providers, including physicians, NPs may often find it difficult to secure their rightful place. The union’s goal is representing NPs to ensure that they can provide optimal care by invoking their full scope of practice.

At Maimonides, NPs were able to maintain what they considered key aspects of their autonomy. For example, some flexibility on

schedules was achieved as a result of bargaining.

Michelle Bryan’s message to NPs, Midwives and other Advance Practice Nurses who are interested in becoming union members:

“The process may not be easy, but it is well worth it. Your hospital administration may not be openly opposed but they won’t want it. They might say that joining a union will affect your practice negatively. It won’t. Don’t be afraid to join a union.”

IOM supports empowering Nurse Practitioners and others in Advance Practice

In its 2010 report, “The Future of Nursing: Leading Change, Advancing Health,” the Institute of Medicine (IOM) recognized the need for strong and capable nursing leadership if the vision for transforming healthcare is to ever be realized. As front-line care providers, nurses have the most direct knowledge of the practices that drive patient satisfaction and well-being. We need to be able to articulate these insights to administrators without fear of reprisal.

The IOM report advocates for three key priorities:

- Nurses should practice to the full extent of their education and training;
- Nurses should achieve higher levels of training through an improved education system that promotes seamless academic progression;
- Nurses should be full partners with all other high level healthcare professionals in redesigning healthcare in the US.

This is why all nurses, including Nurse Practitioners and other Advance Practice Nurses, should join their professional association and union. Nursing unions provide nurses a resource to deal with the issues and problems that are inherent with the profession. Nursing unions also give nurses more of a voice and more power within their profession and their workplaces.

JOIN NYSNA ON PARADE 4TH OF JULY

Showplace Entertainment
Center

141 West Shore
Expressway Service Rd W
Staten Island, NY 10314

11 am sharp

(The exit off the
expressway will be closed
at 11:30!)



RN Myrna Balbuena wins NJ contest

Myrna Balbuena, a NYSNA RN at Shore Medical Center in Somers Points, won the *Press of Atlantic City's* "Salute to Nurses" contest last month. Called "a modern day Florence Nightingale," and "the epitome of nursing," by her co-worker, Dorothy Rudert, RN, who submitted the nomination, Balbuena has a reputation for going above and beyond for her patients and extending help to others outside the workplace.

Balbuena accepted the award with humility. "I just go there every day and do my work," she told the *Press*. "I make sure I take care of my patients and respect their rights." She also spoke highly of her fellow Shore RNs, saying, "All of us should be nominated because all of us work hard. We work as a group and as a team."



NYSNA Families Walk for Women's Health in Long Island

Wearing our "Safe Staffing Saves Lives" t-shirts, a team of NYSNA families took to the sunny Jones Beach boardwalk May 18, to participate in the 5th Annual Every Woman Matters Walk. The 3.1-mile walk was a fundraiser for women's healthcare.

Retired Nurse Action Network

Join NYSNA retirees for a special luncheon and meeting of the Retired Nurse Action Network, Thursday, July 24, 12 to 3 pm.

Want to join us? Email retiree@nysna.org



SAVE the DATE

August 5

Faculty & Professional Nursing Colleague Conference

Health Reform: the Promise and the Peril

The challenges facing the US healthcare system – expanding access, reducing costs, ensuring quality, and transforming how care is delivered – affect everyone.

SAVE THE DATE
July 17-18
Critical Care
Nursing Review
NYSNA NYC Office

Mount Sinai win

When Mount Sinai planned to eliminate two RN positions from its OB/GYN clinic serving almost exclusively low-income Medicaid patients, NYSNA filed a grievance. The elimination of the two positions would have increased patient wait time and decreased RN time with each patient. At the hearing over the grievance, Mount Sinai decided that it would agree to keep the two NYSNA members in the unit, a good outcome for our members and for prenatal care in East Harlem.

Congrats to Jacqui Gilbert and five RN colleagues

Jacqui Gilbert, President of NYSNA's Congress of Bargaining Unit Leaders, member of NYSNA's HHC bargaining team, and RN at Harlem Hospital, was honored at the 2014 Caribbean American Health Awards on June 25 for her extraordinary contributions as a nurse and union activist.

The award ceremony is hosted by *Caribbean Life*, the largest Caribbean American newspaper in New York City, with nearly half a million weekly readers.

Jacqui's colleagues nominated her for the Caribbean Nurse Award because of her outstanding leadership and commitment to patients. She has been a role model to young nurses, helping them learn the skills they need to provide the very best care and demonstrating how to organize and advocate for their patients.

Other RNs honored were Janet Marva Bowen, Joan Rosalee Davis, Jennifer Henry, Dorian P. Samuels, and Avril P. Silcott.



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SAVE THE DATE

★ **NYSNA's 2014** ★
Biennial Conference!

Join us for two packed days
of solidarity, education,
advocacy, and fun:
September 16 - 17

New York City's Javits Center

