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Top: Westchester Medical Center's nurses rallying for a fair contract were joined by NYSNA colleagues from near and far, Westchester politicians, leaders and members from area unions, community activists, and county residents on December 7. Bottom: NYSNA nurses at Westchester Medical Center celebrate their contract ratification on January 4.

Victory at Westchester Med!

See special section, pp. 7-10



By Judy Sheridan-Gonzalez, RN
NYSNA President

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New year, new challenges

“Life can only be understood backwards; but it must be lived forwards.”

—Søren Kierkegaard

Retrospective

At the end of each year, people often try to count our blessings and offer thanks for the good things that have happened and to hope that the future will bring us closer to our goals. But for some reason, nurses tend to have this nagging feeling that somehow we didn't do enough: we didn't do as well in school as we should have; we didn't spend enough time with our families; we lost a favorite patient or friend; we didn't nurture our relationships; as hard as we work, our jobs are a disappointment, unsatisfying.

The unrealistic demands of our profession set us up for failure. It is impossible to do all that workplace policies, ideal nursing theory, patient needs, and our own moral values require. So, as the saying goes, we “do the best we can.”

Cognitive dissonance

When the bar is set high but the tools to reach that bar are set so low, we enter a world of “cognitive dissonance.” “Cognitive Dissonance” can be defined as the feelings of discomfort that result from holding two conflicting beliefs. When there is a discrepancy between beliefs and behaviors, something must change in order to eliminate or reduce the dissonance. In our case, the belief that we have the power to positively change our community's healthcare status is contradicted by the barriers in place that prevent this—such as workload, dramatic changes in healthcare delivery practices and the environmental challenges that our patients face.

Change agents

What pushes folks to “get involved,”—in unions or community and religious organizations—varies, based on situations, passions and circumstances. For nurses, getting involved in altering the conditions of work, of healthcare delivery, of socio-economic

challenges to good health has another benefit: it allows us to mitigate the conflicts that emerge in our souls as a result of this “cognitive dissonance.” We are DOING SOMETHING about it, not simply accepting a fate determined by others (in our case, greedy corporations and their political allies).

2016

So many nurses raised our voices this past year! Passage of key legislation in the Assembly of our Safe Staffing (nurse to patient ratios), NY Health (single payer), Community Climate Protection (transition away from fossil fuels) bills and bilateral

wishes to dismantle Medicare in charge of Health and Human Services, a vocal anti-union activist in charge of the Department of Labor, an individual wishing to privatize public schools in charge of Education, and so on.

Now is the time...

Often, Americans have shown that in times of crisis we can put aside our differences and come together: World War II, 9/11, Super-storms and a variety of disasters are but a few examples. Right now, the potential of anti-worker forces to bury our unions, and thus our rights, is great. The possibility of revisions—maybe the annihilation—to Medicare and Social Security looms high. Elimination of critical safety net provisions is up there on the national agenda.



Nursing is a progressive art such that to stand still is to go backwards.

— Florence Nightingale

house passage of our Safety Net Protection bill showed that we are visible, respected, listened to, mobilized and powerful.

Contractual wins from Long Island to Watertown and ongoing vibrant struggles throughout the state, showed the public, our employers and, most importantly, our own members that working together strategically places us one step closer to our goals of creating a superior work environment and healthier communities.

Still, many labor unions and community groups are cringing at the Orwellian cabinet appointments being proposed as this issue goes to press: a fossil fuel magnate in charge of the Environmental Protection Agency, a man who

Eradication of environmental, workplace and resource protections are on the horizon. If we sit back and do nothing...

Nurses are the most trusted profession in the United States, according to all the polls. That special place we occupy in the public's view obligates us to put our best foot forward to advocate for our patients and our communities. We have seen how by working together over time we can chip away at the status quo. Now is the time to use our reputation, our humanity, and our strength to join with progressive elements to not only stop the rollback of rights and benefits, but to promote the positive changes in our society that will build our future.

COMMUNITY CARE BROOKLYN

A new model for community health

When NYSNA, 1199SEIU, elected officials, and community and faith groups joined ranks in 2014, they formed a determined coalition on a mission to save Brooklyn's Interfaith Hospital. After doing just that, the group did not disband. Instead, when the fight was over and the smoke had cleared, what emerged was a fully empowered organization: Community Care Brooklyn (CCB). CCB, a community engagement workgroup with more than eight hundred (800!) health, labor, government and social service member organizations, is building on past momentum and leading the charge in Brooklyn to create new models for community health. CCB's most recent endeavor is to reduce the death rate from cardiovascular disease in East New York and Brownsville—two zip codes where heart disease is disproportionately high.

Identifying risk factors

Dr. David Cohen, Executive Vice President of Maimonides Medical Center and Director of Population Health, chairs the CCB. Working closely with NYSNA, 1199SEIU and the community, and with funding from Maimonides, DSRIP PPS, Dr. Cohen put together a Participatory Action Research (PAR) group last summer to identify social factors in the two Brooklyn neighborhoods contributing to the significant death toll from heart disease. They looked at five social determinants that are widely considered important predictors of cardiovascular health: the environment as well as physical, mental, social and financial stability.

But as Cohen and CCB saw it, the project had to go a step beyond assessing risk factors. CCB wanted input from the local community on how best to address the underlying issues. "Addressing the social determinants of health will create both health and wealth," CCB member Bruce Richard said about the project at a CCB December 14 meeting in Brooklyn. "If the community sees itself as its own change agent, it will happen." Richard previously partnered with NYSNA on Save



From left, Nasheley Boursiquot, Medjiloli Cerime, Catherine Vautor-Laplaceliere, and Khaalida Jones, four of the researchers who presented at CCB's December 14 community meeting.

Interfaith and is Senior Consultant to the 1199SEIU President on Community Health.

Principal investigators were brought in from the Massachusetts Institute of Technology and Medgar Evers College to oversee the project. Under their supervision, local students from Medgar Evers and Thomas Jefferson/W.A.T.C.H. (World Academy for Total Community Health) High School designed a survey and collected in-person interviews with 525 community residents, took photos documenting neighborhood conditions, and conducted participatory mapping.

The 50-question survey addressed all five social determinants of health. It included questions about food justice and nutrition, and explored community opinions about urban farming at schools, at hospitals, and on vacant lands as a way to make organic produce more affordable and accessible.

Documenting conditions

Environmental hazards were documented in the field by students, who photographed parks and recreational facilities. Resident feedback was mapped on topics such as safety, air and water quality, and other natural and man-made environmental issues.

The final report is being drafted now and will address how residents

of East New York and Brownsville visualize health in their community. It will provide an all important blueprint for moving forward with community priorities. And it will outline recommendations for utilizing community assets and ideas to attack the high cardiovascular death rate.

Researchers feel confident that they can overcome obstacles to environmental, physical, mental, social and financial health documented in the report. And they plan to pursue additional New York State DSRIP funding in order to address specific community health needs identified in the findings.

According to Dr. John Flateau, a project leader and Medgar Evers DuBois Bunche Center for Public Policy professor, this may be the first PAR healthcare research project to be designed and implemented by actual members of the community under study. With healthcare under attack, this novel approach to community empowerment and health—pioneered by NYSNA, 1199SEIU and others members of the CCB—has become even more important than it was at the project's outset. "I am hopeful that once the final report is issued, it will serve as a model for other communities seeking to tap into the ideas of their own residents to solve problems from within," Dr. Flateau said.



We remember Dr. Hurley

Matthews Hurley, MD, an officer of the Doctors Council SEIU, tireless advocate for New York City's public health system, fighter for social justice, builder of healthy communities, physician to patients at Harlem Hospital, and great friend of NYSNA died unexpectedly on December 9. Dr. Hurley was admired and respected by all who had the privilege of knowing him and will be sorely missed.

A memorial mass is planned for January 14, 2017, at 11:30 a.m. at Our Lady of Angels in the Bay Ridge section of Brooklyn. Mass will be followed by a luncheon and an opportunity for sharing reflections on Dr. Hurley's life in the church cafeteria.

Fighting to win contracts



By Jill Furillo, RN,
NYSNA Executive
Director

With the overwhelming ratification of a contract covering 1,500 NYSNA members at Westchester Medical Center (WMC) on January 4, our union continues its winning streak. It is an outstanding record of achievement. Add to the WMC win this year: contracts at Long Island's Catholic Health System (St. Joseph, St. Charles and St. Catherine of Siena hospitals); St. John's Riverside in Yonkers; at Nathan Littauer Hospital in Gloversville; St. Elizabeth in Utica and Samaritan in Watertown, in the North Country; Elizabethtown, Moses Luddington, and Alice Hyde Medical Center. And in New Jersey, at Shore Medical Center in Somers Point.

These winning contract fights entailed rank and file members stepping up—from all departments, all shifts—and working together in committed and systematic ways. They worked with LBU leadership and negotiating committees; they

huddled with NYSNA staff; and they strategized with NYSNA leadership. In each instance, these were coordinated campaigns comprised of community outreach, sometimes at town halls and other times in door-to-door efforts. Nurses engaged the press, speaking in forthright terms and with the confidence their professionalism inspires. Drawing on ties to other unions and with regular contacts with elected officials on city, county and state levels, rallies and meetings often drew in these supporters.

True display of solidarity

The December 7 rally outside WMC brought together hospital nurses from throughout the facility, and NYSNA nurses from other area hospitals and beyond—a true display of solidarity—in an effective push that triggered press attention and sparked a return to the table en route to a winning contract. WMC's Zina Klein, RN, (bottom far left)

moments after the winning ratification vote was announced, had this to say to nurses: "If they work together, stand together and find their voice, they're able to be brave."

Brave and forthright, NYSNA nurses have shown an extraordinary level of determination and unity.

In each contract fight, nurses have underscored their role as patient advocates and have called clear and strong for safe staffing provisions. Safe staffing saves lives! More than wages, benefits or other provisions, nurses are persistent in demanding contracts that ensure safe staffing and quality care for all patients.

NYSNA stands for equality and our contract demands reflect that fundamental principle: all patients at all hospitals deserve a high standard of quality care. The power to stand up for this principle starts in every unit, at every meeting, digging deeper to find ways to stand in solidarity for our patients, families and communities.



St. Elizabeth RNs Ashley Ross (left) and Joanne Campbell on March 18.



St. Joseph Hospital NYSNA Negotiating Committee (l to r): Jenmarie L. Byrnes, RN; Dan Mills, RN; Margaret Perry, RN; Mary Furey, RN; Heather Gabler, RN; Linda Wells, RN; Cynthia Rusielewicz, RN; and Gina Vista, RN.



Left and right: Westchester Medical Center nurses celebrate as winning ratification vote is announced on January 4, 2017.

Contract win at St. John's Riverside

NYSNA nurses at St. John's Riverside Hospital (SJRH) in Yonkers were celebrating as 2016 came to a close. On December 22, they ratified an outstanding new five-year agreement that delivers both strong economic gains and patient care improvements.

"We fought for and locked in reasonable annual increases, a signing bonus, fair payment of shift differentials, improved floating language, the creation of a float pool that pays a 10% incentive, increased on call pay, tuition refund, and educational differentials," LBU President Kathy Hoffer, RN, said. SJRH agreed to hire 4 additional RN Full Time Equivalents and to make staffing grid improvements in the ER on the main campus and in the PACU at the Dobbs Ferry Pavilion.

Priorities achieved

Maintaining health and pension benefits were key priorities for the hospital's 381 NYSNA nurses: "We held our ground and kept all of our

benefits, all fully paid by the hospital with no costs to us," said Regina Odell, RN, an 11-year veteran of the hospital's maternity unit.

John Edwards, RN (SJRH Dobbs Ferry Pavilion) and NYSNA Negotiating Committee member, was determined to protect health and retirement benefits and to improve the pension benefits for younger nurses. "We did it! We won significant bumps in the hospital's contributions to the defined contribution plan," Mr. Edwards said.

Ms. Odell believes these improvements are vital to nurse retention.

"When hospitals short-change younger nurses on pensions, they aren't doing a good enough job of anchoring nurses for long-term retention. It's so important to keep experienced nurses on staff."

The contract was overwhelmingly ratified by a 96 percent margin. NYSNA's Negotiating Committee worked really hard, said Ms. Odell. Mr. Edwards attributed the strong endorsement to the commitment and unity of the SJRH nurses. "That," said Mr. Edwards, "came through in the agreement we were able to reach."



"We held our ground and kept all of our benefits..."

Regina Odell, RN

NYSNA members at SJRH counting the votes and celebrating their strong contract ratification vote on December 22.



Over 55 nurses from Staten Island University Hospital, Richmond University Medical Center, Seaview Rehab Center as well as some former LICH nurses came together on December 14 for a packed agenda at the Staten Island Interregional. Among items on the agenda: a bargaining update from SIUH case managers and discharge planners and a discussion led by NYSNA Treasurer Pat Kane, RN, on community organizing efforts through the Sustainable Staten Island Coalition.

SIUH: Contract NOW!

Case managers and home care discharge planners at Staten Island University Hospital voted nearly a year ago to add their voices to those of the hospital's 1,100 bedside nurses as part of NYSNA. After months of negotiations, the 38 nurses hand delivered a message to management on November 18. The letter, signed by hundreds of SIUH NYSNA nurses, demanded respect for the hospital's newest NYSNA

members and a contract!

For Donna Magrone, RN and one of 10 nurses whose works in home care discharge planning, nurse unity is making all the difference. "Earlier in the fall, after a particularly frustrating negotiating session, we called an emergency meeting during lunch in the cafeteria. Hundreds of nurses stopped by and we had a serious discussion about how far we were willing

to go to get our contract. We created quite a buzz throughout the hospital." That buzz reverberated, and management got the message. Bargaining soon started moving forward.

Nurse unity key

Like many, Phyllis Beck, RN and SIUH Case Manager, is eager to get the contract she deserves. One of her main reasons for joining NYSNA was to even the playing field between bedside nurses and case managers. "Case management has a really hard time recruiting from within the hospital. The nurses don't want to leave their NYSNA benefits, which are superior to those of case managers." Recruiting difficulty has led to high caseloads, which in turn creates problems with retention.

The nurses attribute recent bargaining progress to demonstrations of nurse unity, both within the smaller unit and hospital wide, and are optimistic that an agreement will soon be finalized. "When we started showing the hospital that we are united, that we won't be separated, that's when we started really seeing movement," said Ms. Magrone.

Bake sale for safe staffing

NYSNA nurses greeted visitors to Montefiore Medical Center's Moses, Weiler, Westchester Square, and Home Care divisions on December

5 with tables of holiday baked goods and holiday wishes, mitigated by a serious and sobering message: RN understaffing at the hospital remains a persistent problem.

As a crowd gathered outside the Moses Division entrance, NYSNA President Judy Sheridan-Gonzalez, RN, described a marked deterioration in recent years of respect for patients' dignity and bedside nurses.

Montefiore was among the twelve private sector New York City hospitals covering 17,000 NYSNA nurses that settled a contract in summer 2015. As part of its agreement, it committed to filling

Rising RN vacancies

To make matters worse, the hospital's vacancies have since risen and now stand at 231. Xenia Greene, an RN in the Pediatric ICU, said the vacancies exacerbate already poor staffing. "Nurses quit. We can't keep nurses in our unit due to short staffing."

The nurses noted that while Montefiore says it can't afford to hire more nurses, it pays its CEO \$4.9 million a year—more than any other hospital CEO in New York City—and has gone on a regional buying spree to build its network.

Naomi Cordova, an RN with 27 years in Montefiore's Children's Hospital, has seen upward spikes in both acuity and volume. "We frequently get ICU patients on my floor, which we shouldn't. We're

physically running out of space, converting singles to doubles. We're caring for more and sicker patients but with the same level of staff. And it's not fair to these critically ill children. We don't have the nurses, the specialized equipment or even the doctors to care for these patients."

Collette Dobbins, a pediatric oncology nurse, hates to see Montefiore treating the hospital as if it's Wall Street. "Shame on them! We're not dealing with figures. These are peoples' lives! I see critically ill children on my floor that may have to wait days for a bed in the PICU, where they belong and will get the proper level of care. It's an accident waiting to happen."

Nurses continue to meet with the Community Board, elected officials, and others on the hospital's staffing issues.

Proceeds from the sale were sent to Mocho Village, a non-profit community health and education advocacy organization started by Montefiore nurse Dennis Stanberry (see March-April *NY Nurse* on Mocho's outstanding work).

SIUH nurses on their way to hand deliver their letter to management on Nov. 18

NYSNA nurses at Montefiore-Moses handed out treats to children from a local elementary school at the Dec. 5 bake sale.

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SPECIAL EDITION | DECEMBER 2016/JANUARY 2017



Nurses gathered on December 20 to celebrate after signing a Memorandum of Agreement with Westchester Med.

The road to a winning contract

New contract achieves among highest RN wages in nation

Unity wins at Westcl

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his hospital is our second home and we are family! Our bond and perseverance allowed us to fight strong and ultimately achieve a great contract! We look forward to recruiting nurses and welcoming them into our ‘home’ and continuing to make Westchester Medical Center a great place to be not only for us but most importantly for the patients and families.” These are the words of Damayanthy Sujanthan, RN, a neo-natal ICU nurse and one of 1,500 NYSNA members who celebrated a contract ratification on January 4.

Westchester Medical Center (WMC), located in Valhalla, NY, is a public hospital that serves communities in seven counties.... *seven!* Few hospitals in the nation can make such a claim or shoulder that responsibility. The WMC nurses have worked long and hard to achieve a fair contract—to keep quality care in place for the thousands of patients who come through its doors, all the while advocating strongly for a fair deal.

The new contract strengthens their ranks with provisions that better define agency nurses and protect vacation time. The WMC nurses are now among the highest paid RNs in the nation. [See chart, p. 10] With the new deal in place, recruitment and retention rates will go up. All



2016: Members of the Westchester Putnam Central Labor Board were among the many who marched in solidarity on December 7.

the nurses agree: this was key to protecting quality care.

POA campaign launched

The RN fight at WMC goes back a number of years. A critical juncture came at the end of 2012, after WMC management announced they were reducing RN FTEs.

Jayne Cammisa, RN, NYSNA

board member for the Lower Hudson/NJ Region and fulltime release time rep at WMC, has spent close to 30 years at the facility, including in the kidney-liver transplant unit. She recalled vividly the nurses’ decision to launch a POA campaign to express concerns that reduction of RNs could negatively affect working conditions. POA—Protest of Assignment—is a NYSNA form that nurses have used to achieve better staffing.

Keeping experienced nurses

The nurses filed thousands of POAs reflecting staffing issues and concern for the future of the hospital. “We launched an extensive POA campaign,” said Ms. Cammisa. “And it was very effective.” Over time, the hospital returned nurses to the ranks. “Now we have more than 1,200 FTEs and about 250 per diems,” she said.

Other issues endured, however. Wages were not keeping pace. The senior nursing staff became concerned that RNs could be lured away by competitive hospitals.

Unified and determined, the nurses closed ranks. They successfully fought to bring nurses back after the December 2012 layoff and staffing improved.

“Solidarity in our ranks was strong”

The nurses kept going, honing their demands and sustaining their ranks. The outlines of a fair contract were considered and reviewed, debated and reconsidered, and outreaches to the community and to elected officials were on-going. The nurses appeared on billboards, dotted communities with lawn signs, and spoke out in local cable television spots.

“Solidarity in our ranks was strong. So was the support of other unions and elected officials,” said Ms. Cammisa.

Setting the stage

WMC nurses, other NYSNA member support, the presence of



Our bond and perseverance allowed us to fight strong and ultimately achieve a great contract!”

Damayanthy Sujanthan, RN



2013: Jayne Cammisa, RN, holding one of thousands of POAs that WMC nurses filed following RN layoffs, and the ensuing staffing problems, in late 2012.

Westchester Med Center!



2016: On December 7, NYSNA WMC nurses carried their message to the main entrance to ensure that it was seen by the hospital's administration.

other unions, community advocates and elected officials combined to bring the matter to a head on December 7, 2016. That day saw an outpouring of hundreds outside the WMC campus, linking arms, chanting and voicing demands. The demonstration was a powerful reminder of the unrelenting determination of the nurses and their supporters.

WMC nurses were joined that day by NYSNA members from hospitals in the Bronx, Manhattan, Staten Island, Poughkeepsie, Long Island and as far away as Shore Medical Center in Southern New Jersey.

Communication workers, teachers, fire fighters, CIR doctors, and 1199SEIU members were there, too.

Broad and deep support

All came in solidarity and in recognition of the significance of the WMC to the hundreds of communities it served across the region.

Present: State Senator Terrence Murphy, Assemblywoman Shelley Mayer, Westchester County leg-



I expect the outflow of RNs to stop with this contract."

Roshan Cherian, RN

islators David Tubiolo, Alfreda Williams, and Kenneth Jenkins, and Yonkers City Councilman Michael Sabatino. Each offered firm commitments to stand with

WMC nurses until a fair contract was reached.

"WMC serves three and a half million people," NYSNA Second Vice President Anthony Ciampa, an RN at New York-Presbyterian, told all gathered. "Justice for the community means it has access to quality care. Justice for nurses means a fair contract!"

"I've been here 31 years. Our goal is to get a fair and reasonable contract for the nurses who will be here long after I'm gone—just like those who came before me have done for me," said Jack Mace, RN and Grievance Co-Chair at WMC.

"Ultimately, our role is to mentor the young nurses," said Claire Maggio, RN and Acting LBU "and provide them with the skillset to not only take care of their patients but to take care of themselves—both emotionally, mentally and physically."

Assemblywoman Shelley Mayer riled the crowd by encouraging WMC to return to bargaining:

CONTINUED ON PAGE 10



We can provide the highest level of care to our patients."

Wilma Wynter, RN



We're not waiting any longer!"

NYS Assemblywoman
Shelley Mayer

A winning contract!

- ✓ \$98 million in wage increases
- ✓ \$14.5 million in retroactive pay and bonuses
- ✓ \$9.5 million in retroactive pay (\$8.3 million on base alone)
- ✓ \$5 million ratification bonus
- ✓ \$0 increase in healthcare costs to current WMC nurses

The total value of the contract is \$165 million over 6 years.

Other provisions:

- ✓ enhanced vacation time
- ✓ floating protections
- ✓ transfer protections

Unity wins at WMC



January 4 ratification vote

CONTINUED FROM PAGE 9

“Step it up, WMC! Make it happen! We’re not waiting any longer!”

The final push and ratification

Within days negotiations resumed and the teams met in focused sessions. A temporary agreement was reached late on Monday, December 12. Informational sessions were held over the Christmas holiday, voting on January 3 and 4, and ratification—by an overwhelming majority—was announced the evening of January 4. It was a major victory.



2016: NYSNA negotiating committee members signed the Memorandum of Agreement on December 20.

Roshan Cherian, an RN with more than a decade at WMC in behavioral health, said the contract provides an “excellent wage.” She is the only source of health coverage for her family, so the agreement on benefits was critical to her. But she reiterated what many WMC nurses have said: the fundamental effect of wages under the new contract will be on recruitment and retention. “I expect the outflow of RNs to stop with this new contract,” she said. That’s critical, all agree.

“We can provide the highest level of care to our patients, many of whom are among the sickest in the nation,” said Wilma Wynter, RN, a member of the nurses’ negotiating committee and 23-year WMC veteran.

“We’re optimistic that with this contract, young nurses will come to see WMC as an excellent place to work and enjoy a long, fulfilling career,” said David Long, RN, a 15-year veteran of the coronary care ICU. “We had a long road to reach this agreement, but now look forward to working with the administration to continue WMC’s tradition of nursing excellence for our Hudson Valley patients and community.”

“This is a very big win for our nurses and the many communities we serve,” said Ms. Cammisa. “The contract, which will enable WMC to recruit and retain RNs, gives us the respect we deserve. Fundamentally, this fight was about respecting our nurses.”



Westchester Medical Center members cheer their ratification announcement on January 4, 2017.

Safe Staffing moves forward at Southside Hospital L&D

It was becoming the norm—shortages of both RNs and ancillary staff during the night shift on the labor and delivery floor in Northwell's Southside Hospital in Bayshore. NYSNA nurses Kate Dietz and Brooke Karroll were determined to bring safe staffing to the unit.

"We decided if we could get all of the nurses in the same room with senior management, we would have better results," said Ms. Karroll. Her co-worker, LBU Vice President Carolyn Grupe, RN, joined the effort. All agreed that NYSNA staff be included in the process to help coordinate and ensure accountability. Ms. Grupe also brought to the effort the skills she had learned at NYSNA's Steward Training.

Organized approach

First, the nurses worked together to draw up a complete and clear assessment of unit conditions. In mid-October, 11 night shift nurses and their NYSNA Rep met with a team of hospital managers: the Director of Maternal Child, CNO, HR Director, and several assistant managers. The nurses outlined each problem area, cited specific examples of how understaffing was adversely impacting patient care, and offered potential solutions. When finished, management requested time to review and promised a follow up meeting.

The nurses' message was heard because on November 22, when the same group reconvened, management announced that it was in agreement with the NYSNA nurses and would take concrete steps to address conditions. A new Aide position would be posted and L&D night shift ancillary staff would no longer be floated. The CNO also agreed to accelerate the addition of seven previously announced new RN positions for L&D, and add a transition nurse. In addition, in January, a nurse educator for the Maternal Child Clinical division will be added.

The nurses attributed the positive results to NYSNA's help and guidance, to unity within their own ranks and to the professionalism



Night shift L&D nurses at Northwell's Southside Hospital were happy with the results of their staffing advocacy.

with which they approached management on the issues. "In the end, management saw that we were all together in our desire to make our department a safe place for patients and staff," said Ms. Dietz.

Of the process, Ms. Grupe said, "I was so impressed with the leadership shown by my colleagues Kate Dietz and Brooke Karroll. They fostered such a professional, collaborative effort that helped the department work through its anger, do its homework, articulate concise arguments and identify thoughtful solutions."

"By being united, we bridged the communication gap that we had been long experiencing. Getting

everyone in the same room was key," said Ms. Dietz.

Unity of focus

"In the end, everyone wants what's best for patients," said Ms. Karroll. "There's a respectful way to come together to get results. When you have issues, speak up, but don't just complain—organize and offer solutions to the problems you see. And if you don't get the results you want the first time around, persevere."

"Through NYSNA, we had the framework and support to come forward and achieve these gains," said Ms. Grupe.

NYSNA speaks up for Safety Net bill

FOLLOWING are excerpts from an Op-Ed titled "Hospital Safety Net Funds Need to Follow Uninsured and Medicaid Patients" by NYSNA Secretary Anne Bové, RN and President of NYSNA's H + H Executive Council, and Judy Wessler, a community health advocate and former director of the Commission on the Public's Health System. It was published in City & State's Dec. 8 *NY Slant*. The full version can be found at www.nyslant.com/article/opinion

"...the onus is on Gov. Andrew Cuomo to sign the enhanced safety net hospital legislation...to ensure that funds will follow the patients and go where resources are needed most."

"...hospitals providing the greatest financial assistance to the neediest patients often receive the least amount of funding on a per patient basis."

"The redefinition of safety net facilities means that hospitals that provide care to more low-income patients will get higher Medicaid reimbursements as earned income and not have to rely on subsidies which can be taken away."

Western NY Interregional



Members from ECMC, Brooks Memorial, and Terrace View Long Term Care were joined by NYSNA President Judy Sheridan-Gonzalez for a holiday celebration and Interregional at NYSNA's Buffalo office on December 12.

Bargaining opens at CVPH



NYSNA members at CVPH with their bargaining demands poster prior to presenting it to management.

Contract negotiations for NYSNA nurses and professionals at University of Vermont Health Network-Champlain Valley Physicians Hospital (UVHN-CVPH) in Plattsburgh got off to a powerful start in mid-November with a strong showing of unity and determination.

Seeking to achieve a contract that encompasses a half dozen key priorities, committee members gathered endorsement signatures on a contract demand poster from 564 members in just seven days. The poster served a purpose.

At the December 6 bargaining session, NYSNA members opened by presenting that poster across the table to the hospital's CNO. LBU Co-Chair Dea Lacey, RN, said demands can be summed up in the

six points contained on the poster:

- 1) protect rights to safe staffing and to advocate for quality care;
- 2) achieve wage parity between CVPH and UVHN colleagues;
- 3) provide health coverage for nurses and professionals;
- 4) ensure employment and income security;
- 5) preserve and expand retirement security; and
- 6) create a fair path for those that work at CVPH's Medical Group Management to achieve the same wages and benefits as their co-workers at the main CVPH campus.

Ms. Lacey was excited to see members so ready to bargain: "We've got great unity and a strong member commitment to achieving a high standard for nurses, professionals and patients at CVPH and throughout the UVHN network."



More than forty members from Champlain Valley Physicians Hospital gathered on December 7 to discuss the status of contract negotiations and hear a presentation from NYSNA President Judy Sheridan-Gonzalez on the impact of climate change on healthcare.

WDI Honors NYSNA's Ethel Mathis



Ethel Mathis, RN, appears on the February page of WDI's 2017 calendar.

Each year, New York's Workforce Development Institute (WDI) issues a "Working Women Calendar" that celebrates twelve extraordinary women and the contributions they make to the workplace. NYSNA's Central Regional Director Ethel Mathis, RN, is featured in the 2017 edition.

WDI recognized Ms. Mathis for her work most recently as a nurse

at Utica's St. Elizabeth Medical Center, the many years she spent prior to that as a drug counselor in impoverished neighborhoods, and her fervent commitment to economic, social and environmental justice issues. Ms. Mathis has been at the forefront of NYSNA's participation in the Fight for \$15, advocacy for healthcare for all and safe staffing, and efforts to educate the public on the hazards

of transporting volatile shale oil by rail.

Ms. Mathis is one of two nurses represented in the 2017 calendar; the other is CWA Local 1168 President Cori Gambini, an RN at Kaleida Health in Buffalo. Calendars are available by contacting WDI by email or telephone. Visit wdiny.org/contact for information on how to reach your local WDI office.

Beck Notification

If you are represented for collective bargaining by NYSNA, you have the right to be or stay a nonmember and pay an agency fee equivalent to dues. As a nonmember, you are entitled to object to paying for activities unrelated to the association's duties as a bargaining agent and to obtain a reduction in fees for such activities. The agency fee will include costs incurred by the union for expenditures related to collective bargaining, contract administration, grievances and arbitration, and other matters affecting wages, hours, and other conditions of employment. In 2016, the most recent calendar year for which a calculation was done, the agency fee represented **88.66%** of the dues amount for that year.

If you choose to enter into an agency fee arrangement, please be aware that you will deny yourself the opportunity to exercise the full rights and benefits of union membership. Full membership rights include the rights to: (1) vote on acceptance or rejection of proposed contracts covering your wages and working conditions, thereby ensuring your input on issues central to your working life; (2) participate in development of contract proposals; and (3) vote for your union officers.

Contact NYSNA's Membership Department for a copy of the policies and procedures concerning agency fee arrangements. Requests to enter into an agency fee arrangement should be submitted in writing to the Membership Department, New York State Nurses Association, 155 Washington Ave., Albany, NY 12210 by no later than March 15, 2017.

Taylor Law Notification

Section 208.3 of the Taylor Law permits an employee organization to receive an agency shop fee if it "has established and maintained a procedure providing for the refund for any employee demanding the return of any part of an agency shop fee deduction which represents the employee's pro rata share of expenditures by the organization in aid of activities or causes of a political or ideological nature only incidentally related to terms and conditions of employment." As noted above for 2016, the most recent calendar year for which a calculation was done, the agency fee represented **88.66%** of the dues amount for that year.

In satisfaction of the law's mandate, a policy and procedure has been adopted. Eligible nurses may receive a copy of these documents by contacting NYSNA's Membership Department.



Remembering Roderick Brown, RN

This exceptional nurse and committed advocate passed away on December 14. Roderick Brown, RN, was a graduate of the Long Island University's prestigious nursing program. He began his career with positions in nursing homes in metro New York City, before becoming a critical component of the nursing team at NYC H+H's Woodhull Medical Center, where he worked for twenty five years. Mr. Brown spent years working weekends at the New York City Children's Center, as well as serving as a NYSNA release time representative at Woodhull. A vibrant man who cared deeply for his family, friends and community, Roderick Brown will be sorely missed by all who were touched by his compassion, commitment and dedication.

Victory at Standing Rock!

The Standing Rock Sioux and their supporters won a victory on December 4 when the Army Corps of Engineers blocked Energy Transfer Partners (ETP), the developer of the Dakota Access Pipeline, from completing the last section of the pipeline under the Missouri River. The pipeline, now about 90 percent complete, aims to transport approximately half a million barrels of shale oil each day from the Bakken formation in western North Dakota to a termi-

nal in Illinois. The tribe says allowing the pipeline to cross the river would threaten its water supply and its sacred sites.

Over the past several months, thousands have been camping in North Dakota to protest the pipeline's completion. Last August, NYSNA President Judy Sheridan-Gonzalez, RN, and Program Rep Eliza Carboni traveled to Standing Rock to support the tribe's rights to protect its water supply and ancestral lands.

When the Army Corps issued its decision to deny the permit, protestors cheered and chanted, "Mni Wiconi" or water is life. Campers aren't leaving just yet, however, and are preparing to endure the harsh North Dakota winter. Once the president-elect is sworn in, ETP is counting on having powerful federal allies that are likely to support its quest to complete the pipeline as originally planned under the Missouri River.



Reducing workplace violence



Organizing to make your workplace safer

- Conduct a workplace assessment by visually inspecting units, reviewing injury and illness logs and workplace violence incident reports, and surveying membership.
- Identify and adopt specific actions that would improve workplace safety (e.g., demanding an additional security guard in a specific location during specific hours is more likely to be achievable than just generally demanding more security guards overall).
- Organize members around obtaining the chosen goals. Start with notifying management through a letter or labor-management meeting. Increase the heat if management doesn't respond adequately. Be creative! Achieving your demands may be hard, but persistence pays off.
- Attend NYSNA's Violence in the Healthcare Setting workshop. To view the workshop schedule and register for a class, go to the Health and Safety page at www.nysna.org
- Contact your union representative or the NYSNA Occupational Health and Safety Representatives at healthandsafety@nysna.org for additional assistance.

A hospital can be a very dangerous place to work. According to the U.S. Department of Labor, nurses in acute and long-term care facilities experience rates of non-fatal workplace assault double that of workers in other healthcare settings and ten times that of workers in the private sector overall. Moreover, the DOL suggests that healthcare workplace violence is vastly underreported. The government formally collects only incidents that lead to time away from work. Surveys show that many incidents go unreported, even at facilities with formal incident reporting systems.

And while it is a common perception that hospital workplace assaults are limited to psychiatric units, the reality is that an increasing share of incidents occurs across many other departments as well. Just ask the NYSNA nurse at Wyckoff Heights Medical Center's Emergency Department who earlier this year had hot tea thrown in her face by the daughter of a patient who had fallen and she was helping to stand. Or ask the Mount Sinai rehab nurse whom a patient's relatives attacked as she tried to protect a baby in the midst of a family dispute. These are just two of the far too many examples of assaults against NYSNA members that took place in 2016.

Many contributing factors

Patients with co-morbidities—i.e. both mental and physical health issues—are often treated on med/surg or other units where specially trained mental health staff is not available.

Other factors that can increase the risk of assault include poor staffing; fewer bedside staff taking care of more patients heightens risks; long patient wait times or delays can lead to increased anger by both patients and visitors; and overcrowding in emergency rooms or other units leads to increased tensions.

More liberal visitation policies are another concern. Under pressure to improve patient satisfaction scores, many hospitals have adopted an open door, 24-7 policy. "It's a free for all," said one SIUH nurse, where the open door policy is an issue on a range of units. When

a patient has visitors around the clock, sometimes in large groups, it can be difficult for staff to do their jobs performing patient care tasks. It is typically left to the unit nursing staff to insist that visitors leave, which sometimes results in angry, hostile confrontations.

Assault takes many forms

Government data show the most common causes of violence-induced injuries resulting in days away from work across several healthcare occupations were hitting, kicking, beating, and/or shoving. But emotional trauma is even more prevalent.

While staffing, changing demographics and other issues need to be addressed to reduce the risk of assault, we also need to take on the misconception that getting hit or spit on is "just part of the job." Nurses continue to hear this response too often from hospital management and even security and police when they respond to incidents.

Another misconception surrounds the New York State law that charges those who assault nurses with a felony. It is unlikely that the law will deter a patient who is mentally ill, drug seeking or under the influence of drugs or alcohol from assaulting a nurse. And, unfortunately, the experience to date has shown that it is extremely difficult to secure a felony charge, let alone a conviction, against a patient, even if the assault meets the requirements of the law.

Such was the experience of NYSNA nurses Andrew Capizzo and Kaneez Askery of Staten Island University Hospital. Mr. Capizzo was punched in the face while working in the ER triage area. Ms. Askery was bitten by a patient on a med/surg floor. Both filed felony assault charges. In both cases the

district attorney refused to advance the felony charges, reducing them to misdemeanors.

While it is important to keep pressuring police and district attorneys to uphold the law, *prevention* is likely to be most effective in reducing assaults. The risk of assault can be assessed and reduced, just as with any other safety hazard (see below).

Public sector law

NYSNA and other New York unions fought to win a state-wide law that focuses on prevention of violence in the workplace. Passed in 2009, the law fell short in some areas and covers only public sector employers. However, it still has key provisions that all workplaces should adopt. By law, public sector employers must:

- Work with unions to identify potential workplace violence hazards in their workplaces;
- Implement controls to limit the risks of identified hazards;
- Adopt workplace violence policies that will decrease the risk of violence; and
- Maintain and review all records related to workplace violence incidents.

Whether public or private sector, input from frontline staff is key to the development and implementation of an effective workplace violence prevention program. Winning and enforcing these kinds of protections takes work but will pay off in reduced assaults and injuries to nurses. There are steps every workplace should take to decrease the risks and incidence of violence (see Sidebar). And, of course, NYSNA's Occupational Safety and Health Department is available to assist members seeking to improve their facility's violence prevention programs.

Controls to decrease the risk of workplace violence

- Increased staffing to reduce patient wait times, overcrowding and related stressors.
- Physical changes to work areas including high, wide counters; plexiglas barriers; panic alarms; door locks; furniture placement to allow for easier egress; security cameras and convex mirrors; better line of sight for security personnel; etc.
- Policies that take into account situations or procedures that trigger incidents, and improve rapid, effective response if incidents arise. Policies may include visitation, access, security, emergency response teams and other areas.

NYSNA Congress of LBUs President demands Paladino resignation

NYSNA joined demands that Trump NYS Chair and developer Carl Paladino be forced to resign his seat on the board of the Buffalo Public Schools due to his remarks about President Barack Obama and First Lady Michelle Obama. His comments were described as “unambiguously racist, morally repugnant, flagrantly disrespectful, inflammatory and inexcusable” by the school board in a resolution demanding his resignation.

“These remarks are outrageous and anathema to civil society. He is the last person in the world to be serving on a school board, where learning and values imparted to our children are at issue. We join the board and local communities in calling for his immediate ouster,” said Lydia Torres, RN, President, NYSNA Congress of LBUs.

Read the Board’s resolution of December 29. <http://buffalonews.com/2016/12/28/buffalo-school-board-vote-resolution-aimed-ousting-paladino/>



Push for Climate and Community Protection Act

NY Renews, the environmental advocacy group comprised of NYSNA and over 100 other unions and community groups, met on December 8 to urge Governor Cuomo to include funding in the next state budget for the Climate and Community



Protection Act, which the Assembly passed in its last session.

NYSNA member and NYC H+H/ Lincoln Hospital Pediatric ED RN Lorraine Pierre spoke on behalf of the children of the South

Bronx, which has the highest rates and worst outcomes of childhood asthma. As part of her presentation, she played a recording of an asthmatic child struggling to breathe, vividly illustrating the seriousness of pollutants on healthcare.



HHC Holiday Celebration NYSNA members working at New York City’s Health + Hospitals facilities got together on December 7 for a little business—but mostly to enjoy some holiday cheer.



Judith Cutchin voted Woodhull MVP

Congratulations to NYSNA nurse Judith Cutchin, who was voted “MVP” for the month of November by the staff of NYC H+H/ Woodhull Medical Center. She was nominated anonymously by a coworker for “the consistent and compassionate care she gives to her patients, her advocacy on behalf of her patients, and for going the extra mile to meet patient needs without eroding their trust.” Ms. Cutchin has worked at Woodhull for 25 and is currently head nurse in the ambulatory specialty practice.



Troy Victorian Stroll NYSNA shared a table with Capital District unions at the annual Troy Victorian Stroll held December 4. The event served as an opportunity for community outreach on safe staffing.

World AIDS Day Observed at NYC H+H

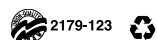
NYC Health + Hospitals held events throughout the city to observe World AIDS Day on December 1. The system as a whole celebrated its near elimination of mother-to-baby HIV transmission; Bellevue Hospital was recognized for its ongoing work to fight HIV/AIDS and its critical role in addressing the emerging HIV/AIDS crisis in the 1980s; and Woodhull Medical Center marked the 30-year anniversary of the installation of lobby murals by internationally renowned New York City street artist and AIDS activist Keith Haring, who died of the disease in 1990 at age 32.

NYSNA Awarded ANCC Accreditation

NYSNA has once again been awarded Accredited Provider Unit status by the American Nurses Credentialing Center. This status enables us to continue to create and credential continuing education courses for nursing contact hours.

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INSIDE



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