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NYSNA nurses in Albany for the February 18 Black, Puerto Rican, Hispanic and Asian Legislative Conference Weekend marched and rallied for fair funding for NY's safety net hospitals.

Fighting for our safety net hospitals, p. 6

Nurses in the forefront to save healthcare, pp. 7-10



By Judy Sheridan-Gonzalez, RN
NYSNA President



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The challenges we face

Nurses and health professionals are witnesses to the dramatic changes in healthcare over the past several decades. Many of us have confronted attempts to erode our practice, reduce our level of benefits, deny us the resources and staff we need to practice safely, and weaken our collective union power. When we are organized—when members are engaged and active—we can defeat these attacks, even improve our conditions.

Unfortunately there is no magic elixir we can offer that transforms nurses into dedicated activists. Those of us who are involved sometimes feel like “I am the only one.” This is why collective action, member education and strategic planning are so important. **WE CANNOT WIN ON OUR OWN.**

Most employers do everything they can to keep unions out or to weaken or attack unions once they are voted in. Why? A union contract modifies employers’ supreme powers. A well-organized bargaining unit can do almost anything—within or outside of a contract—to improve our lives and the lives of our patients.

POINT #1: A UNION IS NOT A “THIRD PARTY”

Management rhetoric barrages workers with the idea that organizing into a union indicates that a so-called “third party” gets “in between” the nurses and the hospital. This picture of reality starts off with a basic false assumption: that the two parties (management and workers) are in some sort of love relationship. Let’s break it down:

Hospitals need workers; nurses need jobs. We may love our patients and our profession but it’s hard to find a nurse without some conflict with management.

While we all “need” each other (they need us to work, we need a paycheck), it is the work we do that generates the wealth of the institution. The hospital pays us by sifting out the profits generated by our work and doling out a smaller amount to us. Hospital administration thrives on squeez-

ing more “productivity” out of us in exchange for fewer benefits. “Doing more with less.”

We are not “one happy family” with egalitarian input into policies, practices and processes. In fact, nurses are always saying that if management would only LISTEN to us, they wouldn’t need to pay high priced consultants to fix problems. Common sense tells us that healthcare workers who do the work are the ones who know what our patients need.

Management often does not give nurses and other hospital workers the respect that our knowledge, commitment and experience demand. In fact, at times we are treated as if we are children who need to be controlled or distracted.

Protocols and policies are generated to meet “the bottom line,” rather than to meet the needs of patients and caregivers, which almost always go hand in hand.

POINT #2: SHARED WHAT??

While nurses and administrators have an obligatory relationship, it is often not a joyous one. Increasingly, managers are less clinical and more “business-oriented,” less immersed in nursing practice and more concerned with “metrics” and “customer service,” off the unit more than they are on the unit so they can attend meetings that pull them even further away from patients.

When they return to our reality-based world they do not ask us what we think, need or want. They *tell* us what the newest initiatives, processes and approaches will be, as mandated by a slew of others who reside even *further* away from the bedside.

It is in vogue for higher level administration to create “committees” that they classify as

“self-governance” or “shared governance” structures. But who are they kidding? Any suggestions that staff have are only considered if they cost no money and fit into the pre-determined “program.” Ideas and suggestions that we have are then modified by the *real* decision makers—the “Bean Counters”—who are most certainly *not* direct caregivers.



POINT #3: NEVER GIVE UP

Frederick Douglass knew what he was talking about when he said, “*Without struggle there can be no progress.*” **NO ONE SAID THIS WOULD BE EASY.** Until nurses and caregivers reach the level of organization within our unions and workplaces that mimics the 1930’s, we will be waging an intense battle. That fight continues even as we achieve that level of organization—but it takes on a different, more powerful character.

Douglass reminds us that “*Power concedes nothing without a demand.*” When we organize collectively and articulate our demands, we’re halfway there. The numerous tactics we learn in Steward Training about how to enforce these demands show our members and our bosses that we mean business. Always remember that small victories lead to big ones. Revel in them.



Certification made easy

In 2015, the NYSNA Board conducted a needs assessment with the stated purpose of hearing what concerns were front and center in the minds of members. NYSNA nurses responded, through surveys and workshop evaluations, that certification in their specialty areas was crucial and of paramount importance. Specialty certifications pay off not simply in dollars and cents but provide nurses with the opportunity to stay up to date on the array of advances in their areas of practice.

NYSNA moved swiftly to ensure that nurses knew their voices had been heard. Affordable and accessible specialty certification programs were made a top priority, including expansion into additional specialty areas. At the time, certification was available in Medical/Surgical, Critical Care and Inpatient Obstetrics, but the program needed to grow. The cost in 2015: \$295 for a two-day course.

Responding to member needs

By January 2016, the cost for a NYSNA nurse to participate in a specialty certification program had been dramatically reduced—to a \$25.00 materials fee! But even more to the nurses' point, and based on member needs, NYSNA added more certification programs throughout the year. Now the NYSNA Board of Directors is pleased to report to our nurses: **more than 21 specialty certification programs are available to our members for free** (\$25.00 fee excepted). See box in sidebar.

NYSNA does not want the conversation to stop here. The Board is encouraging our nurses to keep letting us know what's important in terms of your education. We sent a survey to specialty certification program attendees, asking them to report back on how the courses have impacted their jobs. The reviews are glowing.

This is what we are hearing back from nurse-participants:

- more knowledgeable about different diagnoses;
- better prepared;
- inspired and motivated to study more;
- assessment skills have been sharpened;

- increased familiarity with disease processes not normally treated as well as a refresher on diseases typically seen;
- greater respect as a registered nurse on my unit;
- positive impact on patient care;
- making decisions based on new information taught in the course;
- encouraging peers to get certified by the end of the year;
- more confident in caring for my patients, feeling better able to create a patient-nurse rapport at the initial encounter; and
- applying the new information to my everyday practice!

Further, a convenience sample of 779 respondents found that more



than 9 of every 10 course participants found the certification review courses very helpful in preparing to take and pass the certification with examination.

According to nurses who passed the exam in their respective specialty areas, the program reaps rewards in training *and* dollars and cents.

Member feedback

Christina Degaray and Olga Rabkin, ED nurses at Bellevue Hospital, are two members who took the Emergency Nurse Certification Review Course and passed the exam with flying colors. They attended the course together at the NYSNA Headquarters conference room. They were invigorated and inspired by all that they learned and confident in their mastery of the material when they sat for the certification exam. "The instructor was spot-on about how to prepare for the examination and taught us so much about Emergency Nursing," Degaray said.

DeGARAY and Rabkin waxed enthusiastic about the results, encouraging colleagues to take the course. Four of their co-workers are now scheduled to sit for the test. "It was just great to bring my coworkers to the NYSNA Headquarters," Degaray said. "Now they can see firsthand all that NYSNA offers to its members. Nurses cannot wait to take the examination. Once they pass and are certified, they will receive the same pay differential that I did!"

Carol Hackett, RN, Westchester Medical Center, agrees. She took the Medical/Surgical Certification Review Course in October 2016 at the NYSNA Westchester Office in

Tarrytown—a location most convenient for her. "The instructor was awesome, well-prepared and the handouts and test questions provided were helpful. The course gave me a strong foundation for the examination, and I spent time doing practice questions as well. The workshop setting was great. Breakfast and lunch were available—a big plus," Hackett said. "The course is helping me in my everyday practice. I am happy to be certified and it's great to be recognized with the certification pay differential."

Take the courses. Spread the word. Join the almost 3,000 NYSNA nurses who participated in the Certification Review Courses in 2016 and the hundreds of nurses who attended courses in January and February of this year. Go to www.nysna.org/nursing-practice/continuing-education/ to see all of the scheduled certification programs and to find the location nearest you. See you there!

Sampling of NYSNA offerings

Ambulatory Care Nursing Certification Review Course

Case Management Nursing Certification Review Course

Certified Rehabilitation Registered Nurse Review Course

Correctional Certification Review Course

Critical Care Nursing Certification Review Course

Emergency Nurse Certification Review Course

Electronic Fetal Heart Monitoring Certification Review Course

Gerontological Nursing Certification Review Course

Inpatient Obstetric Nursing Certification Review Course

Medical/Surgical Certification Review Course

Neonatal Certification Review Course

Nephrology Nursing Certification Review Course

Neuroscience Registered Nurse Certification Review Course

Oncology Nursing Certification Review Course

Operating Room Nurse Certification Review Course

Pediatric Nursing Certification Review Course

Pharmacology Review: Maintaining Your Competence

Post Anesthesia Certification Review Course (In development)

Psychiatric Mental Health Nursing Certification Review Course

Stroke Certification Review Course

Telemetry Monitoring Review Course

Wound Care Certification Review Course



By Jill Furillo, RN,
NYSNA Executive
Director

We won a big battle!! But the fight continues

From St. Louis to Seattle, nurses stood up and fought back against the effort to repeal the Affordable Care Act. We won! Speaker Paul Ryan withdrew the American Health Care Act bill from the House because only 17% of Americans supported the GOP bill, according to latest polls.

That legislation would have stripped at least 24 million Americans of healthcare coverage in the next decade and profoundly set back healthcare in this nation.



If this bill became law it would have taken us back to a time when healthcare was more expensive and barriers were steeper for our patients to receive the care they needed—meaning that patients came into our hospitals sicker and sicker.

Those 24 million losing insurance in the next decade? That was an estimate of the nonpartisan Congressional Budget Office, meaning that a staggering total of 56 million Americans would be uninsured.

Overtuning a Death Sentence for Patients

It is without exaggeration to say that this bill would have killed our patients. A 2009 study by Harvard Medical School found that nearly

45,000 annual deaths were associated with lack of health insurance. This appalling conclusion remains unchallenged.

Overall, rural and working class Americans would have seen at least a \$1,000 reduction in the current subsidies they receive through Obamacare, according to the Kaiser Family Foundation. Republican voters would lose at least \$5,000 in tax credits under the new plan, especially affecting people in low income and rural communities.

We know that the ACA is not perfect. But we know first hand that the ACA saves lives. We believe Congress should join with us, our allies in the labor movement, public health experts and community advocates to focus on improving upon this system. That is the challenge we must take on now.

Fighting to Protect Patients and Nurses

Earlier this month, I sent a letter to Congress registering our union's opposition to the AHCA. Across the nation nurses rallied, marched, made calls and sent letters to Congress voicing our opposition to the bill. Here in New York, we joined protests—we even held a die-in in Brooklyn to make graphic the many the deaths that this bill would have caused.

Nurses were key in the fight to defeat this bill.

Our rural and urban safety-net hospitals who care for large numbers of Medicaid and uninsured patients need more resources, not fewer. That's why we are continuing to fight for expanded hospital funding and for increased access to care for our most vulnerable patients.

These hospitals are already struggling after losing Disproportionate Share (DSH) funding for caring for high numbers of uninsured, Medicaid, and Medicare patients. This is one of the primary flaws of the ACA—it reduced this essential funding with

the expectation that fewer patients would be uninsured.

But the reality is that considerable segments of our population still face barriers to care. And underfunded hospitals is one more barrier that we must fight to improve outcomes for our patients and ensure that we have the resources we need to do our jobs. Advocating for the underserved is a key mission for NYSNA.

Tax cuts for the rich

The AHCA would have taken away healthcare for poor people while giving tax breaks to the rich. Wealthy Americans with incomes of \$1 million or more would have seen about \$144 billion in tax cuts over the next 10 years, according to a Congressional analysis. By 2020, this would amount to \$20 billion a year in cuts for those earning \$1 million or more.

Edward D. Kleinbard, former chief of staff of the Joint Committee on Taxation, told *The New York Times*: "Repeal-and-replace is a gigantic transfer of wealth from the lowest-income Americans to the highest-income Americans."

The fight continues

We know that attacks on the ACA have not concluded. Nurses and our allies must be vigilant and ready to fight back against the next attempt to undermine healthcare access. We must beware of efforts to discourage insurance providers from entering underserved markets. We must call out insurers that violate the law. We must give a high priority to the expansion of Medicaid, which now provides care to almost one in three Americans.

But we will not be satisfied with merely protecting an imperfect law. We will continue the fight to guarantee access to care for all of our patients. And we will continue to advocate for Medicare for All, through the New York Health Act, so that no patient ever goes without care.

Unions unite to celebrate International Women's Month

On March 10, 2017, men and women from regional unions, cultural, health advocacy and community groups came together at AFSCME DC 37 headquarters for the 10th annual “Red Carpet for Social Justice” event in honor of International Women's Month. The event is a celebration of the strength, diversity and shared experiences of women and a time to reflect on the progress women have made, the work that lies ahead, and to honor those who have paved the way. It is a joyful occasion highlighted by the presentation of the 1199SEIU Audrey Smith Campbell Leadership Award to women who have demonstrated extraordinary rank and file leadership. **This year's winner ... NYSNA's own Xenia Greene.**

Standout leadership

NYSNA nurses cheered when Greene, an RN in the ICU at Montefiore's Children's Hospital, a NYSNA delegate and Executive Committee member, rose to accept the award for her exceptional ability to engage and organize her coworkers. Greene is motivated as a leader by the feelings she experiences when she sees her patients recover. “I feel so honored to be entrusted by parents to take care of their child, and it's something I never take lightly,” Greene said. “Nursing is a beautiful profession and pediatric nursing is extra special.” What's more, Greene is awed by the power of nurse unity. “When we band together, we are a powerful force and really can make things better,” Greene said.

AFSCME 1930 member Louise Maria Stamp was also honored with the Audrey Smith Campbell award, as were 1199SEIU Interfaith delegates Michele Ned and Jennette Harper for their ongoing work on the “Coalition to Transform Interfaith Medical Center.”

1199SEIU Vice President Coraminita Mahr (foreground) presented the Audrey Smith Campbell Leadership Award to NYSNA's Xenia Greene, RN (right).



NYPD RN Patricia Tyrrell performed an Irish step dance.

Six NYSNA nurses and one staff member were among the 30 women who rocked a “Red Carpet for Social Justice,” the centerpiece of the event, representing either their cultural heritage and its relationship to women or an historic figure who has been front and center in the struggle for women's rights:

SARAH INEZ GARZA, RN, New York-Presbyterian, stepped out as farm worker organizer Dolores Huerta and carried the banner for labor and civil rights;

PATRICIA TYRRELL, RN, New York City Police Department, took up the cause of healthcare for all and step-danced down the runway to an Irish reel;

ALICIA BUTLER, RN, NYC Department of Corrections, walked the walk of Angela Davis seeking justice for all;

PATRICIA JAMES, RN, Kings County Hospital, made the moves for Guyana and the call to end domestic violence;

ROSE GREEN, RN, Elmhurst Hospital Center, the very spirit of Jamaica, was looking for equality;

CHERYL POWELL, RN, Wyckoff Heights Medical Center, walked tall for safe staffing, reciting a dramatic monologue by playwright Ntozake Shange;

And last but not least, NYSNA Representative **ADA MARTINEZ** waltzed down the runway for Paraguay looking for economic justice.

Greene and her Montefiore coworkers were first-time attendees at the International Women's Month event.

“I loved the diversity of the cultures on parade and the broad interpretation of social justice. And we all had so much fun. We vowed to come back every year!”

Collaborative effort

The event was launched by 1199SEIU in 2007, but now boasts more than 32 sponsoring organizations. “It was very empowering to see all of the unions working side by side for such a beautiful effort and to have everyone be so helpful to each other to make it all come together,” Tyrrell said.



Elmhurst RN Rose Green represented Jamaica on the Red Carpet.



Safety net funding focus of Caucus Weekend

Nearly 100 NYSNA nurses arrived in Albany the weekend of February 18 for the 46th annual Conference of the New York State Association of Black, Puerto Rican, Hispanic and Asian Legislators. The cards they carried were signature cards gathered from their workplaces, communities and conference attendees with a message for our state representatives in support of the Enhanced Safety Net Hospital Bill: *healthcare justice saves lives*.

In the current incarnation, the reimbursement formulas that are in place fall short of addressing the needs of safety net hospitals. The Enhanced Safety Net Hospital Bill

would direct vital healthcare funds to underserved communities.

“We wanted our elected representatives to know that nurses care for everyone—rich and poor alike—and that all New Yorkers would benefit from the NY Health Act and the safety net bill,” said Verginia Stewart, RN, NYC H+H/Metropolitan Hospital and NYSNA Director at Large.

Rally at DOH

The nurses joined New York State legislators Marisol Alcantara (D, 31), Jamaal Bailey (D, 36), Tim Kennedy (D, 63), Latrice Walker (D, 55), Carmen De La Rosa (D, 72), and Felix Ortiz (D, 51) at a rally outside the New York State

Department of Health to call for fair funding for hospitals that serve the poor and undocumented. With a nod to theatricality, the nurses delivered their signature cards in fishing nets to the doorstep of the Department of Health along with thousands of cards protesting Budget language undercutting our Scope of Practice.

Important forum

The legislators reaffirmed their support for the New York Health and Safe Staffing for Quality Care Acts, as well. NYSNA shares these legislative priorities. “The safe staffing bill, the NY Health Act, funding for safety net hospitals—they are all related and all key components of creating a system of quality healthcare delivery,” said Karines Reyes Urbacz, Oncology RN, Montefiore Medical Center.

At the Conference, attendees had the opportunity to preview the “People’s Budget,” a comprehensive analysis of Governor Cuomo’s proposed budget and a showcase for the priorities of Caucus members. There were 38 different workshops on the most pressing issues facing New Yorkers—from jobs to affordable housing, from funding for schools to criminal justice reform to healthcare.

Thousands of New Yorkers attended the informational forums, lectures, business expo, craft fair, award ceremonies, and gala fundraiser. “It was important for NYSNA to be there because as nurses we care for all New Yorkers,” said Judith Cutchin, RN, Woodhull Hospital and President, NYC H+H/ Mayors, “We have to be the voice for the most vulnerable of the population.”



Judith Cutchin, RN, President, NYSNA H+H/Mayors Executive Council, spoke out at a session on healthcare funding.



NYSNA members marched to the NYS Department of Health to hold a rally and deliver signature cards in support of safety net hospital funding.



Nurses in the forefront to save healthcare



Nurses taking action on

Rarely in modern times have challenges to patient advocacy come at nurses from so many directions, with such profound implications. Yet NYSNA nurses, with their keen knowledge of the human condition and a powerful sense of duty to patients, have distinguished themselves at the very time when healthcare and the fight for guaranteed quality healthcare for all are center stage.

NYSNA nurses took action as extraordinary patient and community advocates, organizing themselves and others to make issues known and demand results. They understand the many challenges surrounding healthcare on both the state and national levels.

In recent weeks, nurses have stepped up in New York State on the critical issues of scope of practice. During the same time, they have spoken forcefully for the protection of underserved communities in New York, advocating for safety net hospitals in legislation to equitably fund public hospitals, rural facilities and private hospitals that care for the greatest share of the poor and uninsured. In the course of these same

crucial weeks, nurses joined the national battle to defeat a law that would deny care to millions. In hospitals and communities, they formed plans that resulted in focused actions of protest, demanding quality care for all patients over profits for the few. (The photos displayed on pp. 7-10 are of the many actions in which RNs took part in recent weeks.)

The fight in New York State

The battle in New York took shape in February, as a state budget proposal was unveiled that would create a “Health Care Regulation Modernization Team”. This team would be made up of 25 voting members stacked heavily in favor of industry.

Most directly threatening to RNs, the “Team,” acting in the name of “greater efficiency,” would propose changes that would erode or even eliminate existing scope of practice regulations.

Highly-skilled nurses would be replaced by workers without the

American Health Care

- # of people who lose coverage next
- # of people who would lose coverage US-24 million
- Healthcare job loss by 2022: NYS 90,
- Medicaid cuts: NYS \$97 billion (2019
- Tax cuts from the bill going to top 5

training of an RN. Non-nurses could be forced by management to take on RN duties without proper training or pay. The de-skilling of the nursing profession would be a disservice to patients, families and the communities who count on RNs for care.

Taken together, with less oversight and more “self-regulation,” this effort would constitute a significant shift of authority to industry and away from healthcare and community advocates.



n many fronts

Act: Rx for Demise

year: NYS 1 million; US 14 million

e by 2026: NYS 2.8 million;

000; US 1.8 million

-2028); US \$880 billion (2017-2026)

%. \$346 billion over ten years.

"Every patient deserves a registered nurse!"

Nurses sprang into action to stop the attack on scope of practice and to protect patient care. Under the banner, "Every Patient Deserves a Registered Nurse!," cards were distributed throughout NYSNA hospitals. They were signed by the thousands. Nurses made phone calls to legislators to urge that

the proposal not be included in the final state budget.

At the Black, Puerto Rican, Hispanic and Asian Legislative Conference, the weekend of February 18-19, NYSNA members from around the state gathered more signatures and delivered thousands of cards to the entrance of the NYS Department of Health, the government entity that would carry out the regulatory changes to which we so fervently object.

There was enormous progress. Nurses won in the State Assembly! They stopped the proposal from its inclusion in that chamber's draft budget. This was a tremendous victory for nurses, patients and their families, as the State Assembly showed its understanding of what was behind industry's effort at so-called "efficiency."

Focus on the State Senate

At the same time, nurses were working to inform State Senators about the "Team" and the harm that it would cause given its mandate. A huge volume of calls were made to members of that chamber, as well, and nurses added signatures to protest cards.

We were heard. When the Senate released its budget, it had considerably watered down the "Team's" mandate. In fact, its version did not include the scope of practice language—another key win for nurses and patients. Our efforts continue now, and will continue in the future, any time efforts to reduce quality care in a two-tier system are masqueraded as "efficiencies."

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Nurses taking action

CONTINUED FROM PAGE 9

All out against the AHCA

Nurses protested the AHCA across the state, joining rallies and calling legislators in droves. Several, including Rep. Dan Donovan, said they would vote NO, and several were neutral in the end. We did our part in showing the administration that there were not sufficient votes for the AHCA and a vote on the floor of the House was cancelled.

This was a very significant victory for all Americans seeking a fair and equitable system of healthcare access. But this battle is not over, as Speaker Paul Ryan and others have announced an intention to re-introduce a bill to repeal the Affordable Care Act.

Nurses took notice of efforts by Reps. Collins and Faso to effectively limit Medicaid funding to NYC by introducing an amendment to the AHCA. Gov. Cuomo said that the Collins/Faso amendment would mean substantial loss in current health coverage for 2.7 million New Yorkers statewide.

CBO report helped undo AHCA

The flaws contained in the American Health Care Act, legislation supported by the administration and put forward by House Speaker Ryan to repeal the ACA, were so many and so profound as to be overwhelming. The nonpartisan Congressional Budget Office, a highly respected research arm of Congress responsible for reporting on legislation, released its findings on March 13 with devastating consequences for the bill.

The CBO reported that 14 million Americans would lose health coverage next year and 24 million over the next decade. For the most vulnerable, premiums would skyrocket. The CBO estimated that for 64 year olds making \$26,500 premiums would rise more than sevenfold in 2026.

NYSNA wrote to Congressional leaders objecting to the AHCA and citing the CBO findings, among other data, trends and findings.

Prospect of hospital closings

Medicaid—which covers 74 million Americans, one-third of the nation's population—would

undergo devastating cuts under AHCA. CBO reported that Medicaid beneficiaries would be reduced by 14 million in the next decade. The cuts, reported

The New York Times, would hurt “poor and middle-class families caring for their children with autism or dying parents....” The *Times* estimated that Medicaid cuts under the AHCA would have affected 36 million children.

The loss of Medicaid funds in New York per the terms of the AHCA had the potential to cause the closing of more than two dozen hospitals, many staffed by NYSNA members. This loss threatened by the AHCA amounted to billions of dollars in NYS alone. This money would be used for tax cuts Congressional supporters of the AHCA have promised, but not for working families. Rather, the tax cuts would have gone to multi-millionaires and billionaires. This explains why the super-rich were pushing hard for the AHCA.

In an effort to appease the most conservative House members and grab needed votes, “Essential Benefits”—a key provision of the ACA—were put on the chopping block by AHCA proponents. This would have meant that insurers would have been able to eliminate key benefits, including hospitalization, maternity care, prescription drugs, mental health treatment and lab services.

Cuts to essential care, billionaire tax breaks. It is no wonder that nurses were all out against the AHCA—at pickets, rallies and working phone banks.

However, this battle is not over, as the administration is reconsidering a new bill not unlike the AHCA. Our opposition will continue and nurses will be front and center in the fight. Our patients, our jobs, our society are at stake.



CODE GRAY

Understaffing at WMC's Behavioral Health Center

There are signs of a significant breakthrough on critical staffing talks at Westchester Medical Center Behavioral Health Center. On March 10, in a move that is crucial to sustaining the highest quality patient care, management agreed to add a staff RN on the 3 p.m. to 11 p.m. shift in the Behavioral Health Emergency Department—effective immediately. Management also committed to re-evaluating core staffing numbers for registered nurses and ancillary staff on all behavioral health units.

All indicators suggest that time, hard work and straight talk from NYSNA nurses is paying off. Other issues remain on the table, and our nurses are not backing down.

“WMC has higher acuity than other hospitals where I’ve worked and less staffing. When you have 16 patients, it’s nearly impossible to deliver the care you want to give to each of them,” said Roshan Cherian, an RN for 18 years and Behavioral Health Center (BHC) Delegate. “The Staffing Committee meetings will continue until safe staffing is obtained for all our units in Behavioral Health.”

Growing staffing crisis

Understaffing in psychiatric units presents serious issues for both nurses and patients. A full-time staff nurse on the 3 to 11 ER shift is one small but absolutely critical step forward for nurses and patient care. “For several years now [since 2010], there has been no RN in the Behavioral Health Center Emergency Department. When we call for a Code Grey (psychiatric emergency), we have to wait for staff from other units. This means that when nurses are pulled to the ER, the patient load in the unit can climb to ratios of over 1:20 during the day.”

NYSNA nurses with outsized patient loads are pushing their limits to provide quality healthcare. WMC has five inpatient Behavioral Health Center units with 90 beds total—three adult units (52 beds



WMC RNs were thumbs up following management's agreement to add an RN to the Behavioral Health ED. Front (L to R): Linda Becker, Roshan Cherian and Cari Carubia. Back (L to R): Jayne Cammisa, Charlene Spry, Cleopatra Andoy, and Stacy Koppel.

combined); one adolescent unit (22 beds); and 1 pediatric unit (16 beds). Each unit should be staffed by two RNs and one assistant per shift. Even when beds are filled to capacity, units are often short one RN and have only two Patient Care Technicians (PCTs) on the floor.

A wave of retirements in 2016 triggered staffing shortfalls when hiring by WMC Behavioral Health management did not keep pace with RN departures. This has heightened work pressures in the psychiatric units and resulted in increased mandatory overtime for RNs. Nurses report that performing their jobs effectively has become much more difficult, including less time for patients, therapeutic groups, documentation, and patient safety concerns.

Speaking out

NYSNA nurses at BHC routinely fill out POAs and for the past year, they have sent reports to the New York State Office of Mental Health, Department of Labor, and Justice Center. In January alone, RNs filed 41 POAs documenting an absence of ancillary staff and instances where one nurse was

assigned in excess of 15 patients, among other issues.

RNs, the VP of Nursing and the Director of Nursing have held several monthly meetings to discuss the POAs. Nurses made management aware that being pulled to help MDs in the ED was stretching staffing shortages on their units.

Cherian gave a special nod of thanks to her colleague Jayne Cammisa, RN and NYSNA board member, and NYSNA Rep Christine LaPerche, RN, who helped develop a set of proposals for management, after Cherian canvassed her coworkers to chart the census by unit and shift, identify specific problems, and gather ideas for how to make improvements.

NYSNA nurse proposals that remain outstanding include requests for two or more RNs per unit, per shift; additional PCTs based on census; additional staffing based on unit acuity; and additional staffing for the hours 5 p.m. to 3 a.m.

Nurses are awaiting a response from management on the issues. In the meantime, nurses will continue filing POAs, reporting to outside agencies, and meeting with management.



When you have 16 patients, it's nearly impossible to deliver the care you want to give to each of them,"

Roshan Cherian, RN

How we got our lead nurses back

By Deidre Lacey, RN



Nurses at Champlain Valley Physicians Hospital sat stunned. Our chief nursing officer (CNO) had just announced the charge nurse role would be eliminated.

That meant loading more work onto already overworked, short-staffed nurses.

The charge nurse is the nucleus of the unit, a jack of all trades, someone with many years of experience. He or she helps with admissions, discharges, and transfers; acts as the recorder for trauma codes; provides advice and support, especially to newer nurses; and an extra pair of hands when things get busy.

The CNO said the change would enable nurses to “function autonomously” — but I believe it was a financial decision. Removing the charge nurses from all three medical/surgical units on three shifts would mean nine fewer nurses to pay each day.

When we expressed shock and misgivings, we were asked to try it on one floor, for one week, then reconvene to discuss whether to continue the experiment. We grudgingly agreed. What choice did we have?

A dangerous week

The fifth floor medical/surgical oncology unit where nurses administer chemotherapy lost its charge nurse first.

Chemo is precise work with dangerous, heavy-duty medication. Doctor's orders can change from minute to minute, based on the patient's condition. Often the charge nurse communicates these changes. The bedside nurse follows strict protocols, working almost one-on-one with the patient—and may rely on the charge nurse to help juggle other patient assignments.

This trial period came just when the hospital hired a cohort of newly graduated nurses. They were working without a net.

When staff voiced concerns, management shut us down. The fifth floor would continue without a charge nurse for a month; then the sixth and seventh floors would follow suit.

Bullying fails

We decided to file a protest of assignment for every shift without a charge nurse.

One nurse was especially proactive. Management came after her. They were blatant, asking: “Why are you doing this?”, implying it wasn't allowed.

They nitpicked documentation, accused her of a bad attitude, and filed a code of conduct discipline against her.

She filed grievances with her union rep. In the end, unit directors had to retake a training class about protests of assignment and employees' rights.

We trumpeted that victory and every other to make sure people knew their rights and that we were fighting for them.

But there was still no charge nurse on the fifth floor. We escalated our efforts. A Safe Staffing campaign was born.

Overwhelming petition

We circulated a petition asking that the charge nurse be reinstated. Ninety-two percent of the med/surg nurses signed. We delivered it collectively to the CNO.

The CNO restated her position—in writing. At every shift change, we distributed a rebuttal leaflet in the employee parking lot.

Our campaign gained momentum. We pointed out the bad policy of a bully boss. That resonated throughout the hospital. Pharmacists, lab techs, and nurses from other units started helping spread the word and distribute leaflets.

Managers became paranoid. One day they flew into a panic, believing we were planning a sickout!

Whose meeting?

A med/surg unit director requested a meeting.

We made it clear our agenda was reinstating the charge nurses, and we mobilized support from other units.

A crowd of 20-30 gathered for the morning meeting. The unit directors brought flipcharts and markers and launched into a discussion about the “med/surg vision”—their agenda, not ours.

We rose collectively and walked out, leaving stunned faces behind.

There was a second meeting in the afternoon. Sixty people packed the room. Directors again raised the med/surg vision. Again, we walked out!

Ready to talk

It dawned on management: we were not backing down. The CNO came to the table.

Members met beforehand and designed a fairer process for awarding the charge nurse job.

Nurses decided on a biddable position with a pay differential for hours worked in the job. Managers should not be allowed to fill the position. We wrote up a job description with specific clinical criteria.

During negotiations, management tried to make charge nurse a quasi-management role. We didn't take the bait.

New respect

End of Day One, the hospital tentatively agreed to reinstate the fifth floor charge nurse. One nurse volunteered to serve on the spot.

Management refused her offer. We feared they were backing down. Members throughout the facility, family and friends were asked to participate in a “call blast” to the CNO to ask her to reinstate the charge nurse immediately.

The next morning, the CNO thanked us icily for giving out her number.

Day Two of negotiations ended with a new, enhanced charge nurse position. Management's only caveat was a title change from “charge nurse” to “team leader”—a small concession for a big victory.

The campaign took five months, and taught us lots of lessons, such as sticking together may not mean you win everything—but you can do a fair amount.

Managers get angry, but they are more respectful when they can't push you around.

Deidre Lacey is a staff nurse and team leader in the medical-surgical orthopedic unit at Champlain Valley Physicians Hospital; she is also NYSNA LBU co-chair.

This is an excerpt of an article that appeared in Labor Notes #455, February 2017.

Public health alert: hate crimes

Depression. Anxiety. Stress. Drug Abuse. Suicidal ideation.

These read like a checklist from the DSM-5.

The list, in fact, enumerates the insidious health complications of bias crimes, the surreptitious aftermath of hate-related violence that slips into the psyche of vulnerable populations poisoning the health of minds and bodies.

As caregivers, our nurses have the skills and know-how to help identify and fight these devastating illnesses in our hospitals and on our streets. We have committed to stand together to protect our most vulnerable patients and pool our professional resources to fight the health risks of hatred just as we would fight any other illness. Never in recent years has the need been more pressing.

Hate Crimes are on the rise

Across the country, communities have felt terror as hate crimes surged in 2015, escalated in 2016, and catapulted again in the first months of the new year. In 2015, according to *The New York Times*, hate crimes soared nationwide about 6 percent above the previous year. These bias-related incidents included “assaults, bombings, threats, and property destruction against minorities, women, gays and others.”

From 2015 to 2016, year-to-year increases in hate crimes ranging from 20 to 42 percent were reported in the metropolitan areas of New York City, Chicago, Seattle and Montgomery County, Maryland. During that same period, bias crimes in New York State shot up 20 percent. And compared to the same months in 2016, New York City reported hate crimes skyrocketed in January and February of 2017, up 55 percent.

More recently, on March 22, James Harris Jackson confessed to the stabbing of Timothy Kauffman in Midtown Manhattan because Kauffman was black. In general, he [Jackson] came here to target male blacks,” Chief of Manhattan Detectives William Aubry said. “He knew what he was doing ...” Kauffman, 66, was admitted to

Bellevue Hospital Center, where he died.

NYSNA nurses working on the frontlines at Bellevue and other hospitals across New York State know first-hand how hate-related violence insinuates itself into our communities and the impact it can have on community health. They understand intimately the residual effects of Timothy Kauffman’s murder, of a bomb threat at a Jewish Community Center in Rochester, or of a woman kicked and beaten for wearing a hajib at Kennedy Airport.

Hatred is toxic on both an individual and a societal basis

Science supports what our nurses have witnessed. According to psychologists at UC Davis, victims of

significantly greater among LGBT teenagers; the high schoolers themselves were not necessarily victims of bias crimes.

Groups subject to collective discrimination after a specific event, like the attack on the World Trade Center and the Pentagon, also suffer higher levels of psychological distress and lower levels of happiness. This was true, according to one study, of Arab Americans living in the United States who experienced discrimination after the September 11 attacks.

Hate is bad for the haters too

Hate is not just unhealthy for its victims. It is unhealthy for those who harbor it. Studies that have looked at the impact of anger on our bodies revealed the following: just five minutes of extreme anger can compromise our immune functions for up to six hours. People



hate crimes experience higher levels of depression than victims of random crime. In addition, they continue to suffer more acutely “from depression, stress, and anger for as long as 5 years after their victimization occurred.” Where bias crimes are prevalent, members of minority communities, whether by sexual orientation, race, religion, or gender identity, have higher mortality and drug abuse rates—even among those who have not been targeted by violent hate crimes.

Toll on victims

Mortality rates are higher overall for LGBT people in places with extreme levels of anti-gay prejudice, one study showed. In neighborhoods where assault rates on LGBT people of all ages are high, suicidal ideation and attempts are

with high levels of anger regularly are at higher risk for heart disease.

In addition, researchers have associated feelings of “racial resentment” with higher levels of tobacco use. This, in turn, led to negative health outcomes for people with racist feelings toward others.

Nurses stand for health and against hate

As professionals, nurses take hate crime and its health consequences seriously. We are committed to bringing our considerable skills to identifying and treating the toxic effects hate has on the health of our communities. As caregivers, we commit to caring for ALL New Yorkers and we stand with the victims of hate crimes—LGBT, Muslims, Jews, women and people of color—in our hospitals and on our streets.

Hate is not just unhealthy for its victims. It is unhealthy for those who harbor it.

They proved that steadfast nurse unity and dogged determination can prevail over the age-old management maxim: divide and conquer.



Negotiating committee members celebrate following the unanimous ratification vote. Front row: RN CMs Donna Magrone, Melissa DeFazio-Furino, and Phyllis Beck; Back row: Pat Kane, RN and NYSNA Treasurer; RN CMs Dawn Cardello and Maddy Spero

"We're all NYSNA now"

It's unanimous! On February 17, all 38 RN Case Managers and Home Care Discharge Planners voted to ratify their NYSNA contract with Staten Island University Hospital/Northwell Health. They proved that steadfast nurse unity and dogged determination can prevail over the age-old management maxim: divide and conquer.

In 2016, when the Case Managers (CMs) and Home Care Discharge Planners (HCDPs) called for an accretion vote, Northwell asserted that the CMs would never enter the NYSNA fold. The nurses were operating as a separate bargaining unit. The CMs and HCDPs were short-staffed with inferior health and pension plans, and Northwell had no interest in changing the status quo.

Organizing to improve patient care

Tina Crowley, RN, CM, was integral to the winning campaign. "Workload and patient safety were the prime drivers in the organizing campaign. So many of us were overworked and harassed," Crowley said. "I was handling three units and sometimes as many as 60 cases. There was no way to meet manage-

ment expectations in an eight-hour-a-day job." Crowley retired in 2016 but stayed involved during the contract process until nurse CMs and HCDPs were fully integrated into the master agreement between the other 1,100 NYSNA SIUH nurses and Northwell.

Strong first contract

Among the contract highlights: the addition of 3.8 FTEs with postings for new positions beginning March 2017; the same health and pension benefits as other NYSNA RNs at SIUH; and good wage increases with, for the first time, overtime premium pay and all educational, certification, preceptor differentials.

Nurses attributed the management turnaround to the show of unity among CMs and HCDPs as well as strong support from other SIUH nurses. During negotiations, nurses held lunch meetings in the hospital cafeteria and wore NYSNA red to highlight their numbers. "We would all wear the same color. NYSNA nurses would join in. Seeing all those nurses, all in red, standing and listening, was a very visual and powerful symbol of

our unity and determination," said Donna Magrone, RN, HCDP.

Other actions included distributing flyers to keep everyone up to date; off-site meetings; and a "work to rule" campaign (CMs are salary based). Our Dec./Jan. *New York Nurse* reported that the CMs/HCDPs had hand delivered a letter to management on November 18 demanding a contract. It was signed by hundreds of SIUH nurses.

Unity paid off

Our nurses used a range of strategies to ensure that management understood the value of their work, and they did not fold under management pressure. "We're the last stop before patients are sent home," Melissa Defazio-Furino, RN, CM said. "We're supposed to make sure patients have what they need to stay well and out of the hospital. When we have manageable caseloads, we can arrange the appropriate community and family resources to help the patient stay well and avoid readmission."

In the end, the CMs and HCDPs stayed strong, remained unified and won. "We're all NYSNA now," Magrone said.

Bellevue ambulatory care recognized

Congratulations to ambulatory care staff at NYC H + H /Bellevue Hospital Center for earning the highest level of Patient-Centered Medical Home Recognition from the National Committee for Quality Assurance (NCQA). The distinction salutes the Bellevue staff for delivery of the highest quality care and services to patients from throughout the metropolitan New York community.



Putting safety in the forefront

NYSNA members from Staten Island University Hospital, Richmond University Medical Center and NY-Presbyterian Brooklyn Methodist Hospital came together on March 2 for training on how to improve safety in their workplaces. Nurses are exposed to chemicals, infectious diseases, radiation, and violence, and suffer high rates of musculoskeletal injuries.

After attending NYSNA's Health and Safety Leader workshop, these members are now prepared to work with their colleagues, NYSNA Reps and their executive committees to help identify hazardous conditions and plan strategies to create safer workplaces—and keep caregivers from becoming patients.



New funding for Central Brooklyn hospitals

Governor Cuomo came to Brooklyn's Medgar Evers College on March 9 to announce "Vital Brooklyn," a \$700 million program to fund struggling Central Brooklyn hospitals. The initiative is the culmination of years of work by NYSNA nurses from Kingsbook, Interfaith, and Wyckoff Height Medical Centers along with partners from 1199SEIU and the community.

The funding, and a guarantee of ongoing operational support, will help transform the community's health and keep these vital hospitals open for care long-term. The initiative will also offer financial support for housing, open/green space, violence prevention, education, after school programs, and much more. All involved are glad to see the initiative starting to have tangible impact on Central Brooklyn's hospitals and community.



New York City members, including NYSNA President Judy Sheridan-Gonzalez, RN, joined women from throughout the region on March 8 for a rally in Washington Square Park followed by a march to Zuccotti Park. The International Women's Strike NYC was one of hundreds that took place worldwide to mark International Women's Day.



Brooklyn Interregional Over 60 nurses from Wyckoff Heights, Brooklyn Hospital, Maimonides, Methodist, Interfaith, Woodhull, SIUH, Mount Sinai, and Bellevue attended the March 8 interregional meeting. The agenda included a review of the impact of federal proposals to cut Medicaid on Brooklyn's large Medicaid population and a report from Wyckoff Heights nurses on their fight to keep services open and prevent layoffs.



Staten Island nurse hero

NYSNA and the family of a five-year old boy send a huge thank you to Karen Ferrando, RN in the CCU at Staten Island University Hospital/Northwell Health. She helped save the life of the boy, who was unconscious after choking at a Staten Island gas station on February 27, by performing CPR while awaiting emergency responders. The boy responded to emergency treatment and was safely transported to SIUH for further evaluation.

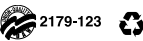
Legionnaires' disease a continuing threat

New York reported 718 cases Legionnaires' disease in 2016, according to CDC data analyzed and reported by *Politico*. This was down from 870 statewide cases in 2015 but higher than the 647 recorded in 2014.

Last year's high number came despite state regulations adopted in 2015 that require registration of cooling towers and testing for *Legionella* bacteria. New York also requires regular testing of potable water systems in hospitals and residential health care facilities, where 57 percent of cases originate and which account for 85 percent of legionellosis-related fatalities, according to the state Department of Health.

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**2017 NYSNA
LOBBY DAY**

**TUESDAY
APRIL 25**

ALBANY

**Lobby to Protect Nurses
Scope of Practice and to
Support the Enhanced Safety
Net Hospital Act**

Join nurses from across New York to raise the alarm in Albany at NYSNA's 2017 Lobby Day.

- ➔ **Hands Off Nurses Scope of Practice!**
- ➔ **Preserve and Expand Rural and Urban Safety Net Hospital Services!**



**Contact your NYSNA Delegate or Rep.
See you in Albany!**