ON THE MARCH
FOR HEALTHCARE FOR ALL

INSIDE: Our fight to save patient care in Westchester | Electronic medical records and nursing | NYSNA awards | And more!
ROLL UP YOUR SLEEVES

Hard work ahead

by Judy Sheridan-Gonzalez, RN, NYSNA President

More than 1,000 members, and soon-to-be members from unorganized facilities, attended NYSNA’s convention in October. Our new concept: make the convention affordable ($25/day, with meals!) and take on the real-life issues we face. Turnout was way beyond our expectations – thus a few long lines at times.

The board is working hard to ensure that NYSNA addresses the issues that affect members and our communities. This is a major change from the old NYSNA – an organization that served the communities work with caregivers to forge powerful alliances that corporate power brokers can’t crush.

We’ve set goals

And we’ve reallocated resources to accomplish these:
- NYSNA is visible and active in every facility.
- Working nurses get the support we need to challenge the status quo and to staunch the shedding of nursing practice.
- Members receive research and analysis that’s critical to understanding the broader environment.
- Our union can represent nurses throughout New York State, thereby ending wage compression and lousy benefits in areas of low union density and enabling nurses to have a voice in care delivery.
- Communities work with caregivers to forge powerful alliances that corporate power brokers can’t crush.

We’ve simplified our structure

Historically, our dues financed an organization that had no relationship to many members. Position statements didn’t capture our struggles. Legislation fermented in committee. Research was disconnected from bargaining unit issues. Discussions related to practice and education weren’t linked to concrete action plans. Worst, most members had no means to provide input.

Once finalized, our new structure will turn on a dime. When the need arises for us to mobilize – to save a hospital from closing, fight a corporate takeover, defend an underserved community, wage an effective contract campaign, or demand justice in the workplace – we’ll be ready.

We’re ready for the fights ahead

NYSNA can now wage multifaceted campaigns around access to care, safe staffing, preventing hospital closures and service slashes, stopping – and reversing – healthcare corporatization and privatization. We can promote our vision of an egalitarian, single-payer healthcare system and join the ranks of every developed nation in the world!

Only an activated, knowledgeable, and involved membership can make change happen. It’s the members who move mountains.

Educating members

We aim to bring sophisticated and provocative education programs to all regions of the state to ensure that members are armed with the knowledge we need to expose the myths that render us powerless. Convention workshops on the Affordable Care Act, electronic medical records, climate change, and the economy were a good start.

One hundred and eighty members have taken our initial steward training course. Training sessions are ongoing across the state. Soon NYSNA will have a formidable army of activists. Hospital CEOs, beware!

Only an activated, knowledgeable, and involved membership can make change happen. This is where YOU come in. Leaders are important, true, but it’s the members who move mountains. Let’s get going.

Congress supports reform

“We ARE CHANGING the culture of our union to stop the attacks on our patients and to keep hospitals open for care. It’s working. We have kept LICH and Interfaith open. We held the largest action for safe staffing in New York history. We are in the news and making headlines. We even are playing a key role in the election of the next mayor.”

– Jackie Gilbert, RN, (right) and president of NYSNA’s Congress of Local Bargaining Units

Leaders of the Congress of Local Bargaining Units passed a motion at the convention to support NYSNA’s new direction.

Congress supports NYSNA’s efforts to transform our association into a union that mobilizes our members and staff.

Congress supports NYSNA’s efforts to expand staff training so that all are able to mobilize members, empower members through coordinated action, and lead strategic campaigns that combine mobilizing, grievance handling, and negotiations.

The new NYSNA should use all of our resources and strategies to protect and fight for our members and our patients.
Election winner: Healthcare

When Bill de Blasio was led away in handcuffs in July in a protest to save LICH, he put his mayoral campaign on the line for what’s right. His election on Nov. 5 with a 49 percent margin was New Yorkers’ way of saying yes to that kind of commitment. We want a mayor who is willing to take great personal risks for the issues that matter most, like access to quality healthcare in every neighborhood.

Bill de Blasio centered his campaign for New York City mayor on exposing the underbelly of the two cities that have become New York – the rich getting richer and everyone else struggling harder and harder to get by. We endorsed de Blasio, and fought for his victory, because, like us, he won’t let New York’s story continue to be so divergent. He’s dedicated to keeping hospitals open and to creating a healthcare system that works for all New Yorkers. And he has committed to negotiating a fair contract with HHC nurses.

We’ve only just begun

Elections are a beginning, not the end. “After 12 long years, we’re saying good-bye to a mayor who treated healthcare as a means for profit, not for healing,” notes Anne Bové, NYSNA secretary and president of our HHC Executive Council. “Market solutions exacerbated inequality and fueled the tale of two cities. With Bill de Blasio, we have elected a mayor who values nurses and access to quality care for all. Our work now is to keep up the pressure.”

“I am committed to making sure we have the best public hospital system in the country – and I am committed to the outlandish notion that you deserve a contract.”

– Bill de Blasio at our Oct. 17 City Hall rally

The votes are in

Elections are the stand we take for candidates who have shown their commitment to fight for the issues that matter to our communities. This year we took a stand like never before and helped elect candidates across the state who will stand with us in the fight for quality patient care and respect for nurses.

**ERIE COUNTY**
District 2 Betty Jean Grant
District 3 Lynn Marinelli
District 5 Thomas Loughran

**NASSAU COUNTY**
District 2 Robert Troiano
District 5 Laura Curran
District 11 Delia DeRiggi-Whitton

**ONONDAGA COUNTY**
District 9 Margaret “Peggy” Chase

**SCHENECTADY COUNTY**
District 3 Rory Fluman and Cathy Gatta*

*As we go to press, Cathy Gatta’s race is still being counted and she is in the lead.

**SUFFOLK COUNTY**
District 3 Kate Browning

**NEW YORK CITY**
Every candidate NYSNA endorsed won!
More than 1,000 RNs joined together in a spirited rally at City Hall on Oct. 17. We came from the NYSNA convention and by the busload from area hospitals after the night shift with one purpose: to demand respect for patients and nurses alike. What does respect look like? A contract would be a good start.

PRIVATIZATION RUN AMOK
Don’t cross the line

To see what privatization does to patient care, just look at Westchester Medical Center. “It was mass chaos,” recalls Jane Barrett, RN, about the consequences when hospital executives laid off 140 RNs and hundreds of caregivers last year.

Nurses at Westchester Medical Center are fighting back – and calling on all RNs to help. Their message is simple: There’s an invisible picket line here. What’s happening to us could happen to you. Don’t work agency at WMC.

Watch the video: www.nysna.org/WMCVideo
Medicaid need not apply

By Jill Furillo, RN, NYSNA Executive Director

Billionaire energy magnate David H. Koch takes his healthcare very seriously. He’s located his residence on New York City’s Upper East Side, a community with resplendent healthcare resources. The city’s wealthiest hospitals and clinics lie within blocks of his Park Avenue penthouse, medical facilities with conveniences that meet the standards of fine hotels and restaurants.

And he’s adding more to an area already lined with healthcare’s stellar institutions. A new ambulatory care center at New York-Presbyterian Hospital is coming, funded as part of a $2 billion capital campaign underway this year to which Koch donated $100 million.

It’s to be called the David H. Koch Center – “the best personalized care,” according to its promotional literature, in a “single, patient-friendly and technologically sophisticated environment.”

Medicaid under siege

Koch, however, is not as committed to the healthcare of others. He and his brother, Charles, have invested millions to block Medicaid, widely considered a vital program for healthcare for the poor and near poor in the U.S., with tens of millions of Americans covered. Under the Affordable Care Act (ACA), many million additional Americans are covered under Medicaid.

Not if the Kochs have their way. The Koch brothers have launched what is characterized as “a massive campaign” to stop Medicaid. Their target today is Virginia, where Medicaid, if expanded under the ACA, would cover an additional 400,000 people. Operating through an organization, Americans for Prosperity, the anti-Medicaid crusade goes door-to-door canvassing, attends committee hearings, and targets lawmakers with opposing views.

Americans for Prosperity has carried out these anti-anti-poverty efforts elsewhere, pumping additional millions to derail Medicaid expansion programs in Arkansas, Florida, Ohio, Louisiana, Michigan, and Pennsylvania.

For decades the Kochs have pressed an “anti” campaign – anti-tax, anti-union, anti-regulation – with fierce ideological fervor matched with aggressive financial backing. Their investment in the ideology of unfettered free markets has paid off: the revenues of the Koch enterprises today are a whopping $100 billion a year.

The specifics of their anti-Medicaid mania are a mix of budget distortions and loathing of taxes. They warn that a Medicaid expansion would cost Virginia’s taxpayers billions, assuring hefty tax hikes. They also claim that more Medicaid would upset the “doctor-patient relationship” and increase wait times.

Medicaid’s real value

In fact, the Medicaid expansion will add very little to what states would have spent on Medicaid without health reform, according to the Congressional Budget Office, while providing health coverage to 17 million more low-income adults and children in the U.S. The expansion will reduce state and local government costs for uncompensated care and other services provided the uninsured. Most important, the expansion is critical to moving in the direction of providing care to all Americans.

Cuts paid in public health

In the upside down world inhabited by Charles and David Koch, where government impedes, regulation ruins, and healthcare harms, they claim to be saving lives in their anti-Medicaid mission. “Medicaid patients are almost twice as likely to die during surgery than individuals with private insurance,” their group says on its website.

Whatever the shortcomings of Medicaid, cutting the rolls and removing funding only adds injury. Medicaid reimbursements are already low, putting a strain on hospitals to meet demand with fewer dollars and inducing many doctors to forego Medicaid patients altogether. Here in New York State, a Medicaid cut was carried out early in the Cuomo administration that is still being felt in underserved areas.

Meanwhile, as Medicaid patients struggle to qualify to receive much-needed care in places like Virginia, the ground is being prepared for construction of the David H. Koch Center. Medicaid patients need not apply.
Our 4-part plan to win

there’s no doubt about it: safe staffing saves lives. It’s key to our patients’ well-being – and essential to our ability to honor our oath as RNs. That’s why we voted in May 2012 to make passing a safe staffing law in New York State one of our top priorities.

We made progress in 2013, but we still face tough opposition. Hospitals are used to holding the decision-making power on staffing, and they have no intention of letting go even just a bit. They’re pushing hard to stop our bill from becoming law.

Our fight can feel like a battle of biblical proportions. But we have a plan – and the unyielding resolve – to prevail.

More than 200 NYSNA members participated in a safe staffing discussion and planning session at the convention in October. Nurses shared experiences and found that from western New York to Long Island, we’ve seen the same travesties: patients suffering unnecessarily, and sometimes dying, because of short staffing.

We will not let this stand. At the convention workshop, we discussed the four key components of our campaign and the creative approach we need to take to accomplish our goal: passing a safe staffing law in New York State.

#1. Working with allies to build a movement

EDUCATE the public (at street fairs, schools, offices, churches, stores, etc.) about the importance of safe staffing.

MOBILIZE. Use social media, rallies, and local news to make some noise and build momentum.

INCLUDE patient and family groups, community groups, faith-based organizations, unions, and supportive politicians in planning and strategizing.

FACING DOWN MANAGEMENT

“We organized protests at my hospital and convinced administrators to hire 10 new full-time nurses to staff a new unit. Together, we can face down management, corporations, and Albany to win.”

– Michael Healy, RN, St. Charles Hospital, NYSNA Southeastern Regional Director

BEGINNING A NEW ERA

“When we voted to make safe staffing a priority, we began a new era. This May, we held the biggest lobby day and rally for safe staffing in New York State history. We used education days, vacation time, got on the bus after working the night shift. With a massive statewide movement of nurses and patients, we can win.”

– Verginia Stewart, RN, Metropolitan Hospital, NYSNA Director at Large

FACTS ABOUT SAFE STAFFING

Nurses in California passed a safe staffing law more than a decade ago that protects patients and respects nursing practice.

The results are impressive: shorter hospital stays, lower re-admission rates, greater patient satisfaction, fewer complications and deaths. As life-saving interventions go, safe staffing is not only humane, it is cost effective.

Hospitals that routinely staff with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than do those staffing at a 1:4 ratio.

The odds of patient death increase by 7 percent for each additional patient a nurse must take on at one time.

Safe staffing reduces turnover in hospitals. Replacing a burned-out RN costs between $82,000 and $88,000 according to The Journal of Nursing Administration.

Text STAFFING to 877877 to receive NYSNA action texts. Standard rates apply. Text STOP to stop receiving texts.
#2. Standing up to the industry

COLLECT DATA from Protests of Assignment and incident reports that illustrate the effects of short staffing.

PUBLICIZE the facts about unsafe staffing and CEO salaries that undercut funding for patient care.

UNITE nurses. There’s nothing like solidarity in the face of bullying and intimidation.

#3. Changing the political landscape through election work

MEET candidates and elected officials and let them know we only support those who commit to fighting for the safe staffing bill.

PARTICIPATE in town hall meetings and speak out for safe staffing.

VOTE. Remind fellow nurses to vote. Encourage hospitalized patients to vote by absentee ballot.

#4. Taking on political leaders who block our bill

INFORM. Nurses and the public need to know when their elected officials don’t support the safe staffing law. There’s nothing like voter dissatisfaction to turn a politician’s head.

REVIVE local political awareness committees and build the participation of local colleges and allies.

RALLY. Bring nurses, families, patients, clergy, other unions, and community groups together in front of the offices of legislators who get in the way of quality patient care.

We’re taking a page out of the Mother Jones playbook: mourning the dead and fighting like hell for the living. Lives depend upon our success. Get involved!

PUSHING FENCE SITTERS TO OUR SIDE

“There’s no valid reason to oppose safe staffing, but hospitals are spreading myths and lies. I demand that our leaders in Albany lead, and I will do whatever it takes to kick legislators off of the fence and into the fight for safe staffing.”

– Carol Ann Lemon, RN, Ellis Hospital, NYSNA Central Regional Director

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ALBANY, HERE WE COME

SAT, FEB 15
Black, Latino, and Asian Caucus: State budget under debate

TUES, APRIL 15
NYSNA Safe Staffing Lobby Day and Rally

THURS, JUNE 26
End of legislative session when key laws pass or die

SAVE THESE DATES AND JOIN THE FIGHT FOR SAFE STAFFING

MAKE SOME NOISE IN 2014

We fought hard in 2013 for a safe staffing law. In 2014, we’ll fight even harder. Come to Albany and help deliver the message: We will not back down until New Yorkers have the safe staffing law that quality healthcare demands.
The effects of EMRs on patient care and our expertise

Hospital administrators and insurance providers promote electronic medical records (EMRs) as a magic bullet for healthcare. EMRs save money and advance quality care, so they say. But the truth is much more complicated than the propaganda. Just ask a nurse.

Linette Davis of the Institute for Health and Socio-Economic Policy presented a detailed analysis of EMRs at our convention. The fact is: Electronic medical records eat away at nursing practice and personalized, quality care.

**Attack on nursing skill**

Nurses, like all professionals, develop their skills over years of practice. But skill isn’t just about time spent on the job or in class. It’s about judgment and the ability to cope with the unexpected. If there’s one thing nurses learn quickly, it’s to expect the unexpected. No matter how common an illness, every patient is different.

EMRs fundamentally undermine nursing skill. They require nurses mechanically to follow menus as they check boxes to answer questions and move from screen to screen. Important information can easily get lost in long lists of irrelevant information. And a nurse’s insight into a patient’s condition, and the patient’s development over time, can have no place in a system that severely limits narrative charting.

Hospital administrators promote EMRs as a way to standardize work processes under the pretense that standardizing means raising quality standards. That’s not true, though. Standardizing really means making work processes uniform so that all nurses perform them in the same way. Routinizing nursing practice and following prescribed rules, as EMRs require, don’t promote skill development beyond competence to the level of expert.

But patients deserve expert nursing, care from those who recognize the particular, individual needs of a patient and meet those needs. Expert nurses aren’t bound by rules, pre-determined routines, and so-called “best practices.” They assess the unique needs of a patient and provide care accordingly.

The truth is that the primary purpose behind the notion of best practices is controlling nurses and putting efficiency over care. To hospital administrators, the competent nurse, not the expert, is ideal.

**Management control**

Routinized care turns nursing into something of an assembly line. It requires nurses to turn off their good judgment, thereby deskilling the profession.

In theory, IT systems are tools that help caregivers deliver quality care. In practice, they’re instruments that help hospital administrators put management control over nursing practice and expertise and profit before patient care.

There are no studies documenting that electronic medical records are safer than paper records.
Redesigning nursing care

THE PUSH toward greater health information technology undermines our nursing practice and often hurts the patients we care for and about. Our mission is to heal the sick and to advocate on their behalf. Machines are important in healthcare, obviously, but they also can get in the way.

The nursing process involves several steps. We gather information about our patients, assess their condition, diagnose, provide care, and evaluate changes over time. Our work is not static because patients aren’t. Conditions change and we respond accordingly, and quickly.

Health information technology is deskilling the clinical nursing process. Nursing is increasingly fragmented; we’re pushed to work faster; and more of our practice is automated. Bedside nurses are finding that we have less discretion in determining our patients’ care needs and in meeting those needs.

Our patients suffer under a fragmented, automated healthcare system, as do we. Automated systems are not only taking the humanity out of the patient-nurse relationship, they are giving management the power to monitor our every step – and to speed us up. Electronic medical record systems, for instance, can count keystrokes and measure whether or not we’re working at a pace that management considers quick enough. Nursing isn’t like factory production, though. Faster care often is compromised care. Patients need attention, and we need the time to assess, and meet, their needs.

Robotic care

Perhaps one of the most jarring developments in the push to re-engineer nursing practice is the development of virtual care and robots designed literally to fill our shoes. The Robert Wood Johnson Foundation Initiative on the Future of Nursing, for instance, recommends creating virtual care systems that have RNs supervising robots and unlicensed assistive personnel. In the healthcare environment of tomorrow, patients would receive care at home or in hospitals with much of their treatment managed virtually by an interdisciplinary care team. The team would use web cams, Bluetooth technology, barcode medication verification scanners, and other information transfer devices to direct robots or unlicensed staff from afar.

The robotic world of healthcare delivery would give new meaning to depersonalized care. It would also fuel the fight over nurse-to-patient ratios, as bedside care would become less important to administrators, if not to patients.

This is not a sci-fi fantasy that’ll never come to pass. It’s happening. In January, the FDA approved the country’s first human-interacting autonomous robot for hospitals. InTouch Health has developed a human-sized robot, RP-VITA, which enables doctors to interact remotely with hospital patients. The robot can even navigate hospital corridors on its own while medical professionals talk with patients through a special iPad app. InTouch Health’s tagline: Telemedicine delivered.

Fighting back

RNs are not accepting this brave new world without a fight. Our mission matters too much to let management or machines undercut our professional practice and our role as patient advocates. Across the country, nurses are standing up to the attack on quality nursing care.

We’re taking a stand on four key principles: patients before profits; safe staffing; universal healthcare; and nurses’ organizing rights. We’re fighting to keep for-profit hospitals out of our state. We’re fighting for a safe staffing law to protect patients and nurses. We’re advancing the idea that the only real solution to America’s healthcare crisis is a single-payer system that covers everyone. And we’re helping nurses across New York State join NYSNA and win the power that comes with being union together.
Honoring our own champions

NYSNA members steadfastly care for the people of our state every day. Many go beyond the call of duty to give even more of their time and themselves to advocating for patients, helping communities in need, fighting for healthcare for all, and standing up for nurses’ rights. At the convention in October, we gave special honor to some of our own heroes. NYSNA First Vice President (and former president) Patricia DiLillo, RN, (left) presented the awards.

HONORARY RECOGNITION
The highest level of recognition granted by NYSNA
Sal Barcia, Hurricane Sandy relief worker
Herman Benson, Founder, Association for Union Democracy
Judy Wessler, Commission on the Public’s Health System
Pat Holloman, RN, NYSNA visionary

SANDY AWARD
Bellevue Hospital Center
Coler-Goldwater Specialty Hospital and Nursing Facility
Coney Island Hospital

OPEN FOR CARE AWARD
Ari Moma, RN
Charmayne Saddler-Walker, RN

AWARD FOR PATIENT ADVOCACY IN THE PUBLIC EYE
Mary Fitzgerald, RN
Julie Semente, RN

SAFE STAFFING SUPERSTAR
Lisa Blodgett, RN

UNION ADVOCATE AWARD
Tracy Kosciuk, RN

COMMUNITY AND PATIENT ADVOCACY AWARD
Alberta Alexandre, RN

TOUGH AS NAILS AWARD
Kris Powell, RN

NO ONE IS TURNED AWAY AWARD
Sangra Fogarty, RN
Joanne Turner, RN

NYSNA DEFENDER AWARD
Jalisa Saud, RN

NURSING EDUCATION AWARD
Nadine Sanders, RN
Daphne Bramble, RN

NURSING PRACTICE AWARD
Carole Powell, RN
Teresa Edgerton, RN

NYSNA BUILDER AWARD
Nancy D’Leema, RN

Nursing is about care – for patients, for communities, for the greater good. We don’t step back in the face of hardship, we step up.
Strength in adversity

By Patricia Kane, RN, NYSNA Treasurer

Sandy made landfall just two days after the end of our NYSNA convention last year. Our new board was seated on Friday and on Monday we faced a challenge unprecedented in our union’s history. Hundreds of nurses, including me and many of my colleagues at Staten Island University Hospital, were mandated to stay at our facilities. Some of us for days. We didn’t know what we’d be going home to. Some of us went home to find our houses destroyed or unlivable. Worse, some lost neighbors and loved ones.

Caring fearlessly

Nurses at Bellevue and Coney Island fearlessly evacuated patients in harms’ way, saving countless lives with their bravery. On Roosevelt Island, Coler was left with no power, heat, or hot water. Nurses at Coler made heroic efforts to care for patients under extreme conditions, evacuating some to Goldwater.

NYSNA nurses throughout the affected areas showed courage and strength.

The day after the hurricane, a friend called me. I still hadn’t left the hospital. She told me about her neighbor who was outside in the cold with no jacket, picking through what remained of her belongings. “Where’s your coat?” she asked. And the neighbor pointed to the pile of debris.

Meeting urgent needs

That pushed me over the edge. I knew we had to do something. But this was not in our NYSNA playbook. We had never responded to disasters together as an organization in the past.

Despite personal hardships, NYSNA nurses and staff went the extra mile and did everything possible to help those in need. More than 500 NYSNA members volunteered in affected areas from the Jersey Shore, to Long Island, to Manhattan’s East Side, providing vital medical and support services. We coordinated volunteers in the Rockaways and in Staten Island.

We saw large gaps in the emergency response, especially in meeting the healthcare needs of those affected by the hurricane and its aftermath. We stepped in to fill those needs and turned our NYSNA RV into a mobile medical station.

We also made sure that our fellow nurses were getting support. More than 1,000 NYSNA members live in the worst hit areas. We called every single one of them in the days following the storm to assess their needs.

We raised more than $120,000 in relief funds for nurses hurt by the storm – and we wrote more than 250 checks to NYSNA members to help cover the costs of lost homes and damaged property.

Nursing is about doing what needs to be done. NYSNA members united like never before to provide the very best possible care for our patients.

That spirit embodies what this organization is trying to become. It required going the extra mile and facing things that were pretty scary. But we knew we had to step in. Our unity and work in the Sandy crisis set the stage for the transformation in our organization over the past year.

Fighting for change

We’ve become stronger and more active in fights to protect our patients – whether it’s responding to disaster or building long-term relationships to fight for change in our communities.

We’re still actively working to bring back the communities that Sandy devastated – and, as a union, we keep building and getting stronger.
Mayor-elect Bill de Blasio at our Oct. 17 City Hall rally for respect for nurses and patients. New York City and statewide election results, page 3.