

From: brian flaherty [brian@iowaforhealthcare.com]
Sent: Monday, October 17, 2005 11:57 PM
To: 'Cathy Singer-Glasson'
Subject: RE: next draft
Nursing staff in Hospitals Study committee

I have been a nurse for 23 years, 14 of those years I worked at the University of Iowa Hospitals and Clinics as an oncology nurse. For the last 4 years, I have worked as a Union Representative for SEIU Local 199, working with nurses in Iowa City, the Quad Cities and Dubuque. I have been a patient advocate for many years but with the changes in health care, I felt that I needed to become a nurse advocate.

I was appointed by Gov Vilsack, about 2 1/2 years ago as a member of the Advisory committee for the Bureau of Health Care Access, Center for Health Workforce planning.

At this time, I am working with nurses who already have the protection of a contract at the University of Iowa and with the nurses at the Finley Hospital who worked hard to organized and just ratified their first contract last June.

Right now there is very little oversight on staffing issues for Iowa hospitals. The Joint Commission on Accreditation of Healthcare Organizations, the hospital accreditation body that is used by many hospitals, does not oversee the number of patients a nurse has to take care of during his or her shift.

The priorities of SEIU nurses are the recruitment and retention of qualified nurses and the promotion of hospital environments that allow nurses to provide safe and quality patient care. It is our belief that improving nurses' work environment will improve the quality of patient care as well as promote the recruitment of new nurses and retention of experienced nurses in acute care setting.

One of SEIU nurses' priorities is to promote hospital environments that provide safe and quality patient care. Recruitment and retention of qualified nurses are also important goals for SEIU nurses. It is our belief that improving nurses' work environment will improve the quality of patient care as well as promote the recruitment of new nurses and retention of experienced nurses in acute care setting.

In order to have an effective voice in quality patient care, both UIHC and the Finley Hospital nurses have established "staffing committees" through their bargaining. UIHC's committee was created in February 2002 and the Finley hospital's committee started in August of this year. Both committees are composed of an equal number of bedside nurses and nursing management members. The goals of these committees are written and have been agreed upon through negotiations.

Through our discussions in these committees we have been able to better understand that the goal of both nursing management and bedside nurses is to provide quality and safe patient care. We have different visions on how we can accomplish that goal. The committees provide an avenue to discuss our differences and, together implement some changes that not only benefits the patients but the institution as well as the nurses.

Nurse members of these committees are becoming more comfortable sharing their concerns and feel more free to speak out about quality patient care issues. Most of our nurses did not

start out as bold; most nurses are reluctant to talk about how difficult it is to do their job and about their frustration of being unable to provide the quality care they strive for.

Labor-management staffing committees provide a safe environment for nurses...and for nursing management to discuss ways to improve patient care. Although both committees are fairly young, relationships have been building, which are based on trust and the recognition of each other knowledge and experience. As I said earlier, we do not always agree but we are able to find issues that we can work on and implement changes.

Both committees have developed a form available to all nurses in the institution to report "staffing concerns". Those forms are filled by bedside nurses when they feel that they were unable to provide quality patient care. The forms are designed to be easily filled out. Each form is reviewed by the committees every time they meet. Discussions regarding the specific issues reported by the nurses provide avenues to improve patient care. Nurses who fill out these forms have the opportunity to meet with management if they wish to do so and they always receive a written response from nursing management regarding what steps are taken to avoid the same situation to recur.

I participated in two of the forums set up by the Iowa Department of public health. I agree with the report given earlier that it appears that there were differences in opinion. What was very apparent was that nursing management, although they were concerned with the nursing shortage did not seem to have any concerns regarding the quality of care their institutions were able to provide. On the other hand, the few bedside nurses who spoke, shared their concerns regarding their frustrations of not being able to provide the quality care that they were striving for. Not one week goes by without a nurse, most often a nurse with many years of experience, telling me of their intent to leave the profession. I have great concerns, as a potential health care consumer, of not have enough qualified RNs to take care of my health care need.

Nurses represented by SEIU spoke up freely about their concerns during the forums; they already had talked about these concerns with their management within their staffing committees or during labor-management meetings or bargaining. SEIU contracts provide these nurses with whistle blower protection. Unfortunately this is not true for all nurses in Iowa. The IDPH report has shown that nurses voiced their concerns of losing their job if they spoke up.

There are things that you can do as legislators:

Union nurses, but particularly non-organized nurses need your help to create a safe environment where nurses can express their concerns regarding patient care issues. Both at UIHC and Finley, nurses have worked hard to create such environment, but we only have been at it for a very short time. Time is running out, our colleagues are leaving the profession, many of them are getting ready to retire and younger nurses are leaving Iowa for better pay and working conditions.

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From: Cathy Singer-Glasson [mailto:seiucathy@qwest.net]

Sent: Monday, October 17, 2005 10:30 PM

To: brian@iowaforhealthcare.com

Subject: next draft