

# UNION ADVOCATE

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## Safe Staffing = Quality Patient Care No Patient Assignment For Care Team Leaders Why?

By Ann Louise Tetreault, RN, CMSRN, CTL F6/5

Medical unit Care Team Leaders (CTLs) still have a 50% patient care assignment. The patient assignment needs to be stable, low acuity patients. Giving up a primary patient to a care team leader is not a satisfier for the staff nurse. "I have built a relationship with this patient when he was really sick and now I can't care for him!"

CTLs need to triage patients for throughput, coordinate staffing, be a resource to staff nurses, lead in IMOC rounds, improve patient satisfaction and intentional rounding etc. "I want a CTL to have my back not take my patient."

Patient acuity and throughput continue to rise. Forty five minutes from ED discharge to admit to a unit bed is the UWHC goal but today's average is 90 minutes.

The Patient Protection and Affordable Care Act will reward hospitals for quality patient care.

The UNION ADVOCATE *is looking for stories like* this one. Please share your experiences at UW Hospital and Clinics with your co-workers. Write to the union office on 4513 Vernon Blvd. Suite 300 Madison, WI 53705 or email [LarryW@seiuhcwi.org](mailto:LarryW@seiuhcwi.org).

Let's organize our units to maximize the best chance for high quality outcomes. Let's encourage UWHC management to do the right thing. No increase in nurse patient ratios for staff nurses and no patient assignments for CTLs.

### CONTRACT CORNER - MEMBER QUESTIONS

**Question:** If I am floated to another unit to handle patient assignments and I do not believe that I can provide safe care is there anything I can do to get out of the assignment?

**Answer:** Pursuant to Article VIII, Section 11 in your Union Contract, "Should a float be required that is inconsistent with this Section, the patient care assignment will be negotiated with the affected employee." And "If a negotiation of a patient assignment is unsuccessful and the floated employee feels that she/he could not provide safe care she/he can verbally inform the supervisor of his/her objections, who will intervene and attempt to resolve the conflict."

Be sure to Contact your Union Steward or the Union office if you are put in a situation where patient care could be compromised.

**Interested in Attending Labor Management Meetings?** Join your peers at the labor management meetings which are held the 2nd Tuesday of each month in the main hospital. For information contact Larry at the union office at 277-1199.

# Minutes of the May 14th Labor Management Meeting

Union and management representatives met in room E5/492 at 2pm. Four members of the union team and one staff representative were present for the whole meeting. One member of the union team came for the last 90 minutes. Management was represented by 4 labor relations staff and Sue Rees. One member of the union team was absent due to a vacation. Management chose not to bring any of the Nursing Directors to this meeting.

## Old Business

1. Nurse Line Draws – The plan is completed and moving forward live at the West Clinic and U Station. There are 11 nurses trained to the line draws at West and 7 at U Station. East Clinic will go live on July 1<sup>st</sup>. Management still working on specifics at the CSC outpatient lab. There have been no problems reported at the Oncology Clinic.
2. Workplace Violence Training – Management is working with security to get the training started while the Academy continues to get its workforce in place.
3. FAQ on the Rights of Non-Represented Employees – The union believes that management should not be holding captive meetings with our union members. This is interfering with the union's legal right to represent our employees and enforce the contract. Management should not be meeting with our members without the union present. These meetings are not giving the full picture. There are many rights that the employees will maintain even if non-represented and there are options to utilize the services of our union. Management asserts that they have a duty to tell the employees about their future as non-represented workers. They claim that they are trying to stick to the facts. When asked why they can't increase pay to offset the decrease in pension and health insurance benefits Sue Rees stated that census reimbursements are declining and UW wants to remain a viable institution.
4. The parties continue to differ on what constitutes scheduled hours of work for the payment of the union members on the labor management team. In effect, management does not believe that it has an obligation to pay pm or noc employees unless they attend labor management meetings during their regular work hours.
5. Vital Sign Monitors (VSMS) and Rover technology – Only 5 (VSMS) that were still not connected. For the new staff we are working on getting ID badges to work right away. Rover technology for label printing is starting on B6/6 on May 20<sup>th</sup>. This will change some of the lab labeling procedure as there will be no requisition slip and you will be able to put some of the labels in a bag with the specimen.
6. Safe Patient Handling/Lifting – Sue Rees reported that the hospital has finalized plans to have all areas of the hospital complete training by June 2014. She reported on the current status of training.
7. Health and Safety Committee – Lesli Wright-Bobholz has agreed to serve as the union representative on the committee.
8. Quarterly Report- Discussion concerning turnover, travelers, and unit discussions about the FAQ.
9. Digestive Health Clinic (DHC)- We discussed the following issues concerning the new west side clinic: bulletin board, senior team member selections, staffing/training, per diem pay, unit councils, new employee orientation.
10. Non-Represented 50 Star Council – Management reported that the purpose of the star council was to get feedback from frontline employees before rolling out new projects. An example was to discuss the increase in parking rates.

Meeting adjourned at 4:30pm