

DATE: March 24, 2009

TO: All Members of CWA, Nurses United, Local 1168 at
Buffalo General Hospital

FROM: Mary Janice Keller, Area Vice President
Linda Sheehan, Area Vice President
Nurses United, CWA Local 1168

RE: BGH Update

DBL

The Director of Corporate Benefits, Judy McKinley notified the Union in regards to the reporting process for DBL. The employee will now be responsible to call the claim in to UNUM (Kaleida's disability insurance carrier). The employee also needs to notify their manager. From a Union standpoint, we agreed and felt that the process could only expedite matters for the affected employee. If you are going out on disability, it is crucial to keep a log of all phone conversations with UNUM, the employer and your MD. It should include date, time, person you spoke to and subject matter. That information may be necessary if your case is contested. Any questions call the office and ask for your appropriate bargaining unit representative.

PARKING AT BGH

We have heard concerns about availability of parking on the BGH campus. Presently, our understanding is that the medical residents are being displaced from the High Street lot in order to accommodate more valet parking spots. This is all happening due to all of the construction that will be taking place starting in April. We have language in our contract that states:

Section 1. The parties recognize the importance of safe, secure, free parking for employees. The parties further recognize that not all free parking can be within close proximity to an employee's work site and that free parking for every employee may not be possible. To that end, other alternative solutions such as shuttles, park and ride and public transportation must be investigated.

Section 2. Kaleida Health will not charge a fee to any employee that parks in an area designated for employee parking if the property in question is owned or leased by Kaleida Health. Furthermore, Kaleida will strive not to permanently decrease the number of free parking spots currently available to employees.

The parking committee will begin meeting more frequently to address problems as they arise. We plan to uphold that contract and have already spoken to the employer and stated that this is a **demand to bargain issue!** We do not believe that Larry Zielinski has the final say on the parking issue as stated in his letter on Kaleidascope:

*"We hope that you will consider parking at HSBC Arena, particularly since there is no guarantee that space will continue to be available at BGH flat lots in the long-term. In the future, it is possible **that some (or even all)** of the available parking spaces in the lot will be re-assigned to patients and visitors."*

COMPUTERIZED SCHEDULING

In September of '08 Kaleida presented information on purchasing a computerized scheduler that interfaces with Kronos. At the time, the manager involved, Charlie Saleh, stated that all contractual rules will be taken into consideration when the program is implemented. We have heard rumors that going forward, schedules will be requested in seniority order. Staffing grids will also be taken into account when schedules are requested. They also want the employees to request only the days they want to work, not requests for days off. We have had a conversation with the employer and again, stated that this is a **mandatory subject of bargaining**. They **CANNOT** put a system in place that violates our contractual rights! We will keep you posted.

MAGNET STATUS

Kaleida has stated they plan to hire a consultant to take them on their "Magnet Journey".

Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery. The idea is that Magnet nursing leaders value staff nurses, involve them in shaping research-based nursing practice, and encourage and regard them for advancing in nursing practice. Magnet hospitals are supposed to have open communication between nurses and other members of the health care team, and an appropriate personnel mix to attain the best patient outcomes and staff work environment. (From the Center for Nursing Advocacy Website).

We encourage the RN staff to educate themselves on the principles of "Magnetism" and compare them to Kaleida Health.

Kaleida already has a number of initiatives in place in order to comply with a set of criteria put together by the ANCC (American Nurses Credentialing Center), a division of the ANA. They are Unit Practice Councils, and a Nursing Advisory Committee etc.

One of the principles of a Magnet hospital is higher reimbursement rates from insurance companies. Would anyone find it surprising to that this is the main reason Kaleida is pursuing Magnet status? Not sure – just a guess?

On the other hand, adequate nurse patient ratios is also a main principle of Magnetism. It is a draw for potential employees and a staff satisfier. In theory, staffing should be based on patient acuity, not staffing grids. Some articles state that "the charge nurse should be able to set the staffing level for the day". Others state that nurse patient ratios should meet the standard set in California, when nurse patient ratios are mandated by law. Any bedside nurse in Kaleida knows what the "real world" of staffing constitutes.

The bottom line is that Magnet Hospitals main guiding principle is "Shared Governance". It means that, in theory, the staff nurses could have a real say in their daily work life and actually have the power to effect some change. If you are participating in your department's UPC, you should ask yourself some questions.

1. What initiatives have you been working on?
2. Who suggested them?
3. Who chairs your meetings?
4. Are your meetings cancelled when the manager can't attend?

We will continue to keep you updated as this process moves along.

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