

Kaiser Decertification Election Cancelled!

California Nurses Association Pulls Out And Election Petition Is Withdrawn

Facing a lack of support from Kaiser nurses, the California Nurses Association withdrew from the Kaiser decertification election in late February. The decertification petition was then pulled by the petitioner, prompting the National Labor Relations Board to cancel the election permanently. CNA had previously delayed the election by filing an election "blocking charge" against Kaiser that postponed the election indefinitely. These tactics show that CNA has little regard for nurses' personal and professional lives by delaying the inevitable.

CNA/NNOC, which is the name CNA uses for its operations outside California, is seeking to join the House of Labor, AFL-CIO. AFL-CIO action on the subject is still pending while all the unions wait to see if CNA will call off other raids it has been conducting in addition to the one it just ended in Hawai'i.

Now that this divisive period is behind us, the more important work of building our union is ahead. HNA is focusing attention on strengthening the union steward (formerly unit representative) system, communication networks,

and addressing workplace issues. We welcome all Kaiser RNs to this process. The only way that we can successfully advocate for our patients and practice is through unity. We all must learn and remember that "we", the members, are the union. It is through every nurse's efforts, diligence, and accountability that we make the union strong, working for us, by improving our working conditions, and our patients, improving their safety and quality of care through advocacy.

Process Established To Choose HNA Stewards

The Collective Bargaining Committee has revised and updated the process by which Nurses choose HNA unit leaders. The Committee was authorized to do this by HNA's Board of Directors. The new process will be known as the Steward/Chief Steward (formerly Unit Representatives/Unit Chair) Selection Process.

The Committee collectively decided that the process needed to be revised and updated from the previous ineffective election process occurring at most HNA

facilities. Committee members believe the new process is fair, equitable, and democratic, encouraging Nurses to organize themselves into the new HNA vision of an organizing model for collective bargaining. Each Nurse who wishes to serve must seek the support of their unit/clinic as their contract dictates and must meet certain standards for BOD appointment and maintain those standards for continuing in that position.

See **Stewards**, Pg. 3

ALSO IN THIS ISSUE...

Contract Process pg.2

Continuing Education for Nurses pg.2

A Message From The Nominations Committee pg.4

Negotiations Update pg.4

Study: Nurse Shortage Linked to Pay pg.4

HNA Principles for Managing Its Money pg.5

Legislative Update pg.6

Contract Process

The Negotiating teams are pleased to report that the contract process is nearing completion. Since ratification, HNA has worked carefully to ensure accurate and complete contracts. Once HNA and management have agreed at the table to the final changes to the new contract, it is really only the beginning of a process that checks and counterchecks each word, sentence, meaning, and context.

The initial format is a "MOA", a *memorandum of agreement*. This is processed through HNA and the facilities' human resource teams. Once this is finalized and approved by both sides, the changes to the contract are inserted into the original language. This is again proofed and checked for accuracy by HNA, the negotiating team, and management. As one side approves and signs off on the final contract document, then the other side must confirm that it is accurate to what was agreed to at the table.

After both sides of the negotiating table have signed off on the final document, it can then be sent to the printers to be bound, which usually takes an additional 3-4 weeks. As of this writing, all the contracts are back in the hands of management to sign off on the final document. HNA is hoping to see the contracts printed and out to the membership sometime in April 2006.

Continuing Education for Nurses

WANTED: Continuing Education offerings! If your organization is planning an ANCC-approved Continuing Education program for nurses, please share it with HNA. We will print information, on a space-available basis, in this newsletter. Send information to: HNAnewsletter@hinurse.org.

APRIL

Wahiawa General Hospital, Oahu **BLS Healthcare Provider Renewal**

April 7, 8:00 – 12:00 or 12:30 – 4:30
\$40 + \$10 for text
Rosie Pacheco 352-6578

Tripler Army Medical Center, O'ahu **Using Evidence for Interventional Hygiene: Back to the Basics**

Three 1.5 – 2 hour lectures:
April 10 at 8:00, 13:00 & 16:30
April 11 at 9:00, 13:00 & 16:00
See www.vollman.com
Contact LTC Mary Hardy at 433-6063 or mary.hardy@us.army.mil

Ala Moana Hotel, O'ahu **Hawai'i chapter National Association of Neonatal Nurses** **1st Annual Spring Conference**

Wednesday, April 12, 7:00-4:30
6 CEUs (pending)
Contact Pam Almeida, Pres. bsktlady97@yahoo.com.

Hilo

Pharmacology: Cardiac and Diabetic Review and New Drugs, New Classes"

Friday, April 14, 2006
Registration includes lunch and one raffle ticket
\$69 HNA members and nursing students
\$89 non-HNA members
CEUs pending
Contact HNA at 531-1628 for more information

Wahiawa General Hospital, Oahu **ACLS Provider (3 session course)**

April 17, 19, 24, 5:00 – 10:00 pm
\$200 + \$45 for text
Rosie Pacheco 352-6578

Wilcox Memorial Hospital, Kauai **PALS**

April 27 & 28, 8:15 – 4:30, Conf Rooms A, B&C
Contact Sharon Contrades, MS, RN
at (808)245-1195, X1195 or scontrades@wilcoxhealth.org.

MAY

Wahiawa General Hospital, Oahu **BLS Healthcare Provider Renewal**

May 5, 8:00 – 12:00 or 12:30 – 4:30
\$40 + \$10 for text
Rosie Pacheco 352-6578

ANCC National Certification Exams (All national certifications are available including ANNA CNN and CHT)

May 6, 2006 8:00 – 12:30
St. Francis Medical Center
Weinberg Outpatient Bldg
5th Floor, Rooms D&E
2230 Liliha Street
Honolulu, HI 96817
Email C-Net or ANNANurse.org for applications

Stewards

continued from Pg.1

Steps to initiate the selection process:

- 1) Labor relations specialist/business agent of each facility will identify the interim unit steward/chief Steward.
- 2) Together, they will identify currently active unit representatives and steward volunteers by following the “steward selection process” (see below).
- 3) Once the stewards are in place, that group will elect a chief steward for their facility from amongst themselves.

Steward selection process

- 1) Volunteers from each department or clinic (as contractually designated) shall be solicited through advertisements in the facility, which state the job description and responsibilities (See Appendix A).
- 2) LRS/business agent for each facility will play a vital role in helping to identify nurse leaders.
- 3) Interested volunteers must then obtain a “Union Steward (formerly unit representative) Petition of Intent” (See Appendix B), which should be signed by volunteer’s department/clinic coworkers or as contractually designated.
- 4) If more than one person is interested in becoming the steward for a department/clinic, then they can choose to either:
 - a. Represent another department or clinic and obtain signatures on a “Union Steward (formerly unit representative) Petition of Intent” from that department; or
 - b. Choose to have a departmental election for the contested position; or
 - c. Abide by any applicable bargaining unit contract language.
- 5) Stewards and Chief Stewards take appropriate training provided by HNA within three (3) months of selection.
- 6) Stewards and Chief Stewards must then be appointed, (as per contractual language), by the HNA Board of Directors who are the elected collective bargaining officials.

Position Description for Union and Chief Steward

Requirements:

- Must be HNA member in good standing
- Must be willing to attend training to learn the job
- Must be willing to see that the union functions well and accomplishes its goals of servicing the members in the workplace
- Be a workplace leader, representative, organizer, and communicator

Length of Terms:

- Chief Steward shall be elected for a 3 year term (or length of contract) commencing after ratification of

facilities contract. The facility stewards may vote (majority vote) to remove the Chief Steward from office if the Chief Steward does not meet the requirements, or responsibilities, or role, or obligations of the role. The final approval for removal will exist within the BOD (majority vote)

- Stewards are appointed by the BOD. Each steward holds his or her position for 3 years or the length of the contract. They must obtain their unit/clinics approval to maintain that position through the “Petition of Intention” process for each new contract. They may remain in office until they resign or are asked to leave the position due to not meeting the requirements, or responsibilities, or role, or obligations of the position. The Chief Steward will present evidence and testimony from stewards’ unit/clinic to the BOD for approval of removal of said steward.

Position obligations:

- Be a nurse advocate and treat people with respect & dignity
- Organize the unorganized
- Build a support group for yourself and the union
- Recruit active participation
- Know about the services HNA offers
- Speak up for the union
- Know & administer your HNA contract

Key Roles:

- Contract enforcer
- Employer liaison
- Union liaison
- Supportive guide

Responsibilities (What you must know and learn):

- The HNA union contract for your facility
- HNA’s Articles of Incorporation
- Job functions of the position in the unit
- Grievance procedure
- How to distinguish between complaints & grievances
- How to investigate, write up, and present a grievance

Copies of the petitions to demonstrate unit member support may be downloaded from the website or can be obtained from HNA.

Committee members and all HNA leaders and staff urge everyone to get involved. Our Stewards and Chief Stewards are the local leaders of Hawai’i Nurses as we bargain and enforce our contracts. They are Very Important People for all of us!

STUDY: NURSE SHORTAGE LINKED TO PAY

From Orlando Business Journal - 12:09 PM EST Wednesday, March 8, 2006

Increasing nurses' pay is the most direct way to solve the hospital nurse shortage, says a new study by the Institute for Women's Policy Research.

Supply-and-demand principles suggest that hospitals are not offering high enough pay to fill their nursing positions, says the study, titled "Solving the Nursing Shortage through Higher Wages," which was funded by the Service Employees International Union.

Hospitals employ three-fifths of all registered nurses and must compete for staff with doctors' offices and other employers, where working conditions may be more satisfying.

Higher Pay = More Nurses

The study uses data on 18,300 hospital nurses from the U.S. Bureau of Labor Statistics' September 1995 to April 2005 Current Population Survey and provides state and metropolitan data and comparisons on nurse wages.

The report finds that when nurse pay rises, so does the number of hospital nurses. Nurses' real wages were flat from 1996 to 2000, although hospitals had begun complaining of a nurse shortage by 1998.

When nurse wages were increased in 2001 by 2.4 percent after inflation, hospitals were able to increase their nursing staffs by 9.2 percent in 2002. Further wage growth in 2002 -- an increase of 7.6 percent -- was met with additional hiring the next year, with hospitals employing 9.4 percent more nurses in 2003 than in 2002.

However, when wages stagnated and then dropped in 2003 and 2004, the hospital nurse work force responded immediately, with a 2.8 percent decline in employment from 2003 to 2004.

Most analyses of the nurse work force ignore the link between pay and nurse supply, according to the report. Only 11 of 49 recent studies, by groups ranging from federal agencies and state commissions to industry and university researchers, propose an increase in pay as a strategy for attracting more bedside nurses.

Unionized Nurses Get Higher Pay

The study also finds that unionization is a successful strategy for raising nurses' wages. At the state level, hospital nurses who are union members enjoy a 13 percent wage boost compared to those who are not.

Hawai'i, the state with the highest union density, also has the highest median hourly wage for hospital nurses, at \$28.35, or \$58,968 annually.

Tennessee ranks among the bottom 10 states for union density and for hospital nurses' median hourly wages, at \$20.21, or \$42,037 annually.

The report recommends that hospitals use competitive wage-setting practices to pay nurses their worth, help maintain adequate staffing levels and improve patient care. It also calls for raising nurse educator wages to expand the country's nurse training capacity; state and federal staffing ratio initiatives; and further research on how nurse working conditions impact public health care costs and patient outcomes.

The Washington, D.C.-based Institute for Women's Policy Research (www.iwpr.org) does research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities and societies.

Negotiations Update

Here's The Updated Information On Contract Negotiations:

Kahi Mohala, Pohai Nani, Liberty Dialysis, and Rehabilitation Hospital of the Pacific (RNs) have all recently ratified new contracts.

Wahiawa General and O'ahu Care Facility are both currently bargaining.

Queen's Radiation Therapists hope to begin negotiations in Apr/May. Kahuku Hospital has reopened negotiations.

We will continue to keep you informed of progress in HNA contract negotiations.

A Message From The Nominations Committee

Our elections are back on track! At press time, HNA is working with the Department of Labor to establish a new time-line for our election of Officers, Directors, Delegates and other HNA positions. Members will recall that the election was delayed to allow an extension of the nominations period in the hopes of encouraging more member participation in the governance of the Association.

Apathy is the enemy of democracy, so all members are urged to **vote** in this election. Participation of the membership will ensure that Hawai'i Nurses Association truly represents the Nurses of Hawai'i.

HNA Principles for Managing Its Money

The Hawai'i Nurses Association (HNA) Board of Directors is responsible to ensure HNA's finances are managed legally, properly, ethically, and efficiently. As part of this process, the Treasurer meets with HNA's Executive Director, Finance Committee, President, and contracted accountant regularly. A full audit by an outside agency is conducted and reviewed by the Board of Directors annually, next scheduled for May, 2006. Annual reviews are conducted by an outside agency/accountant as a non-biased party. The Executive Director, Treasurer, and the President, along with the Executive Committee review monthly reports; the Finance Committee, and the Board of Directors review quarterly reports.

The system of checks and balances that HNA has in place provides the necessary oversight and transparency that is critical for a nonprofit organization. As part of our financial management strategy, we contract with an independent accounting firm, Candon Consulting Group, LLC, to provide accounting, bookkeeping, financial guidance and services for the Association. Cliff Miyashiro, is the primary accountant responsible for the overall monthly processing of the various financial statements. HNA budgeting and investment strategies are clearly defined and governed by Board approved financial policies and procedures. We safeguard our assets in two distinct areas – an operating fund for day-to-day activities and a reserve fund for long-term strategies and financial security.

The Board approved mission of the Finance Committee, which is in alignment with HNA's core values of "Professional Excellence and Quality; Integrity; and Solidarity", is to "Maintain the financial stability of HNA through prudent fiscal management and accountability."

Investment Strategies include: Operating Fund or Account:

The purpose of the Operating Fund is to provide sufficient cash to meet HNA's day-to-day financial obligations in a timely manner.

Reserve Fund:

The Reserve Fund was established and is maintained to create a long-term strategy of maximizing the returns on investments without exposing the Association to undue risk. Cash and equivalents equals 3.5% and fixed income equals 96.5%. Expected overall return for 2006? 8.3% per year.

Strike Fund:

The Strike Fund consists of a portion of our monthly membership dues invested into long-term investments at Central Pacific Bank. Each member contributes \$.50 per month of their dues into this fund which benefits all members. 15% remains in cash/equivalents and 84.9% is in fixed income investments.

Benefit Fund:

An account at CPB (checking), which was obtained from fundraising, is used for strike needs such as food and water. Balance for this fund is growing through interest earned.

So, How are We Doing?

The Executive Director, Treasurer in conjunction with the Finance Committee, and the Board of Directors have implemented efficiency measures, especially over the past year, which have resulted in our ability to protect HNA's assets and move money into its Reserve Fund and Strike Fund.

Since the restructuring of HNA, the Board of Directors has been able to pay off most of HNA's past debts,

increase the Reserve Fund to more than \$92,000 while increasing the current Strike Fund to more than \$378,000. The Benefit Fund holds at more than \$12,000. The combined trust funds contain above \$23,000. The Operating Fund, which fluctuates monthly, averages about \$112,000. Income statements average \$ 170,000 monthly with average monthly expense statements currently balancing around \$170,000 as well.

It is important for a non-profit union association like HNA to have a healthy reserve and strike fund to ensure that we can ward off any unforeseen crisis or possible turn of events that may negatively impact our market or core values. With the current changes in the US market and labor this is a potential threat. A healthy reserve fund is critical to ensure the long-term success and viability of our association. For example, HNA's projected budget for income and expenses is \$2.64 million. The 2006 budget allows for a 15% increase to the Expense Statement largely due to increased organizing efforts of the newly reorganized HNA, as well as past debts paid off. HNA's reserve and strike fund is part of our long-term strategy to provide security in future situations if our income were to drop for any reason. Having a healthy reserve fund enables HNA to focus on long-term strategies that will provide benefits for our members.

The HNA Board of Directors, together with the Executive Director, Aggie Pigao Cadiz, are pleased to report that HNA's financial situation is on its way to becoming very favorable. In addition, HNA's investments are being well positioned for future growth. The Board of Directors remains focused on financial stability and cost-effective delivery of products and services, while continuing to provide high quality membership services.

Legislative Update

STAFFING BILL

The 2006 Legislative Session is more than halfway over. Our bill to mandate hospitals to provide safe staffing levels, HB 3127, was heard and passed out of the Health Committee in the House. Mahalo for the support received from the members of that committee and the Chair, Rep. Dennis Arakaki.

The bill was then referred to the committee on Consumer Protection. A hearing on the measure was held and HNA, with the signatures of hundreds of nurses and others, provided very compelling testimony on the need for the Legislature to pay attention to this important issue. Opponents to the bill showed up in force to fight against passage of the bill. Hospital executives and their lobbyists continue to argue that staffing, along with mandatory overtime, remains a collective bargaining issue only. We continue to chip away at that argument by contending that at some point it becomes a *health and safety issue* and must be looked at from a different perspective. We were very happy to see the amount of attention legislators paid to this issue. We were also very pleased to see the amount of supportive testimony HNA staff and members were able to provide to the Legislators. After a very long and sometimes difficult hearing the Chair of the committee, Rep. Bob Herkes, recommended that this measure be deferred for further review. A deferral means that the measure is technically still alive but set aside at this time.

Rep. Herkes will be introducing a Concurrent Resolution to have Legislative intent established to address this issue. We are working with Rep. Herkes to come up with appropriate language to have the Resolution drafted and introduced before the second week of March.

When the Resolution is introduced, it will be handled in the same way that a bill is handled in the legislature with hearing and drafts and votes. HNA will continue to push for the toughest language in the measure to move this issue forward.

OTHER LEGISLATION OF INTEREST

HNA staff also provided testimony on bills related to budget increases for University of Hawai'i School of Nursing and Dental Hygiene, worker's compensation, labor, psychologists, workforce development, and registered Nurse licensing.

POLITICAL ACTION

Testifying and lobbying for legislative bills affecting nursing and health and safety issues is not the only way to impact legislation. A union's political action program includes, among other things, active involvement in campaigns for political offices, elections that determine who will actually be casting votes on important legislation in the future.

HNA has an opportunity to shape our agenda for the next biennium and to influence political elections at every level. The Hawai'i Nurses Political Action Committee can endorse candidates who will support our agenda for nurses, nurse practice, patient care, elderly, disabled, and hard working people in our wonderful State of Hawai'i. However, we cannot do this without your input and support. Watch for HN-PAC information and activities and make your voice heard in the deliberations and actions of YOUR Political Action Committee.

HNA'S GOVERNMENTAL AFFAIRS COMMITTEE

The governmental affairs committee continues to need strong support and involvement from staff Nurses. With this year's session half over, it is not too early to begin planning for our work during the rest of the year. If you have any interests in this area, please call our office at: 531-1628 and ask for Aggie or contact our governmental affairs consultant, Alex Santiago, at: alex@hinurse.org.

EIGHT UNIONS TO COOPERATE TO IMPROVE NURSE-ORGANIZING

The Hawai'i Nurses Association has hailed the agreement among eight AFL-CIO unions to pool resources and coordinate campaigns to improve organizing of Registered Nurses. The eight unions had previously worked together on joint lobbying but not on joint organizing efforts.

"This is a significant step forward," declared HNA President Luanne Long, RN. "The nursing shortage is nationwide and is very troubling for all Americans. The cooperation among these eight unions will help to organize registered nurses in order to improve standards in health care and boost salaries to attract and keep outstanding young men and women in nursing."

The nurse union alliance represents a combined 200,000 RNs. It includes one large nurses' union: United American Nurses (UAN), which represents 104,000 RNs. HNA is affiliated with UAN as well as with the American Nurses Association.

The other members of the alliance are: the United Nurses of America/American Federation of State, County and Municipal Employees (AFSCME) with which both HGEA and UPW are affiliated; the HPAE/AFT; the American Federation of Government Employees; the Communications Workers of America; the Office and Professional Employees International Union; the United Auto Workers; and the United Steelworkers. "Each one of us has strengths," said Cheryl Johnson, president of the UAN. "We felt if we pooled everything and picked different targets we would ultimately be more effective." In late January, the UAN and the Service Employees International Union pledged not to raid each others' members. The SEIU, which represents 84,000 RNs, split from the AFL-CIO last summer after failing to win changes that would boost AFL-CIO spending on organizing and force mergers among smaller unions.

CONTINUING EDUCATION CORNER

Faith Rossman, MN, RN CE Committee Chairperson

The Continuing Education (CE) Committee has been listening. Hawai'i nurses who hold certifications from the American Nurses Credentialing Center (ANCC) have said that they find it impossible to get fifty percent of their continuing education contact hours from ANCC-accredited programs here in Hawai'i.

You may remember that the HNA Board of Directors on recommendation from the HNA CE Committee, chose to cease participation in the ANCC Approver/Provider accreditation program in 1999 because of the imposed complexity of the application process and the cost to participate. Well, times have changed. ANCC has simplified their process. The fees are more reasonable and the certification period is longer than it once was. We investigated other constituent member associations, and found that forty of fifty-three associations are ANCC-accredited approvers and/or providers. Hopefully, we will be number forty-one by next January 2007.

We are retooling to make the process easier for continuing education providers in Hawai'i. We will continue to provide templates to assure compliance with ANCC standards. The

application process remains relatively the same. A tool kit including policies, standards, criteria, and sample forms will be available in hard copy as well as electronically.

HNA provider fees have not been increased since 1999. Participation in the ANCC accreditation program means HNA will incur costs. Maintaining ANCC standards will require more vigilance on the part of the CE Committee and required ANCC site visits will add a financial burden on HNA. Much of those costs will be passed on to providers who will be getting "more bang for their buck." The provider certification period will increase from two years to three. We expect that providers will find that attendance, and therefore revenue as well will both increase at ANCC-accredited programs.

I hope we have given you a preview of coming attractions and are looking forward to the new continuing education era in HNA. The continuing education committee has a lot of work ahead. We are moving forward with energy and to make the process as painless as possible for our providers while providing HNA members the opportunity to obtain ANCC credits right here in Hawai'i nei.

HAWAI'I NURSES ASSOCIATION **ACTION**

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Happy Birthday HNA!

Hawai'i Nurses Association was founded 89 years ago on April 19, 1917, when seventeen nurses gathered to discuss plans to assist the Red Cross in providing aid to WWI soldiers. The organization grew and expanded its goals. Major milestones include joining the American Nurses Association in 1931 and negotiating our first Collective Bargaining agreements in 1964. For more details on HNA's history, visit www.hawaiinurses.org and click on "About HNA" and "History".

Happy Birthday, HNA!