



The Front Line



*A newsletter for members of Local 5106
Health Professionals and Allied Employees, AFT/AFL-CIO*

Negotiation update 1/24/17

We have just completed our fourth negotiating session and we believe we are moving in a positive direction. In the course of those sessions we have reached some agreements, adjusted proposals and have had some passionate discussion on the topics of staffing, precepting and charge nurse differential

We have looked at the Hospital's staffing grids and concluded that, for the most part, staffing would be acceptable if the Hospital staffed according to those grids. The notable exception is the absence of a second nurse on the evening shift on C4. In light of the increased acuity and violence on the unit a second professional is essential.

Another issue identified by our nurses is the need for four mental health workers on the evening shift. Clearly with newly admitted, unstable patients, visitors and less staff to address problem, the units are often volatile and dangerous on that shift. While we cannot negotiate staffing for 1199 members who are not in our bargaining unit, we need the Hospital to understand what we need to keep our patients and staff safe. The Hospital is unwilling to put specific staffing language in the contract, so we are looking for other ways/language to achieve our goal of safe staffing.

Precepting in the ER recently became an issue when management informed the staff that precepting new employees was part of the job and nurses could not refuse that assignment. We responded that our contract language was clear: *Staff nurses who volunteer may be selected to serve as preceptors.* The Hospital proposed to eliminate the word "volunteer". In their proposal they would first seek volunteers, but if no one steps up, someone would be appointed. The Hospital's position: *they cannot orient new nurses without preceptors.*

We responded with our concerns. Newly hired nurses at Episcopal, although not new to practice, are frequently without basic clinical skills and lack knowledge of disease processes and assessment. The preceptor now becomes a nursing instructor which is over and above what should be expected. In the past preceptors have shared concerns with management that a nurse is not progressing, only to be ignored. We are also concerned over the lack of structure and consistency in the preceptor program and minimal support and involvement from our educator. Having made our position clear, we discussed how we might work together to develop a good preceptor program for Episcopal.