



### Greenbelt Labor Day Parade

*By Rudolph John RN, ICU/PGHC*

I am grateful for the opportunity to have attended the Greenbelt Labor Day Parade. It was well represented: local community groups, schools, ROTC, religious groups and 1199SEIU. Elected officials were also present. It was a joy to hold the “We Care for Maryland” 1199SEIU banner high and march for justice, equality, fairness and dignity in the workplace. Onlookers voiced their support throughout the route—especially for the union! The announcer highlighted workplace issues championed by the union as we passed by the dais. I left with a renewed understanding of the power and strength in unity.

## **REMEMBER TO VOTE!**

**This election is as important as ever. Make sure you get out to vote, and bring a friend or family member with you!**

**Maryland Early Voting: Oct. 23 - 30**  
**D.C. Early Voting: Oct. 20 - Nov. 1**  
**Election Day: Tuesday, Nov. 4**

### Get In Touch

**Regina Barnes, RN Administrative Organizer:** (301) 531-9552

**Gail Kingman, Organizer & 2E/2N Nurse:** (301) 525-5541

**1199SEIU Training & Upgrading Fund:**  
Brian O’Neale, (410) 752-4068



Find us on Facebook! “Like” us to stay updated on news, events, and to connect with other 1199SEIU members! [facebook.com/1199SEIU.mddc](https://www.facebook.com/1199SEIU.mddc)

## NEWS FROM THE RN COUNCIL



**Regina Barnes, RN Administrative Organizer:** (301) 531-9552

**Gail Kingman, Organizer & 2E/2N Nurse:** (301) 525-5541

**1199SEIU Training & Upgrading Fund:** Brian O’Neale, (410) 752-4068

OCTOBER 2014

### RN COUNCIL UPDATE

*By Debbie Wilkes RN, chair*



As I sat to write the quarterly update on the RN council, I initially hit a writer’s block. The council typically does not meet in August and the last newsletter was done in July so we really only had a September meeting. Because of upcoming political elections and the unresolved DHS contract, those issues have been in the forefront for most of us. I began to look at what trend had been coming up in all the discussions about our needs vs the employers’ needs. Over and over we keep hearing about the “changes in healthcare and how hospitals will be reimbursed.” You know that discussions like those filter down to getting raises, how you are staffed on the shift you work on, and whether you have what you need to adequately take care of your patients.

So I decided to use this article to talk about the recent change in Maryland and how hospitals are reimbursed. The more we learn, the better prepared we are to make sure what we hear is real—rather than excuses for withholding what we’ve earned.

For those of you who do not know, Maryland has had a 36-year waiver with Medicare. That system saved the state as much as

\$45 billion in health care costs over that time because Medicare pays more for hospital services here than in other states. The waiver exempted MD hospitals from regular Medicare rules. Instead the state set up its own rates (thru the HSCRC), which Medicare pays, as Maryland meets certain conditions. Maryland is the only state to regulate rates that way. All that is now changing.

This year Maryland and the federal Centers for Medicare and Medicaid Services (CMS) agreed to a five-year agreement that will cap growth in hospital revenue at 3.58% a year and hold the state accountable for \$330 million in Medicare savings. This agreement comes out of an opportunity through the Innovation Center at CMS, which was created by the Affordable Care Act to test payment and service delivery models. Because of Maryland’s all-payer rate setting system, it provides an opportunity to test whether such a system for hospital payment that is accountable for the total hospital cost of care on a per capita basis is an effective model for advancing better care, better health and reduced costs. Maryland hospitals have committed to achieving significant quality improvements, including reductions in Maryland hospitals’ 30-day hospital readmission rate and hospital acquired conditions rate. Hospitals will need to work with the health care community outside the hospital itself to help accomplish the goals.

Under the new system, most hospitals will shift to global budgets. This means their revenue is controlled and cannot exceed a certain cap. In the past, hospitals were primarily paid on a per case basis: they received more money for admitting more patients. Now they can actually do better financially by admitting fewer patients and helping them to manage their overall health. The goal is to slow growth in health care costs in hospitals. But in the 4th year of this 5-year plan Maryland plans to apply for a second phase that will aim to further control health care costs beyond hospitals.

These changes will certainly challenge our hospitals and all of us into redesigning how we care for our patients – working

## Chapter Updates

in collaboration with patients and communities with health improvement and wellness as the targets.

We all know ways to improve the quality and safety of our work, and have innovative ideas that would improve the long-term health of our patients. We must make sure that we are seen as valuable players in this change process in our units and hospitals and lead the way for the patients and families we care for.

### Dimensions Healthcare System Chapter Update

By Debbie Wilkes RN

#### NDNQI Survey

Prince Georges Hospital Center is currently participating in the National Data of Nursing Quality Indicators (NDNQI) RN Survey. All RNs are highly encouraged to complete the survey online, which takes approximately 20 minutes. The survey needs to be completed between October 6 - 26. The responses are voluntary, anonymous, confidential—and very important.

This year's survey includes questions on satisfaction (or lack thereof) of pay, perceptions on nursing management at various levels, and safe patient handling to name a few. The higher the response rate, the greater the reliability of your unit's perceptions and EVERY response counts. The web address is : <https://members.nursingquality.org/RNSurvey/Login.aspx>. The survey code is 9C58E8F. Once the survey results are available, the chapter will be requesting a copy of the results so we can work to improve problem areas. Don't forget to submit your survey certificate to your manager to get a raffle ticket for the grand prize drawing valued at over \$200.

#### Incentive Leave

The RN incentive leave from the period of January 1, 2014 thru June 30, 2014 was added to the PTO banks for those nurses who met the criteria on the paycheck dated October 3, 2014. If you believe that you should have been given the leave as per Section 7.01 (M) of the RN contract, please contact Danielle Lyons in benefits in Human Resources. Be sure to also let your manager and delegate know.

#### Resignation Notification

Recently we have received calls from nurses who were unaware of the notification period they have to give for a resignation. While many employees in DHS have to only give 2 weeks, Registered Nurses both by policy and by contract (Section 12.02) must give at least 4 weeks. If there is a special problem please contact the union ASAP.

#### Flu Vaccine Season

DHS is holding the annual employee flu vaccination period from September 29, 2014 through October 31, 2014. Free vaccinations are available through Employee Health. DHS has a mandatory

Influenza Immunization Policy. If you have obtained the vaccine from another employer or provider you are required to provide proof to Employee Health. That proof must include: the employee's name, date of the vaccination, location and facility of where the vaccination was received and the name of the healthcare provider that administered it. Anyone unable to receive the vaccine must contact Employee Health to complete appropriate documents and comply with the policy (230-722) regarding procedures during flu season. Any problems should be directed to Employee Health and/or Alanna Dennis, director of Employee and Labor Relations and your union representative.

#### Open Enrollment for Insurance/Benefits

We are in the middle of open enrollment season. By now all employees should have received their open enrollment packets from Human Resources – if you have not, please contact HR immediately. Benefit fairs have taken place and enrollers are available on the units to assist employees sign up. The open enrollment runs from Sunday, October 12, 2014 and ends on Friday, October 25, 2014. For those nurses with Care First insurance please note that the carrier has increased the rates 10%.

### Notes from The Regional RN Council

Lorita K Waltz RN LRH

The 4:09am train was cancelled with no advance notice as we stood on the platform, waiting to get to New York for our 1199SEIU Regional RN Council meeting—nonetheless, we made it. Twice a year, we gather with other union nurses from Massachusetts to Florida. Due to various ongoing issues back in their regions, some nurses were not present. Our Executive V.P. Norma Amsterdam was also absent due to her 2nd knee surgery and was in the hospital that day doing well.

Florida nurses reported having issues with floating: management wants nurses to float wherever, whenever, with no regard to competency. Those refusing to float for that reason are being fired. Upstate New York reported numerous retirements occurring within the nursing union leadership. Downstate New York reported on a long bargaining campaign but settled their contract with wage increases over the next 4 years.

Pat Greenberg, NYS Executive Director of the Nurse Alliance reported that a law was passed for Safe Patient Handling that will be overseen by the Department of Health and implemented in 2017. Marcia Mayfield, Manager and Senior Researcher for 1199SEIU updated us on health care reform and value based purchasing. We know it as “Patient Experience.”

Steve Schrag, Health & Safety Coordinator for 1199 was not able to be there, but left information sheets on the Ebola virus. DHS has established its own policy. So if you haven't heard or seen anything during huddles, please ask and get informed. Next Regional Council Meeting will be in March 2015. Stay tuned.

**ATTENTION UMCRMC NURSES! Be on the lookout for postcard mailings and flyers with information on how to apply for the yearly childcare fund distribution.**

### “Ben’s Buddies”

By Debbie Wilkes RN

Many of you remember Debbie Self, RN of Laurel Regional Hospital's rehab unit. Debbie was a long-term advocate and delegate, member of the RN Council, Clinical Ladder Committee and—as most know—the force behind our annual Nurse's Week Evening celebration. A caring and compassionate nurse to patients and colleagues alike, Debbie was always there to help as a nurse and a strong union member. Her husband, Ben, was also there at the Nurse's Week event, assisting us with set up, and Debbie often brought Ben to our monthly MD/DC delegate assembly. A year ago Debbie was healing from an injury when her husband, Ben, became ill. Eventually Ben was diagnosed with ALS in October of 2013. His illness led to Debbie's retirement to care for him.

On November 1, 2014 Debbie and many others will be participating in the Walk to Defeat ALS at the National Mall in Washington DC. They have formed a team called “Ben's Buddies” and they will all be doing their part to raise money for The ALS Association.

I want to share a part of the note from Debbie as she told us about Ben and the walk:

*“ALS, also known as Lou Gehrig's Disease, is a deadly illness with no known cause or cure. It affects the motor neurons in a person's brain and spinal cord. When the motor neurons die, the muscles waste away. Gradually, a person is robbed of the ability to walk, speak, eat and eventually breathe. Upon diagnosis, doctors give ALS patients only two to five years to live. Ben had many symptoms that baffled the doctors but the inability to breathe effectively got him a bed in the hospital and after many tests the diagnosis was confirmed. I care for him at home since he has a tracheostomy and is on a respirator. Most days are spent in bed sleeping or watching TV. He enjoys visits from family and friends.*

*Your participation in the Walk will make a difference in Ben's life. The money raised will help The ALS Association support global research, assist people with ALS, fund clinical care centers, and foster government partnerships. Each dollar contributed will make a difference! The ALS Association builds hope and enhances quality of life while aggressively searching for new treatments and a cure.”*

I am asking that we show our support – join the team to walk or make a donation. Please go to <http://web.alsa.org/site/TR/Walks/DCMDVA> to donate, join Ben's Buddies team and get any info needed. Ben's Buddies team has a page and Debbie's donation page is listed under Deborah Self. Thank you!

### A Lesson from Nature

By Kim Perkins RN, PGHC/PACU

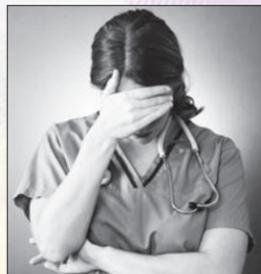
This summer, I decided to grow tomatoes. I'd had gardens in the past but it's been many years since I'd taken the time to care, tend, manage and love a garden. My first worry was that I planted my wonderful heirloom tomato plants too soon. Busy to make sure they were covered from the frost, I sheltered them with care. As the season moved on I watered, pruned, weeded, staked and treated these little green things blossoming into fruitful vines as if they were gold. The product was amazing. All my care payed off. I proudly shared my multicolored beauties with friends and neighbors, each time proud that I cultivated a wonder crop.

This journey made me think about how I cared for myself. Was I tending to my needs as I should? It's no secret that nurses care for everyone and everything all the time but neglect themselves. I think we feel guilty, or at least I do, that giving to me takes away from those I nurse or from those I love at home. I started to think about nursing burnout and those that suffer from it; those like myself who didn't even know the signs.

I'd like to review the signs of burnout with you and if you think you may be one of those whose neglecting yourself and your soul I urge you to reevaluate, reorganize and make yourself a priority.



- **Depression:** it can manifest in ways other than crying like low energy, apathy, lack of interest in those things that used to make you happy.
- **Difficulty focusing on tasks.**
- **A negative attitude:** Were you once the energy of the unit but now only find the negative?
- **High blood pressure:** It can be situational but just as dangerous. Some professional such as police officers are often retired if they have persistent hypertension. Remember, it's called “the silent killer.”
- **And one of the worst signs is emotional detachment:** No longer having the empathy, feeling or desire to care for those you love and those you serve.



I try to remember this simple phrase: If you can't take care of yourself you can't take care of anyone else.

Here's hoping you have a blessed fall season and remember you are worth the love you give others.

## Farewell Announcement



### Double the Dedication – Double Our Loss!

Retired! Twin sisters, Rita Jensen (PACU, ICU, ER, NICU, Hemodialysis, CCU, pictured above left) and Linda Bock (Rachel H. Pemberton Senior Health Center, pictured above right) have retired from Dimensions Healthcare System. Both have worked almost 40 years each providing loving nursing care. They are now providing loving care to their parents' ages 86 and 87.

In January 1975 Linda was interviewed by a group known as Betterment for United Seniors currently, the Support Our Seniors Organization) to be the "clinic coordinator and community liaison" for the clinic they created and fought for. It was originally known as the "Six Towns Clinic," initially located in Mt. Rainier, Md.

Rita was also hired in January 1975 to work at Prince George's Hospital Center in the ICU. Rita took a short hiatus in 1980 to be President of Maryland JC women, and for maternity leave. She was rehired in 1983 to her retirement in August 2014.

Although Linda and Rita worked at separate sites, they worked together for their patients under Dimensions. Linda would let Rita know if a patient was admitted in the hospital and she would visit them; and if Rita knew a patient was admitted to the hospital that was under the Center, she would inform Linda who would also take time to visit her patients. Also, Rita would send patients who didn't have a physician to the Senior Health Center who would be their primary medical home. When Linda was on vacation, Rita would cover at the Center. Being twins, sometimes the patients didn't know that Rita wasn't Linda! Patients just knew that they were getting great care.

Over many years, Linda wrote grants that totaled over \$250,000 which provided the Center and its patients with a social worker, a nutritionist and in addition offered health lectures to inform patients and the community on how they can improve quality of life and health outcomes. Linda would track health indices to demonstrate improvements in blood pressure, BMI, lipid panel, knowledge, skills and attitude. Her patients were known as "Sages." Rita was so well qualified in her various critical care skills, she was in demand from the ER to the NICU and to the Senior Health Center! Her final dedicated unit was PACU.

Both nurses/sisters gave their heart and soul to the people who entered their facilities – whether it was the patient, the family, the staff, visitors, or management – all were treated with respect and dignity. Both nurses brought incredible expertise that had a positive impact on the health and well-being of their patients and promoted the reputation of Dimensions!

Linda and Rita were very active in 1199SEIU UHE as Delegates fighting for nurses to improve standards of care and promote patient safety. Linda also was a member of the Nurse Alliance Leadership Council, SEIU Executive/Division Board and the elected Rank and File member. Linda was present at the first Town Hall meeting at the White House and was selected by President Obama to ask a question where she asked that nurses be a part of any legislation pertaining to healthcare. She has testified before committees in Annapolis on healthcare issues and both sisters have spoken to elected officials in Annapolis, Washington, DC and Upper Marlboro. They are proud to be nurses working with nurses, for nurses and for the people they serve. Linda and Rita will be missed. SEIU and their friends and colleagues wish them a wonderful, fulfilling retirement. We only ask that they come walk the picket line and speak out in support of the nursing profession and continue to speak out on nursing issues. How 'bout it twins?