What’s At Stake for Healthcare on November 6?

This upcoming election presents a choice between two fundamentally different visions for America’s future. As millions of Americans still struggle to afford gas, groceries and rising healthcare costs, the Romney/Ryan healthcare plan for America would dramatically change the structure of Medicare, Medicaid and Social Security, give huge tax breaks to wealthy corporations and try to repeal the Affordable Care Act, putting the fate of millions back in the hands of insurance companies.

**Dismantling Medicare:** A cornerstone of the Romney/Ryan plan would be to dismantle Medicare for future seniors and turn it into a voucher system. Seniors would receive a certain amount of money from the government to purchase health insurance. If they spend more than that amount, they would have to cover the difference. According to the nonpartisan Congressional Budget Office, this new system would cost seniors over $6,000 per year more for healthcare.

**Gutting Medicaid:** The Ryan Budget would also cut federal funding for Medicaid by $800 billion over 10 years turning it into a block grant to the states. Over two million people in our state are eligible for Medicaid, including low income children and their mothers, the disabled, and seniors in nursing homes. In fact, Medicaid dollars fund healthcare for nearly two-thirds of all older Americans in nursing homes.

**Threatening Benefits for All:** Romney/Ryan intend to privatize Social Security, putting seniors’ retirement and quality healthcare at risk. They also oppose the Affordable Care Act, which has helped millions of people in our state receive affordable healthcare coverage and receive free preventative care. Romney has said that, as president, he would push to repeal the ACA and has offered no viable alternative to take its place.

**Voting for Our Patients and Residents:** We know our facilities depend on funding from Medicare and Medicaid and that investing in preventative care, wellness, and quality will lower costs in the long run. That’s why it is our responsibility to vote on November 6 as advocates for those we care for and to elect candidates like President Obama that will stand up for working families, seniors, children, and the disabled.

**Speaking Out for PA Nurses’ Prescription for Quality Care**

As frontline nurses, we see solutions each day that could enhance the care our patients and residents receive and improve our workplaces. That’s why on September 25, forty SEIU Healthcare PA nurses traveled to Harrisburg to Speak Out in support of the Nurse Alliance’s Prescription for Quality Care which calls for better staffing, proper funding and improved workplace safety laws in our hospitals, nursing homes and state facilities across Pennsylvania.

During our Speak Out, we met with legislators to share our stories about short staffing, workplace violence, working long hours under hard conditions, and the strain we see placed on our facilities because of uncompensated care. We also learned about and voiced support for recently introduced legislation designed to strengthen workplace safety policies (HB1992), establish nurse to patient ratios in acute care hospitals (HB1874 and SB43) and preserve and expand Medicaid funding (HB2557).
We’re Speaking Out Against Workplace Violence

On September 11, two of our members, Paula StellaBorre, RN from Altoona Regional Health System and Andrea Paganie, Development Specialist from Heritage Valley Staunton Clinic, testified before Harrisburg’s House Committee on Health in support of HB 1992, the Health Care Facilities Workplace Violence Prevention Act introduced by Rep. Nick Micozzi in November 2011. HB 1992 would require hospitals to assess their security risks, help each facility develop a plan to address its own risk factors, and help victims of violence report incidences.

“Since my facility has recently had some serious incidents of workplace violence, I felt empowered to take advantage of this unique opportunity. Our state Capitol can be intimidating with its multitude of elected officials and their aides. However, once you spend time with them, you realize that they genuinely respect what we do, appreciate us coming to Harrisburg, and want to understand our issues.”

In her testimony, Paula spoke about incidents of violence within her own facility where nurses and other healthcare workers were assaulted by patients and about the increase in weapons brought to the hospital by patients and visitors. Andrea Paganie testified on the benefits of prevention measures called for in the bill that have been implemented in her own facility such as the development of a safety committee that gives frontline workers and management the opportunity to evaluate and respond to safety concerns and make changes to increase safety for their patients and their staff. Through collaboration, engineering changes, increased education and policy revisions, Staunton Clinic provides a safer atmosphere for the betterment of the facility and community.

We believe HB 1992 is a step in the right direction but needs input from frontline healthcare workers to make it stronger. We need to file reports at work about the violence or threat of violence we face and share this data with our elected officials and our union so it can be assembled in one place.

With the legislative session coming to a close, we need to set a plan for passing this legislation next year. We need to become active and tell our stories to our legislators like Paula and Andrea. It might be your own life that you ultimately save.

POLICY & LAW

Nurses Standing Up for the Affordable Care Act

Our union has always believed that every person should have access to quality affordable healthcare. To that end we’ve worked tirelessly to achieve healthcare reform. But with passage of the ACA comes our responsibility as nurses to educate our coworkers and community on what the law actually says.

Michelle Boyle, RN at Allegheny General Hospital, has worked hard to raise awareness about the ACA. For Michelle, her passion is very personal. “My mother-in-law lost her job and therefore her health insurance. She was repeatedly denied health insurance because of a pre-existing condition. A year after losing her job, at the age of 58, she died. She had every American’s dream, work hard, raise your children, and enjoy your grandchildren. My daughters can only hold her picture instead of her hand.”

Recently the Nurse Alliance of Pennsylvania was invited to represent our state at a White House Briefings about the ACA. S. Starr Romano of ARHS, Shawn Vietmeier, Michelle Boyle and Cathy Stoddart of AGH, and Deb Bonn, Director of Nurse Alliance of Pennsylvania attended. Hosted by the White House and the Department of Health and Human Services, these events brought senior Administration officials, including Cecilia Munoz, Director of the White House Domestic Policy Council, and Kathleen Sebelius, Secretary of the Department of Health and Human Services (HHS) together with 260 nurses, doctors and activists from across the country to talk about implementation efforts and ways to improve provider and patient education about the ACA.

“Nurses need to work in partnership with patients and with hospitals to help them understand this law and deliver the best care,” said Cathy. “We need to inform doctors about the threat of violence, how to protect themselves and others.”

With the legislative session coming to a close, we need to set a plan for passing this legislation next year. We need to become active and tell our stories to our legislators like Paula and Andrea. It might be your own life that you ultimately save.

HEALTH & SAFETY

The Most Dangerous Sector

The healthcare sector is at greater risk of workplace violence than any other sector. For frontline nurses who have been punched, slapped, cursed and kicked in the line of duty, this statistic does not come as a surprise.

According to OSHA, workplace violence is defined as violence or the threat of violence against workers. The legally accepted definition is an act of aggression, physical assault or threatening behavior that occurs in a work setting and causes physical or emotional harm to customers, coworkers or managers. In what’s called ‘the Silent Epidemic,’ 58 percent of harassed employees do not report workplace violence incidents. Fewer than half of workers file a police report and only 25% of rapes are reported. Why aren’t these acts reported? Reasons given include:

• It is ‘part of the job’ syndrome - Why do employers feel we need to ‘take it’? Does your salary actually include hazard pay?

• It is a consequence of living in a violent society - Perhaps our society has become more violent but is that a reason to sit back and take it?

• Fear of blame or reprisal - After an assault how many nurses do you know were asked by management, “What did you do to provoke it?”

• Lack of management or peer support - After an assault does management come back to check on employees? Do they provide counseling?

• There was no serious injury - If reported, might this incident spur management to make policy or environmental changes that would prevent a serious injury?

According to Andrea, “Having someone in your life to call when you’re feeling worried about your job helps a lot.”

After completing numerous studies on risk factors contributing to violence in healthcare facilities, OSHA has determined the most relevant contributing factors are:

1) lack of staff trained on safety, 2) solo work with no assistance or backup, 3) staffing levels, 4) lack of facility-wide workplace violence policies, 5) poorly lighted parking areas.

There is an economic impact to workplace violence - workman’s compensation, increased in compensation insurance for a facility, property damage, worker replacement costs (lost productivity, retraining and overtime) and legal expenses, which can amount to billions of dollars. There are also patient consequences, affecting safety, confidence, and satisfaction, as well as a facility’s reputation. And let us not forget the effects that only the assaulted nurse will face. In the words of Elena Congco, “The assault itself was just the beginning - then came the nightmares, the panic attacks, the endless cycle of doctors and lawyers’ appointments, the terrifying realization that something in me had vanished and I couldn’t get it back.”

OSHA has provided workplaces with a general duty clause: Employers are required to make policy or environmental changes that would prevent a serious injury. To that end we’ve worked tirelessly to achieve healthcare reform. But with passage of the ACA comes our responsibility as nurses to educate our coworkers and community on what the law actually says.

For Michelle, her passion is very personal. “My mother-in-law lost her job and therefore her health insurance. She was repeatedly denied health insurance because of a pre-existing condition. A year after losing her job, at the age of 58, she died. She had every American’s dream, work hard, raise your children, and enjoy your grandchildren. My daughters can only hold her picture instead of her hand.”

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“Nurses need to work in partnership with patients and with hospitals to help them understand this law and deliver the best care,” said Cathy. “Forums like this help us refine and share best practices in how we educate patients, their families and our colleagues about how this law helps everyone live healthier lives.”

Influenza Vaccination and Masking - Know the Facts

According to the CDC, the national average of employee immunizations is 77% in hospitals and 52% in long term care facilities. Employers that work with their employees to develop a comprehensive flu prevention education program have achieved vaccination rates over 80% or 90%. Our union encourages all members to get the flu vaccine as it protects you, your patients and your family.

Facilities are being asked to begin to publicly report their flu vaccination rates in 2013. This has led some hospitals to require vaccination or wearing a surgical mask as a condition of employment. Mandating the flu vaccine is a surefire way to quickly increase vaccination rates, but is the goal numbers or actual public protection?

As far as the argument that vaccinating workers is necessary to protect patients, the evidence is not there. In a recent report in the Australian and New Zealand Public Health Journal, the authors argue that there is a sizeable gap between the science-based evidence that vaccinating HCW’s protects patients and the flurry of guidelines by many organizations with financial conflicts of interest promoting such mandates.

“The literature advocating universal HCW influenza vaccination resembles an inverted pyramid - a large review and commentary articles supported by a very small number of empirical studies carried out in long-term care settings.”

Finally there is no scientific evidence and no federal agency that supports the wearing of surgical masks by unvaccinated healthy health-care workers to protect patients. According to Dr. Neil Fishman, President of Society for Healthcare Epidemiology of America, “When it comes to mandatory masking of unvaccinated HCW, we didn’t think the evidence was strong enough to make that a formal recommendation.” According to the CDC the three recommended times for wearing a surgical mask are: when protecting HCP from infectious materials, to protect patients when ‘sterile’ technique is
Be Part of Change:
Join the Nurses' Health Study
The Nurses' Health Study is growing and needs your help. The Nurses' Health Study is the largest and longest running study of women's health. The study is enrolling a new cohort of over 100,000 nurses to learn more about how women's lifestyles in their 20's, 30's, and 40's can influence their health later in life. Much like the original Nurses' Health Studies, which began in 1976 and 1989, this new study will follow a large group of women over many years. To make it more convenient, NHS3 will be conducted entirely over the internet, via online questionnaires. Any female RNs or LPNs, between the ages of 22 and 45 are encouraged to join the new Nurses' Health Study. To join, or for more information, go to www.NHS3.org.

Influenza and Masking (cont. from page 3)

symptoms exist. The CDC also says that gloves should be worn when a mask is worn.

We believe the vaccine should be provided free of charge on the worksite, during working hours to all who want it. Because, we as a nation do not condone forcing medical treatment on individuals, we feel that one should be able to decline for religious, medical, or philosophical reasons. We believe that masking of healthy individuals is nothing more than a 'scarlet letter,' not based on sound advice and should not be enforced. At the request of the Massachusetts governor and potential workplace violence. The CDC also says that gloves should be worn when a mask is worn.

The study is enrolling a new cohort of over 100,000 nurses to join the new Nurses' Health Study.