

Why Cancel? **NURSES** Say Bargain **NOW**

On July 14, about 2,000 **NURSES** and community members rallied in support of a fair, patient-centered contract. This week, the Hospital responded by canceling bargaining dates. **At management's whim, they will only bargain with us for 8 hours on Monday and then not again until August.**

Enough is enough. If the University really values and respects **NURSES**, they will show it by scheduling more bargaining dates.

NURSES have only just begun to convey our sense of urgency. In addition to the Board of Regents meetings, stay tuned for further actions that will demonstrate public support for a fair and timely contract. Continue to wear **RED** inside the hospital, as management begins to see more and more **RED** in our community. **This is about our patients and our practice, and NURSES will not wait silently.**

Promises Broken: Written Commitment to Maintain Current Staffing Levels Not Honored

Many **NURSES** may remember a bargaining update email sent on Monday, July 2 to nearly 6,000 U of M RNs. In it, UMHS President Dr. David Spahlinger and Chief Nurse Executive Ann Scanlon McGinity said that **"the University has committed to maintaining current staffing levels."**

Yet, during contract negotiations this week, **University administrators refused to agree to maintain staffing levels in the nurses' contract.**

"Dr. Spahlinger made a specific commitment to our members in an email. Then his representatives turned around and broke that commitment," said **John Karebian**, Executive Director of the Michigan Nurses Association. "That is more than just an empty promise. Either Spahlinger lied or his representatives at the bargaining table failed to keep his commitment. We filed a ULP charge to hold the University accountable and to keep patients safe."

On Thursday, **NURSES** took the issue to the Board of Regents meeting.

"Why can't we bargain to have the current staffing ratios in our contract?" asked **Donna Carnahan**, CRNA and UMPNC Vice Chair. "I started at this hospital as a new graduate. I once thought the University had my back. After working here for 35 years, and seeing the repeated mistakes made by Michigan Medicine, I no longer feel I can trust my life-long employer. If you say you will maintain staffing, why not assure all patients, families and employees that safe staffing will continue?"

Be sure to read more about the Board of Regents meeting on the next page.



Visit [facebook.com/minurses](https://www.facebook.com/minurses) for more videos and photos of the UMPNC Rally and actions at the Board of Regents.

NURSES Speak Out at the



For the second month in a row, **NURSES** took the fight for a fair contract that puts patients first to the University Board of Regents.



Four UMPNC members addressed the Board on July 19, while about 100 RNs and community supporters packed the meeting wearing **RED**. Solidarity from the Lecturers Employee Organization (LEO) was particularly visible and appreciated.

“The University of Michigan Health System in fiscal year 2018 reported that it has a \$103 million surplus, from nearly \$4.3 billion in revenue. That is a substantial profit. We’re also a Magnet status hospital. Only about 7% of the hospitals in the United States have Magnet status. We are elite nurses and we should be treated as elite,” said **Ken Warshaw**, OR RN. “The economy is good. The quality of nurses is exceptional. You have Magnet status. And now management wants cuts. That feels like you used the nurses to get Magnet status and now you’re going to slap us in the face.”

Board of Regents Meeting

Lynn Detloff, NICU RN at C.S. Mott and chair of her unit's Bereavement Committee, questioned the corporate mentality that led to recent cuts in **bereavement trays**. "Imagine how it felt when we were told that the bereavement trays were being cut back for families that just lost a baby. At a time when people desperately need to eat to keep up their strength to deal with the physical toll grief puts on their bodies, Michigan Medicine's response is, *'You're worth a muffin. Or a protein bar. But not a meal for you and your family. Our profit margin is more important.'* I think **we can be so much better than that.**"



Lynn also pointed out that denying **meal passes** is a cruel way to cut costs. "Imagine a child that has a chronic illness and they are always at the hospital and the one thing they look forward to is to go to the cafeteria once a week. Now nursing is left explaining to these small children why Michigan Medicine is no longer giving these out. The nurse is now consoling this child as they cry because they can't have a meal pass. In the moment, the nurse wants to go buy something for the child with their own money but we know we can get in trouble for that too. **Please explain to me what we are supposed to tell these children?**"

Megan Duncan, telemetry RN, called for **NURSES** to have direct representation on **workplace committees**. "Nursing's voice was left out of the decision to implement remote telemetry. Nurses were told that management knew what was best for the patient. We were told that this was 'NEVER' going away. But there can be a time lag between a person's heart converting to a possibly lethal arrhythmia, the tech noticing it, the tech getting the nurse on the phone, and then having one of us get into their room. And that lag can potentially be very dangerous. Since we have a backup monitor on my telemetry unit, we were able to witness events occurring in real time and noticed that the tele techs weren't always notifying the nurse in a timely manner, and sometimes not at all."

Because **NURSES** on Megan's unit, **7C**, documented every missed incident and kept turning in their **ADO forms**, management finally had to listen to RNs and make a different plan. As of this week, **7C** no longer has remote telemetry. But it took a full year to convince management that it was an unsafe practice.

"You want nurses to be able to speak up when they see issues with providing safe patient care. Yet we had to fight and fight hard to get the problem with telemetry on **7C** fixed. It doesn't have to be like that," Megan concluded at the meeting. "**As members of the Board of Regents, tell management to negotiate a fair contract.** Give us a voice by letting us choose our own representatives on workplace committees where we have an actual say in staffing. Ask management to treat us as colleagues where we can resolve issues together rather than them making decisions while nurses and patients suffer the consequences. Please, don't allow them to boast about their profits and then threaten to cut our retirement and benefits. You wanted professional nurses in your hospital and you have them. Give us our voice in practice."

State Legislators Support **NURSES**

In addition to expressing their solidarity during our rally on July 14, state elected leaders in Ann Arbor and Ypsilanti area wrote an open letter to the University in support of a fair contract. Check it out:



MICHIGAN HOUSE OF REPRESENTATIVES 99th Legislature

July 14, 2018

Mark Schlissel MD
President, University of Michigan
503 Thompson St.
Ann Arbor, MI 48109-1340

Dear President Schlissel,

We write to you today to advocate not just for the nurses of Michigan Medicine, who deserve to be heard and respected, but for all Michiganders who rely on Michigan Medicine for high-quality health care.

Nurses are highly trained professionals who play an invaluable role in delivering patient care and improving outcomes. We support the Michigan Nurses Association as they work toward a fair agreement with the University that will protect the rights and interests of nurses and patients. Based on over a decade of scientific research into the impact of staffing levels on patient outcomes, we believe everyone would benefit from giving nurses more of a voice in staffing decisions.

We echo the concerns that nurses have about safe staffing levels and urge you to negotiate contract language that includes transparency about the number of patients a nurse can be assigned at one time. Proposals on staffing must include neutral and binding dispute resolution process so that there is accountability in the event of short RN staffing.

A budget isn't just a compilation of numbers; it is a document that reflects an organization's values. Nurses have been undervalued for far too long. Michigan Medicine is asking nurses to pay more for their retirement and benefits while sitting on a surplus of over \$100 million. We know that the University of Michigan does value attracting top-quality staff and improving patient outcomes. If Michigan Medicine is to continue its internationally recognized leadership role, these values need to be reflected in the University's dealings with its professional nurses. We strongly urge you to ensure that Michigan Medicine negotiates in good faith to reach a contract that will be in the best interests of the university, its workers, and the people of our state.

In solidarity with University of Michigan Nurses and the Michigan Nurses Association,

Representative Donna Lasinski, 52nd District

Representative Yousef Rabhi, 53rd District

Representative Ronnie Peterson, 54th District

Representative Adam Zemke, 55th District

Senator Rebekah Warren, 18th District