CNA/NNU 101

Your Guide to Joining the RN Movement
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What Is CNA/NNU?

A Movement for RNs

A Strong Voice for Our Profession and Our Patients

On behalf of the elected RN-members of our Board of Directors, welcome to California Nurses Association/National Nurses United. We are proud to be at the helm of our organization in a period marked by unparalleled growth and tremendous change for our profession and for our patients.

CNA has grown from 17,000 RNs in 1995 located primarily in Northern California to more than 70,000 RNs in 200 facilities across the state and 16,000 RNs in hospitals throughout Texas, Nevada, Maine, Florida, Kansas, Missouri, and Illinois through the formation of our national arm, the National Nurses Organizing Committee (NNOC), founded in 2004.

CNA and NNOC was the motivating force to bring state nursing associations across the nation together into one. National Nurses United which stands today at 160,000 RNs from every state in the nation. NNU founded in 2009 pools the collective experiences and might of the most successful RN organizations in the U.S., the California Nurses Association/National Nurses Organizing Committee, United American Nurses, and Massachusetts Nurses Association.

From coast to coast, our members have won the best contracts for RNs in the nation. Thirty years ago, RNs were among the lowest-paid professionals, had no retirement, and worked every weekend. Today, through the collective action of our members, nurses at CNA/NNU facilities have safer staffing conditions, a more secure retirement, and salaries commensurate with experience. Our agreements are noted for enhancing the collective voice of RNs in patient care decisions through our Professional Practice Committees and Assignment Despite Objection documentation system.

We believe that a strong professional RN union empowers us to take our patient advocacy from the bedside to the statehouse and beyond. We have repeatedly stepped outside the walls of our facilities, whether it is our 13-year fight to win and defend California’s safe staffing ratios or forming the Registered Nurse Response Network (RNRN) and sending RNs to New Orleans and Haiti.

We invite RNs to join our movement and help us build an even more powerful voice for RNs and patients.

Our Program

- Improve RN workplace standards through collective bargaining to assure RNs have compensation that recognizes professional skills and a retirement that provides dignity for our families after a lifetime of caring for others.
- Secure passage of state and national legislation for RN staffing ratios and other basic protections for RNs and patients, and meaningful healthcare reform based on a single standard of care for all.
- Make direct-care RNs, not administrators, the voice of nursing in Washington, D.C. and state capitals and the guardians of our practice and profession.
- Block hospital industry efforts to undermine RN professional practice in legislatures, regulatory agencies, boards of nursing, and at the bedside.
- Assure full compliance with highest safety standards on limiting spread of pandemics and guaranteeing RN access to proper safety equipment.

For more information on how you can join, email us at organizing@calnurses.org or call 1-800-540-3603.

Please visit our website at www.calnurses.org.
What Is CNA/NNU?

More than 100 Years of RN Power

1903
CNA founded: One of the first professional RN organizations in the U.S.

1905
CNA-sponsored legislation results in the first RN licensure law.

1945
CNA first in the nation to represent nurses in collective bargaining agreements, negotiating contracts at five Bay Area hospitals that establish the 40-hour work week, vacation and sick leave, health benefits, shift differentials, 15 percent salary increase.

1966
2,000 CNA RNs stage mass resignation protest and win major gains, including 40 percent pay increase, eight paid holidays, and time-and-a-half for holidays worked.

1971
CNA contract language requires hospital staffing systems based on patient acuity and nursing care with staff RNs participating in staffing assessments.

1976
CNA-sponsored regulation establishes mandated RN-to-patient ratios in intensive care units in all California hospitals.

1995
CNA Convention votes by 92 percent to end ties with the American Nurses Association (ANA). Adopts a program to reallocate resources to organize RNs, strengthen contracts, confront hospital industry attack on RN jobs and practice, and enact legislative and workplace protections.

1996
CNA wins important changes in state law (Title 22) that licenses and certifies hospitals, strengthening RNs’ ability to advocate for patients. Provisions include staff RN participation on committee to review patient classification systems, floating protections, and requirement that every patient be assessed by an RN at least once a shift.

1997–1998
7,500 CNA Kaiser Permanente RNs wage epic battle with HMO giant to reverse unsafe hospital restructuring and RN layoffs, and to secure crucial patient safety protections.

1999
California enacts first-in-the-nation law, sponsored by CNA, mandating minimum RN-to-patient ratios for all hospital units. CNA wins other major legislation, including whistle-blower protection for healthcare employees.

2002
CNA negotiates contracts with salaries up to $100,000 per year for thousands of RNs.

2004
RN Safe Staffing Ratios implemented in all California acute-care hospitals.

CNA’s dramatic growth continues, especially in Southern California, making it the largest and fastest-growing professional RN organization in the nation.

CNA organizes nurse-to-nurse relief assistance with Sri Lanka’s Public Services United Nurses Union to assist with tsunami relief efforts. A delegation of CNA RNs travels to the affected areas in Sri Lanka and work with local nurses to set up local clinics with donated medical supplies.
2005
CNA goes national in response to an overwhelming demand by direct-care nurses across the U.S. for a national vehicle to address the crisis faced by RNs. 1,800 Cook County, Illinois RNs vote to join the National Nurses Organizing Committee, a new national affiliate of CNA.
CNA embarks on an epic campaign to save RN-to-patient ratios after Gov. Arnold Schwarzenegger attempts to roll back the law. Schwarzenegger withdraws his challenge after tens of thousands of nurses hold 107 protests over one year.
CNA organizes Katrina relief effort, sending more than 300 RN volunteers to staff 25 healthcare facilities in Texas, Mississippi, and Louisiana, including a contingent of 50 RNs to Houston Astrodome.

2006
Maine State Nurses Association (MSNA) votes to join CNA/NNOC.
CNA/NNOC forms a direct-care nurse disaster relief group, the Registered Nurse Response Network (RNRN).

2007
Saint Mary’s RNs in Reno, Nevada vote to join CNA/NNOC, making it the largest RN organization in Catholic hospitals across the U.S. representing 18,000 RNs in 38 Catholic hospitals.
CNA/NNOC RNs at nine California Catholic Healthcare West hospitals win enhanced patient care protections and pay gains of 25.5 percent.

2008
5,000 RNs with the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) join CNA/NNOC.
RNs at Cypress Fairbanks Medical Center in Houston vote for CNA/NNOC representation in a dramatic breakthrough, becoming the first nurses in a private-sector hospital in Texas to win union collective bargaining rights.

2009
First National RN Day of Action unveils the National Nursing Shortage Reform and Patient Advocacy Act, S. 1031. The bill, based on the success of the California ratio law, includes patient advocacy, whistle-blower protection, education assistance, and a preceptor and mentorship program.
Unanimous delegate vote creates the largest RN union in U.S. History; National Nurses United represents 155,000 RNs with contracts covering nurses in 24 states and individual members in all 50 states.
7,000 Veterans Affairs RNs in 22 V.A. hospitals in 11 states affiliate with National Nurses United.

2010
6,000 HCA RNs in Nevada, Texas, Missouri, and Florida vote to join NNOC/NNU.
14,000 RNs sign up to volunteer for Haiti earthquake relief through RNRN. RNRN sends nurses aboard USNS Comfort and to Sacré Coeur Hospital, the largest private hospital in the north of Haiti.
CNA/NNU celebrates 90th Anniversary of passage of the 19th Amendment with 2,000 RNs marching in Sacramento.
Why RNs Vote for CNA/NNU

Better Salaries and Benefits

CNA/NNU nurses have won collective bargaining agreements that are the model for RNs across the nation.

Compensation
- Salaries: salaries up to $85.15/hr for career RNs
- New graduate rates up to $51.73/hr for day shift.
- Shift differential: 12 percent for evenings, 20.5 percent for night shifts.
- Paid education leave: up to 12 days per year.
- 13 paid holidays per year.
- Preceptor pay: $2.50/hr for preceptor assignments.
- Charge pay: $3.25/hr additional pay.
- Weekend differentials: 30 percent additional pay.
- Call back while on-call: double-time.
- Per diem pay: 25 percent pay differential.
- Overtime: time-and-a-half over eight hours, double-time after 12 hours.
- Experience credit: increased pay for years worked as an RN inside or outside the U.S.

Defined-Benefit Pension Plan
- Full and part-time RNs receive defined-benefit plan.
- Pension credit for per diems who work 1,000 hours per year.
- RNs who transfer to another CNA/NNU-represented hospital in a system are able to bring full earned pension credits.

Health Benefits
- Full coverage for the RN and her/his family, including health, dental, and vision, paid by the employer with no co-pays.

Scheduling
- No cancellation: RNs cannot be cancelled from a regularly-assigned shift.
- Preference over travelers: Regularly-scheduled RNs have preference over travelers in scheduling and cannot be floated from their unit if a traveler is there.

Longevity Incentives
- No mandatory weekends after 20 years of service.
- Longevity raises at 9, 11, 16, 20, 25, and 30 years.
- Five weeks of vacation after 10 years.
- Increased monthly pension.
- 15 days per year sick leave after five years.

Note: Not all contracts have all benefits listed.

“Specific language in our contract encourages nurses to make Children’s Hospital a long-term career choice. There are 150 RNs at Children’s with over 20 years of service each! Nurses have guaranteed access to part-time positions after several years, and there are no mandatory weekends after 20 years of service. Nurses get longevity raises in addition to yearly cost-of-living raises and five weeks of vacation after 10 years. RNs have the opportunity to transfer to another unit and receive full specialty training before the position is opened up to outside RNs. I transferred from med/surg to oncology several years ago and was fully trained in pediatric oncology, which made me feel renewed in what I was doing.”

Martha Kuhl, RN, CNA Treasurer
Children’s Hospital — Oakland, California
New Standards for RNs and Patient Protection

CNA/NNU contracts have created new standards for RNs and patient protection. A crucial part of quality patient care is ensuring adequate hospital staffing to avoid putting patients at risk and driving nurses out of the profession. CNA/NNU representation provides RNs with the tools to have a real voice in patient care decisions, which we use to create safer healthcare facilities to protect our patients, our licenses, and ourselves.

Staffing Ratios Protections
- Ratios in contract to protect against future attacks: Enforced through the RNs’ legal contract guarantees, with disputes settled by a neutral third-party arbitrator.
- Binding arbitration for safe staffing: Disputes between management and the PPC may be submitted to a neutral arbitrator for a binding decision.

Professional Practice Committees
CNA/NNU contracts negotiate staff RN-controlled committees with the authority to document unsafe practice issues and the power to make real changes. The Professional Practice Committee (PPC) is an elected, staff RN committee with representatives from every major nursing unit. The PPC meets in the hospital on paid time and tracks conditions of concern to RNs through an independent documentation system called the Assignment Despite Objection (ADO).

Safe Lift Policies
Contract language to assure safer lift policies, including “appropriately trained and designated staff” to assist with patient handling, available 24 hours a day.

Technology Won’t Replace RN Judgment
Precedent-setting language that prevents new technology from displacing RNs or RN professional judgment.

Floating Policy Improvements
- Floating not required outside the RN’s clinical area.
- No floating allowed unless RN clinically competent.

Ban on Mandatory Overtime
Prevents nurses working when they are exhausted, which protects patients.

Charge RN
Not counted in the staffing matrix. Has the authority to increase staffing as needed.

Paid Education Leave
Up to 12 days per year.

Resource RNs
RNs who are not given a patient care assignment or counted in the patient acuity mix available to assist RNs as needed on their units.

“CNA/NNU contracts include patient protection standards that give us the authority to directly improve patient care at our facilities. For example, binding arbitration for safe staffing is a historic contract gain that gives our Professional Practice Committee the power to improve staffing on units, and protect patient safety. Every RN contract should have these kinds of standards and, eventually, they will.”

Zenei Triunfo-Cortez, RN, CNA Council of Presidents
Kaiser Permanente South San Francisco — South San Francisco, California
Why RNs Vote for CNA/NNU

RN Safe Staffing Ratios Saves Lives

The CNA/NNU national and state-specific safe staffing bills are all modeled on the standards set by legislation in California.

Thanks to CNA/NNU-organized RNs, staffing ratios have been in effect in California since 2004, bringing RNs back to the bedside by the thousands and dramatically improving staffing. It took many years, and nurses had to challenge a very popular governor along the way to defend the ratios, but CNA/NNU prevailed and is now actively working to pass a comprehensive national bill, the National Nursing Shortage Reform and Patient Advocacy Act, S. 1031, sponsored by U.S. Sen. Barbara Boxer (D-CA) and a similar bill in the U.S. House of Representatives, H.R. 2273, sponsored by Rep. Jan Schakowsky. CNA/NNU is also working with RNs in states all across the nation to adopt state-specific legislation entitled Hospital Patient Protection Acts.

None of the dire warnings from the hospital industry about the effects of ratios have come to pass. There has been no rise of hospital closures as a result of ratios, California hospitals are financially sound, and, in the many years since the law was signed, California has increased the number of actively licensed RNs by more than 120,000 RNs — tripling the average annual increase prior to its enactment.

Now the scientific evidence is in too. A study led by the nation’s most prestigious nurse researcher, Linda Aiken, RN, Ph.D., at the University of Pennsylvania School of Nursing, provides unassailable evidence: The law reduces patient deaths and assures nurses more time to spend with patients.

Examining patient outcomes and surveying 22,000 RNs in California, Pennsylvania, and New Jersey, the research found:

- New Jersey hospitals would have 14 percent fewer patient deaths and Pennsylvania 11 percent fewer deaths if they matched California’s ratios in post-surgical units.
- Fewer California RNs miss changes in patient conditions because of their workload.
- California RNs are far less likely to report burnout and leave than New Jersey or Pennsylvania nurses.

Safe Staffing Ratio Laws — More than Just the Numbers

Both California’s A.B. 394 and the federal bills, S. 1031 and H.R. 2273, have multiple provisions designed to remedy unsafe staffing in acute-care facilities.

- Mandates minimum, specific, numerical ratios for each unit to apply at all times including break coverage.
- Requires a patient classification system: additional RNs added based on patient needs.
- Assure RNs the legal guarantee to serve as patient advocates.
- Prohibits use of mandatory overtime.
- No lay-offs of ancillary staff as a result of the ratios.
- Regulates use of unlicensed staff.
- Restricts unsafe floating of nursing staff.
- Whistle-blowing protection for caregivers who report unsafe practices.
- LVNs/LPNs are not in the ratio count and are assistive to the RN.
- Federal assistance for the purchase of safe patient handling equipment.

### California Ratios

<table>
<thead>
<tr>
<th>Category</th>
<th>Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive/Critical Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Neonatal Intensive Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1:1</td>
</tr>
<tr>
<td>Post-anesthesia Recovery</td>
<td>1:2</td>
</tr>
<tr>
<td>Labor and Delivery</td>
<td>1:2</td>
</tr>
<tr>
<td>Antepartum</td>
<td>1:4</td>
</tr>
<tr>
<td>Postpartum couplets</td>
<td>1:4</td>
</tr>
<tr>
<td>Postpartum women only</td>
<td>1:6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1:4</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>1:4</td>
</tr>
<tr>
<td>ICU patients in the ER</td>
<td>1:2</td>
</tr>
<tr>
<td>Trauma patients in the ER</td>
<td>1:1</td>
</tr>
<tr>
<td>Step Down</td>
<td>1:3</td>
</tr>
<tr>
<td>Telemetry</td>
<td>1:4</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>1:5</td>
</tr>
<tr>
<td>Other Specialty Care</td>
<td>1:4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1:6</td>
</tr>
</tbody>
</table>

All ratios are minimums. Hospitals must increase staffing based upon individual patient needs.
CNA/NNU has won landmark improvements in retirement security for tens of thousands of RNs. More progress is needed — but, for the first time, RNs represented by CNA/NNU have the opportunity to retire with dignity after a lifetime of caring for others. We continue to make improved pension coverage and retiree health benefits a major focus.

Retiree Health Benefits at Age 55

Nurses who have spent their lives safeguarding the health of their patients should have access to quality healthcare when they retire. CNA/NNU has won retiree health benefits at age 55 for thousands of nurses and will continue to work towards retiree health coverage for all RNs.

Guaranteed Defined-Benefit Plans Won for CNA/NNU RNs

Most CNA/NNU members are now covered by “defined-benefit” pension plans, the type of plans that guarantee certain benefits at retirement time. Defined-benefit plans protect nurses’ pensions from the fluctuations of a volatile and speculative stock market. These plans safeguard retirement savings with far superior security — and benefits — than are available in typical 401(k)/403(b) plans.

Catholic Healthcare West Defined-Benefit Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Salary annual</th>
<th>Salary monthly</th>
<th>CHW monthly benefit</th>
<th>401(k) monthly annuity</th>
<th>CHW % final salary</th>
<th>401(k) % final salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>79,950</td>
<td>6,663</td>
<td>128</td>
<td>32</td>
<td>1.9%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2014</td>
<td>93,530</td>
<td>7,795</td>
<td>784</td>
<td>200</td>
<td>10.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>2019</td>
<td>113,793</td>
<td>9,483</td>
<td>1866</td>
<td>524</td>
<td>19.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2024</td>
<td>138,448</td>
<td>11,537</td>
<td>3450</td>
<td>1032</td>
<td>29.6%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2029</td>
<td>168,442</td>
<td>14,037</td>
<td>6397</td>
<td>1808</td>
<td>45.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>2034</td>
<td>204,936</td>
<td>17,079</td>
<td>8312</td>
<td>2975</td>
<td>48.7%</td>
<td>17.4%</td>
</tr>
<tr>
<td>2039</td>
<td>249,336</td>
<td>20,778</td>
<td>12021</td>
<td>4706</td>
<td>57.9%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2044</td>
<td>303,356</td>
<td>25,280</td>
<td>17086</td>
<td>7250</td>
<td>67.6%</td>
<td>28.7%</td>
</tr>
</tbody>
</table>

Assumptions: The chart shows retirement benefits accrued from 2010 forward, and does not include preexisting 401(k)s, Social Security, pension benefits already earned, or other savings. The chart assumes a salary of $80,000 in 2010, and annual wage increases of 4%. The 401(k)-type plan assumes an employer contribution of 5% of salary, a 7% annual investment return, and the purchase of a single-life annuity upon retirement at age 65.

“...When RNs from nine Catholic Healthcare West (CHW) hospitals came together to negotiate a master agreement, we were clear that retirement was our number one issue. We won tremendous systemwide improvements in a defined-benefit plan and historic retiree health benefits so that nurses who spend their healthcare career at a CHW facility will have a rich retirement and it is portable throughout the system. As a result I have been able to make the choice to retire at age 62 and take some time for me, to tend my garden, pursue long-distance bike riding, and even continue to be active in CNA/NNU.”

Barbara Williams, RN (Retired)
Dominican Hospital — Santa Cruz, California
Why RNs Vote for CNA/NNU

Voice and Respect

A Stronger Voice to Help Us Advocate for Safe Staffing

“I have witnessed the amazing results that come with 13,000 RNs bargaining collectively and speaking in one voice. Nurses from 32 Catholic Healthcare West hospitals stood together to protect our communities and our patients. Our unity was essential in creating a new national standard for H1N1 and communicable disease prevention in our hospitals and in our communities.”

Sandy Reding, RN
Bakersfield Memorial Medical Center — Bakersfield, California

Winning Strong Patient Care Protections

“Before CNA, we could be floated a second time mid-shift. This magnified all the problems with unsafe floating. With our CNA contract, we put an end to double floating. We also guaranteed that nurses cannot be floated outside their clusters.”

Myrna Valmeo, RN
Glendale Memorial Medical Center — Glendale, California

Protecting Patients and Nurses Through Unity

“Before we secured a ban on mandatory overtime in our contract, an RN who had regularly worked nights and days was told at shift’s end that she could not leave. The nurse broke into tears and the Human Resources director who had given the order took her into a room for a meeting. As the RN’s nurse representative, I went along. When I spoke up the HR person told me I was not allowed to talk and if I continued it would be insubordination. When I continued he took my badge and said I was suspended. When I was called to a meeting, 25 other nurses went along to represent me. I was reinstated. We continued our opposition to mandatory overtime, talking about it in meetings, distributing leaflets about it in front of the hospital, and raising it in negotiations, and eventually we won.”

Malinda Markowitz, RN, CNA Council of Presidents
Good Samaritan Hospital — San Jose, California

An Independent Voice in Patient Care Decisions

“Having worked at both union and non-union hospitals, I strongly support MSNA, an affiliate of NNU. The more I see the national climate change regarding healthcare, the less comfortable I am trusting hospitals and management to keep the environment safe. Our MSNA/NNU contract allays my concerns by providing the resources (such as our newly negotiated Professional Practice Committee) and protections that allows me to provide safe care to my patients. RNs now have direct involvement in the working conditions that affect me and my patient.”

HollySue Dobson, RN
The Aroostook Medical Center — Presque Isle, Maine
A Legally-Binding Contract

Why RNs Vote for CNA/NNU

CNA/NNU Negotiates the Best Contracts in the Nation

“Our first CNA/NNU contract will provide you with an opportunity to work with your nurse colleagues to improve conditions for nurses and enhance protections for patients. With a CNA/NNU contract, your employer cannot unilaterally change your working conditions or reduce salaries and benefits. Any changes in the workplace must be negotiated between management and RNs. You will elect your nurse colleagues who will represent you at the bargaining table, and of course vote on your contract.”

Janice Webb, RN, CNA Board Member
UC San Diego Medical Center — San Diego, California

Facility Bargaining Council (FBC) and RN Negotiating Team Established

The FBC is the crucial link between the negotiating team and all nurses in the bargaining unit, with representatives from every shift and unit. The FBC elects the nurse negotiating team. The size of the team is based on the number of RNs in the bargaining unit at your facility.

Nurses are Directly Involved in Negotiations

The elected nurse negotiating team and a CNA/NNU staff labor representative sit across the table from the management team. CNA/NNU provides orientation and training. The negotiating team keeps nurses informed through the publication of regular bargaining updates. General meetings occur at critical junctures throughout the negotiating process.

Nurses Decide What is Important: Bargaining Survey and Development of Proposals

The FBC distributes a bargaining survey to every staff RN to get their opinions on a wide array of facility-wide and unit-specific issues from professional education benefits to holidays and floating policies. The results of these surveys help to determine bargaining priorities.

Nurses Vote on the Contract

When the team reaches a tentative agreement, it is brought back to the nurses for discussion and a vote. Before any contract goes into effect it must be approved by a majority of the RNs at the facility in a secret ballot vote.

What’s in a Contract? Most CNA/NNU Contracts Include These Major Elements

(specifics of a contract vary from facility to facility)

Professional Practice Committee
Elected staff nurse committee that addresses staffing and practice issues, meeting on paid time in the facility.

Protections Against Unsafe Floating
Restrictions on Mandatory Overtime
Annual Salary Increases and Regular Longevity Step Increases
Differentials
Weekend, shift, charge, and preceptor.

Nurse Representatives
Elected staff RN representatives from your unit who can assist you in interpreting your contract, filing a grievance, and organizing and communicating within your facility.

Vacation, Sick Leave, and Holidays
Paid Educational Leave
Retirement Plan
Health Benefits

Staffing Ratios
Technology Protections
Ensuring that new technology won’t replace RN professional judgment.

Grievance and Arbitration Procedure
Formal procedures for resolving issues with management.

Per Diem Rights
Organizing with CNA/NNU

Newly Organized RNs Speak

An All-RN Union with a Track Record of Success

“We chose to organize with CNA’s affiliate NNOC/NNU because they represent RNs only, which allows them to maintain a focus on RN practice and patient care issues. And we knew that NNOC/NNU aggressively represents its members in collective bargaining and in the legislative arena, such as the patient ratio laws. Nurses have unique, and often conflicting, moral and legal responsibilities to our patients, our employers, and our licensure. Who would better understand that than the working, bedside RNs who exclusively make up their elected board? That is what sets NNU apart.”

Monica Sanchez, RN
Del Sol Medical Center — El Paso, Texas

Model Patient Care Protections, Secure Retirement, Meal Break Enforcement

“I made the initial call to CNA’s affiliate NNOC/NNU after our hospital was bought by Catholic Healthcare West and patient acuity increased, along with RN and ancillary staff layoffs. There was another union on the ballot that represented non-RNs as well, but we overwhelmingly voted for NNOC/NNU because of their great success in winning model patient care protections, meal break enforcement, and secure retirement in their contracts.”

Amy Barats, RN
Saint Mary’s Regional Medical Center — Reno, Nevada

When We Voted in CNA We Immediately Saw the Difference

“We had been stuck in a contract with a generic union and had to sustain lower standards for pay, benefits, and basically no patient care protections. When we voted in CNA, we immediately saw the difference. I now have 40 hours of paid education leave, fully-paid employer healthcare, and I now look forward to retiring securely at age 65 with a monthly pension of over $7,000, and we have a stronger voice in patient care. I net $24,000 a year extra thanks to our new contract. Our hospital is a better place to work.”

Dean Lillard, RN
Mercy Medical Center Merced — Merced, California

90 percent election victory rate — 95 percent first contract rate.
Organizing: How It Works

“Every day more nurses organize to join the national nurses movement, meaning that we finally can speak with a unified voice. In the past, RNs were divided and susceptible to intimidation from hospital management. When RNs join together, it gives us protection for our patients and our profession. In just 15 years, CNA/NNU has grown more than 400 percent, and we’re just getting started.”

DeAnn McEwen, RN, CNA Council of Presidents
Long Beach Memorial Medical Center — Long Beach, California

Building a Nurse-to-Nurse Network
The first step is to educate yourself and your colleagues about CNA/NNU and develop a network of RNs in every unit and shift who are interested in organizing. Copies of CNA/NNU 101 should be distributed to RNs on non-work time, such as breaks. Identify unit issues and explain how they can be addressed with a CNA/NNU contract. You will also make links with nurses on other units, which is the basis for building a professional organization in your facility. Informational meetings are a vital part of this beginning period.

The CNA/NNU Card
When there is enough support, nurses will circulate CNA/NNU authorization cards. Nurses should sign a card once they have had all their questions answered and have made a decision that they want CNA/NNU representation. Signing a card does not make you a CNA/NNU member or commit you to pay dues. Your employer is not allowed to see the cards.

The Election
Once a strong majority of RNs has signed cards, they are given to the National Labor Relations Board (NLRB), the federal agency that governs union elections, or other appropriate agency that conducts a formal election by secret ballot. Your employer does not know how you vote. CNA/NNU representation begins once an election has been won by a simple majority.

Bargaining Your First Contract
Once you win an election, your employer can no longer change existing practices without bargaining with you first. Nurses win the best contracts when they are well organized, unified, and committed to strong participation in their negotiations. See page 11 for details.
Organizing with CNA/NNU

Your Right to Organize

You have a legal right to organize under the National Labor Relations Act (NLRA), a federal labor law. In the case of many public hospitals, state law that is similar to the NLRA governs the process.

Your Rights
You have the right to:

- Sign a CNA/NNU card and attend meetings to discuss CNA/NNU.
- Talk to other nurses about CNA/NNU during work time just as you are allowed to discuss other personal matters such as soccer games or your children.
- Hand out written materials on non-work time (breaks, etc.) in non-work areas such as the cafeteria, locker rooms, and nurses’ lounge.
- Post CNA/NNU materials on general purpose bulletin boards, distribute in mailboxes, etc.

It is illegal for your employer to require you to discuss your feelings about CNA/NNU or to discipline you in any way for exercising your rights to join or support CNA/NNU.

Anti-Union Employer Campaigns
Most hospitals hire professional consultants to try and stop nurses from organizing. Hospitals typically pay consultants $2,000 – $4,000 per RN. Despite these consultants, RNs have won 90 percent of their CNA/NNU elections. When nurses are united in their desire to organize they have had great success in defeating these campaigns. For more information on anti-union campaigns, see the CNA/NNU publication, Pocket Notes: Navigating through an Anti-Union Campaign.

CNA/NNU has grown by more than 400 percent over the last 15 years. Since 2001 alone, more than 35,000 new RN members, from 98 hospitals, have joined.
A Record of Legislative Achievement

Every year, CNA/NNU takes positions on hundreds of pieces of legislation affecting RNs, their workplace, and patients. The Government Relations department consists of regulatory policy specialists and lobbyists. A member-composed Legislative/Regulatory Committee guides the work of the department.

Direct-care RNs want a strong advocate who will fight for patients and nurses in the legislative arena and win. As any direct-care RN knows, safe staffing — legally enforced through minimum, specific RN-to-patient ratios — is the gold standard for RNs and patient safety. The model, the landmark CNA/NNU-authored safe staffing law that has been in effect in all California hospitals since 2004, has generated national bills, the National Nursing Shortage Reform and Patient Advocacy Act, S. 1031 and H.R. 2273, which include hospital-wide RN ratios, legal recognition for RN patient advocacy rights, whistle-blower protections, and safe patient handling standards.

Universal Healthcare Based on a Single Standard of Quality Care For All

RNs from CNA/NNU have played a key role in the debate over the future of healthcare in the United States during the recent debate over universal healthcare. CNA/NNU RNs testified to Congress and nurse leaders protested at a pivotal Senate Finance Committee hearing, demanding that the Senate expand Medicare to cover everyone.

Though we did not achieve guaranteed healthcare for all, the significant expansion of public programs, and increased patient protections for those who have private health insurance, bodes well for progress at the state level, where the fight to win “improved Medicare for all” continues.

CNA/NNU Precedent-Setting Legislation

- California’s first-in-the-nation, state-mandated RN-to-patient staffing ratios, which also prohibit the assignment of unlicensed personnel to perform nursing functions in lieu of an RN.
- Prohibition on phone advice by unlicensed staff to protect patients.
- Whistle-blower protection for healthcare providers who expose unsafe conditions.
- Additional $63 million for nurse education programs.
- Mandatory safety devices on hospital needles.
- Loan funding for minority student RNs.
- Requirement that health plans provide medically appropriate care.
- State health department regulations requiring safe floating practices, competency validation, and patient classification systems.
- Requirement that caregivers disclose credentials on name tags.
- Scholarships and loans to RNs seeking a higher degree in nursing and committing to serve as RN educators.
- Bar on discrimination based on medical conditions or genetic characteristics.
- Mandated patient advocate role of RNs in California’s Nursing Practice Act.
- The ongoing protection of RN scope of practice — for example, CNA/NNU was successful in prohibiting LVNs from administering I.V. medications.
- Mandated RN ratios for intensive care units in Arizona.
Nursing Practice

CNA/NNU’s Nursing Practice department is responsible for promoting excellence in nursing practice and protecting the RN profession in the workplace. The department conducts an extensive statewide continuing education program.

Recent courses include:

- RN-to-Patient Ratios: Scope of Practice, Staffing Standards, Floating, and Competency.
- Patient Advocacy: Prevent the Encroachment upon RN Scope of Practice.
- The Patient Classification System and Staffing Ratios.
- Computerized Charting Systems: Legal and Ethical Issues.
- Nursing Ethics: Uniting Caring, Patient Advocacy, and Social Action.
- Wall Street or Well Street: Patient Advocacy in the New World of Healthcare.

The Tools

The Professional Practice Committee (PPC):

The PPC is an elected, direct-care RN committee, negotiated into every CNA/NNU contract, which addresses staffing and practice issues. The committee meets on paid time in the hospital.

The Assignment Despite Objection Form (ADO):

The ADO is a CNA/NNU documentation form used by the PPC that gives the RN the ability to report unsafe conditions and formally notify management of problems. ADOs are admissible in court, with regulatory agencies, and are protected under federal labor law. You cannot be disciplined or retaliated against for filing an ADO.

New National Standards

CNA/NNU is sponsoring the National Nursing Shortage Reform and Patient Advocacy Act, S. 1031 that is designed to:

- Provide patient protection standards such as safe staffing ratios for short-term and long-term acute-care hospitals in the United States.
- Protect direct-care RNs as patient advocates.
- Strengthen national emergency preparedness capacity to provide the immediate nursing care required for effective disaster relief.
- Create registered nurse education, practice, and retention grants, and stipends to recruit and retain direct-care registered nurses.
Nursing Practice In Action

ADO Campaign Stops Unsafe Floating and Corrects Short Staffing

“Our manager was regularly floating NICU staff RNs out of the department to pediatric and assigning travelers to work the NICU. We were also out of compliance for staffing ratios at 1:3. The NICU RNs staged an ADO campaign for one week notifying our manager that we objected to the unsafe floating and consistent short staffing. Management backed down and floating out of order has ceased. Additional staff has been procured and NICU staffing is back in compliance with ratios.”

Lois Sanders, RN
St. Mary’s Hospital Apple Valley — Victorville, California

We Won Our Campaign for Appropriate Staffing

“LVNs were inappropriately being used as a primary license in the nursery and given full patient assignments of six patients on post-partum. We finally resolved the issue after our PPC mobilized a large number of RNs to meet with management. They conceded to all of CNA/NNU’s recommendations — an RN would be the primary license in the nursery, with a second license assigned at high census, and the unit would be staffed with a unit secretary at all times. The RNs covering the LVNs with patient assignments would be assigned no more than three couplets and cover no more than one couplet assigned to the LVN.”

Pauline Kiwasz, RN
University of California Medical Center, Santa Monica — Santa Monica, California

Inferior Equipment Replaced

“A new pump was introduced for use in the bone marrow transplant unit with inadequate orientation for the nurses. Patients were upset because their nurses were not familiar with the new equipment and the pumps had major technical problems. The PPC got all the nurses on the unit together to summarize the problems. A meeting with nursing administration resulted in a return to the former pump, which the nurses thought was a superior product.”

Kathy Patane, RN
City of Hope Medical Center — Duarte, California
Our 1996 Kaiser bargaining began with the hospital’s proposal of 26 takeaways, including wage freezes and health benefit cuts. Our strike demonstrated the resolve and power of the RNs. Not only were all 26 takeaways withdrawn and replaced with wage increases, but we won important patient safety improvements and taught a lesson to every other employer that the “new” CNA would fight concessions and protect RNs/NPs as patient advocates.

And to top all of that, every other CNA-represented hospital in bargaining over the next several years settled their contracts with little contention and with better wages than were won even at Kaiser, starting a positive escalation in wages and benefits.”

Deborah Burger, RN, CNA/NNU Council of Presidents
Kaiser Permanente Santa Rosa — Santa Rosa, California
As a member of CNA/NNU, there are many exciting opportunities for involvement at the facility level as a member of your nurse negotiating team, in the legislative process as a local spokesperson, in your community as an educator and public speaker, and throughout the nation with our disaster relief efforts and campaign for universal health-care reform based on a single standard of care for all.

Organize Your Facility
Organizing your facility is the cornerstone of RN power. A good step is to form a patient advocacy committee. See page 13 for more details.

Stay Informed: Sign up for Email Alerts
Stay informed of the latest developments affecting RN practice and patient care and how and when to respond. Our e-alerts were critical in mobilizing thousands of RNs to save California’s safe staffing ratios when Governor Schwarzenegger and the hospital industry attempted to roll back the historic law. Nurses marched and rallied throughout the state in protest and, after a year of demonstrations often at a moment’s notice, the governor dropped his fight. Sign up at: www.calnurses.org

CE Courses
Attend one of CNA/NNU’s innovative CE class series taught by our nursing practice and education and research departments, offered in cities throughout the country.

Course topics have included:

- Strategies to Secure Safe Staffing Standards and RN Patient Advocacy Rights.
- The Impacts of New Technologies in the RN Workplace on Nursing Practice.
- Computerized Charting Systems: Legal and Ethical Issues.

Sign up at: www.calnurses.org/ceclasses

Volunteer, Donate to CNA/NNU’s RN Relief Network (RNRN)
After Hurricane Katrina, CNA/NNU was among the first organizations to take action to cut through the inertia and red tape of government and private relief agencies to send over 300 RNs to staff 25 facilities in Texas, Louisiana, and Mississippi disaster zones. CNA/NNU established the Registered Nurse Response Network (RNRN) in response to the massive showing of RNs wanting to volunteer their help. RNRN now has a national roster of over 14,000 RNs ready to volunteer when disaster strikes again. Sign up at: www.RNResponseNetwork.org

Influence Public Opinion in Your Community
Write a Letter to the Editor
For the ninth consecutive year, nurses head the Gallup annual poll as the most honest and ethical profession. The latest poll results found that 84 percent of Americans viewed nurses’ ethics as “very high” or “high.” In contrast to the poll’s high ranking of nurses is the dismal showing for HMO managers, whose overall ranking was third from the bottom, above only car salesmen and Congress members.

Letters to the editor are among the best-read sections of any newspaper. Letters are a short, effective way for you to directly reach the public. The voices of nurses are especially important and we provide you with all the tools you need.
CNA/NNU has a democratic governing structure consisting of an RN member, elected Board of Directors, all of whom are direct-care registered nurses and a new presidency model called the Council of Presidents, which is a shared presidency of four RNs.

**Board of Directors 2009 – 2011**
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- Zenei Triunfo-Cortez, RN, Council of Presidents, Kaiser South San Francisco
- Malinda Markowitz, RN, Council of Presidents, Good Samaritan Hospital
- DeAnn McEwen, RN, Council of Presidents, Long Beach Memorial Medical Center
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CNA/NNU is the largest and fastest-growing all-RN professional organization and union in the nation with a membership of 70,000 RNs in over 200 facilities all throughout California and over 160,000 nurses nationwide.

**Join Us!** organizing@calnurses.org 800-540-3603


Subscribe to the CNA/NNU RN E-Alert to get email updates on critical issues affecting your practice and your patients. **Sign up today!**