

continued from 10 points inside:

1 RN Proposed Health Care Plan

- ◆ Orthodontics for adults and spouses—not just children 18 and under.
- ◆ Insurance that's accepted locally.
- ◆ Domestic Partner coverage.
- ◆ Prescription drug program with caps on non-covered drugs.
- ◆ Additional RN discount program or FMC contributes into healthcare savings account.
- ◆ Full Family coverage without an additional cost back to nurses.
- ◆ Retiree Health Care Benefits

2 RN Proposed Fair Pay and Benefits

- ◆ 1.5-times pay for Fri/Sat/Sun worked
- ◆ More paid holidays off and one personal day off
- ◆ 50% standby pay
- ◆ Incentive pay with NO cancellation
- ◆ Standby counted as regular hours worked and count towards OT
- ◆ **Benefits:**
 - A 24-hour Day Care Program for all employees fully funded, State regulated, on campus.
 - A Sick Child Program for all employees fully funded on campus staffed by bargaining unit RNs

Did you know...?

Currently many RNs throughout FMC are signing unit based petitions as way to hold FMC accountable for patient safety and professional nursing standards.

Nurses are continuing to stay united to keep their voices secure and strong.



10 POINTS TO SECURE A VOICE AND A BETTER FUTURE

FMC nurses came together through a series of meetings and surveys and developed the inside 10 points. United through the voice of their union nurses developed (only as a starting point) 10 points as to what they would be asking for at the bargaining table. To date nurses still wait on FMC to address these issues.

If you were at the bargaining table now what would you ask for?



THE WAY IT IS AT FLAGSTAFF MEDICAL CENTER...

Cancellation

RNs cancelled without full hours or full pay. Inconsistent income & forced to use up PTO to pay family bills.

Evaluations

Wages tied to inconsistent and often subjective evaluation system.

No Whistle Blower Protection

RNs must inform management-run "corporate compliance" department regarding unsafe care and open themselves up to retaliation.

Acuities System

Unsafe for patients and nurses. RNs forced to take double patient case loads while relieving other RNs, precepting student nurses, feeding patients or carrying other hospital staff loads.

Limited Health Care Benefits

Individual deductibles are \$1,000 and family deductibles up to \$4,000. Poor or no local access for various procedures. No Retiree Health Care Benefits program.

Unfair Pay and Benefits

Inadequate pay and \$3.00 per hour standby pay contributes to turnover rate.

Limited Retirement Benefits

RNs have a "choice" of 401k controlled by management. If hired before 2000, some nurses had a pension in addition to the 401k. Maximum contribution is 4% of salary with a 50% match.

Negligible IT and CERNER Input

RNs have no meaningful input into Cerner. **Problems are:**

- ◆ Screens too small with limited text writing on patient records.
- ◆ No access or integration to implants, Surginet or QS—patients and RNs at risk.
- ◆ Inability to see pre-, anti- or post-information on CERNER—this can only be obtained from nurse who originally charted in other unit.
- ◆ Inconsistent overall integration and access throughout units
- ◆ Only monitors (if working) can be read; however, vitals, Balloon Pumps, IVs, etc. cannot be read, tracked or charted.

Nursing Committees Lack Power

Many Committees only allow RNs to vent. Committees are created out of favoritism or have limited power because mgmt is dictating behind the scenes. In some cases mgmt actually sits on the committee and decides what issues are important. These committees are often created just to give the illusion of voice and power for nurses - but mgmt still has final say.

Inconsistent Education and Training

Inconsistently applied reimbursement policies foster favoritism and poor morale.

WHAT UNION RNs ARE COMMITTED TO ACHIEVE...

1

No Cancellation

Guaranteed paid hours without cancellation. Paid time off (PTO) accrues during Overtime and standby. **Instead of cancellation:** Cross training on other units, get CE Units, Chart & Audits, work another day with set hours and no cancellation, breaks/lunch relief, other projects

2

Fair Wage Setting

A Step Increase System based on years of experience and years as an RN. Certification and Training Program Pay, PEP Pay, Cost of Living increases based on objective data of region.

3

Whistle Blower Protection

Grievance procedure that protects RNs from retaliation. Neutral judge/arbitrator decides patient safety issues which cannot be resolved. Statewide campaign to improve current "Whistleblower Protection" law.

4

Modified Acuities System

RN-to-Patient ratios go down during precepting.. Modify patient load to insure patient safety. RNs to enforce this by maintaining unity and collective actions—legal and on the floor.

5

Better Health Care Plans

RNs decide, negotiate and vote on healthcare plan and deductibles which are affordable and better, i.e. \$250 for individuals and \$500 for family. ¹ see back of brochure

6

Fair Pay and Benefits

On Aug. 4th nurses received a \$1/hour raise as a response to RNs organizing for NNOC. This does not address inequities nor result in a greater voice. Once studied by RNs, salaries need to be adjusted to be equitable based on RN experience. No nurses go down in pay. ² see back

7

Retirement

Pension Plan with FMC contributions. Keep 401k, but raise contribution to 12-14%.

8

Information Technology (IT) and CERNER Input

RN chosen and controlled committee (PPC) with input and decision making ability on current and future IT system purchases, changes and upgrades. **What is needed to "fix" Cerner:**

- ◆ Timeline that shows when each part of CERNER is to be fixed/upgraded.
- ◆ An Integrated System. FMC to purchase the CERNER component that allows QS (Women's Center Charting System) and Surginet to be integrated.
- ◆ Speed up INET
- ◆ Overall easier access and faster system
- ◆ Have all evasive lines monitored and integrated into entire system with the ability to have information dropped down into charting.

9

Powerful Nursing Committee: Professional Practice Committee (PPC)

A RN-elected and controlled Professional Practice Committee which monitors ADOs, makes recommendations to management regarding I.T. and new patient care systems (requiring response in 10 working days). PPC members are paid for their time spent on PPC and have access to conference rooms.

10

Education and Training

Education money for the required 20 CE units available for all nurses. Three education days paid by FMC. Conferences and or advanced training or education reimbursed.