

THE UNION TALKS

April/May 2006
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This is an MGH employee-produced monthly newsletter. It will report union activities and issues from MGH employees represented by SEIU United Healthcare Workers-West.



Letters and suggestions are welcome- send to dillwood@sbcglobal.net

Ellen Dillinger, Editor

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An online copy of this newsletter as well as information and photographs of Sacramento union events can be seen at

<http://dillingertoons.net>

SEIU-UHW BARGAINING WITH CHW FOR RETIREE MEDICAL BENEFITS

UHW Meets In Los Angeles on the Advent of Contract Negotiations and at St. Mary's in S.F. for first bargaining session

On March 25, 2006, more than 200 delegates representing almost 14,000 members at CHW SEIU-represented facilities met at Union Headquarters in Los Angeles to discuss issues affecting contract negotiations statewide. These negotiations will have a great impact on the working lives of UHW-SEIU employees in the coming years and will define the health benefits we receive in retirement. Sal Roselli, the President of UHW, was our keynote speaker and his stirring presentation set ablaze a spirit of solidarity, arousing a united and **determined** effort to achieve a common goal: HEALTHCARE BENEFITS FOR RETIRING WORKERS.

Our Northern Region of CHW hospitals, Mercy General, Mercy Folsom, Mercy San Juan, Methodist, Woodland, Mercy Redding and Mercy Mt. Shasta, was one of the largest assemblages of represented workers. Morgan Gay, assistant director of Hospitals and Clinics for

SEIU, presented the delegates with a proposal that matches the industry standard by providing a bridge plan for those retiring at age 55-65, and a "gap" plan which would fill in the gap between Medicare and what is needed when employees retire at age 65.

The Federal Government predicts that the healthcare industry will grow at an astounding rate, coinciding with the retiring of the "baby-boomer" generation. The number of people in this older age group will have increasing health care needs, and this segment will grow faster than the total population between 2004 and 2014. As a result, the demand for health care will increase and this translates to increased income for hospitals.

In the next few weeks we will be bargaining with corporate heads of CHW and it is anticipated that CHW will initially embrace a defensive



UHW MHS employees at the bargaining table, St. Mary's Hospital in S.F.: Nikki Sparks, Ellen Dillinger, Shannon McDonald, and Preston Garrison.

posture rather than acknowledging the value, commitment, loyalty and **long** years of service that many of its workers (UHW-SEIU members) have given to their employer. We are providing excellent healthcare to our communities and in return, this has generated a tremendous amount (\$550 million since our last contract in 2004) of wealth for Catholic Healthcare West. Why not reinvest a portion of these earnings into their most precious commodity that generates this accomplishment --- their workers!

Nicholas Stanley, MGH Representative UHW/SEIU Bargaining Committee for Health Care Retirement Benefits

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PATIENT CAREGIVER = PATIENT ADVOCATE

Reading a continuing education article about Patient Advocacy reminded me of a topic very important to healthcare workers. As a radiological technologist, I am required to submit 24 hours of continuing education every two years to maintain both state and national licensure. This article was a great reinforcement of the responsibility that I have to each patient that I care for every day. It is a responsibility that anyone in health care should continually be aware of, and one which adds to our job satisfaction by making our jobs meaningful.

We deal with situations on a daily basis that ask us to be a patient advocate. Patient advocacy sees to it that we protect the dignity and privacy of patients, respect their choices and always see them as an individual. Often we may be busy and forget that there is a person attached to that part which we are asked to image or the disease that we are trying to cure.

An advocate, as defined in Webster's dictionary, states that he/she is 1) one that pleads the cause of another and 2) one that defends or maintains a cause or proposal. As a true professional, it is a requirement that we act in the best interest of our patients. I hold State and national licensure. With that, I have a code of ethics to follow, as well as state and national laws and regulations with regard to patient care and the use of ionizing radiation.

Advocacy encompasses both professional and caring compassionate behavior. By listening, providing information and education, helping, communicating, protecting and showing respect, we show caring.

Professional skills must go

hand in hand with a caring and compassionate attitude. We are the intermediary for the patient. We must ensure that everything that is done is in keeping with the patient's best interests, including their safety.

Everything we do here at work is guided by some form of policy and procedure. As I researched this article, I found a specific policy in our facility handbook concerning Patient Rights and Responsibilities. The State of California also advocates for patients through JCAHO requirements, Title 22 and the California Health and Safety Code. More specifically in the area that I work, Title 17 protects patients, healthcare workers and the public from the use of ionizing radiation in medical imaging.

Patient confidentiality must also be maintained as part of patient advocacy. We all know about HIPAA, enacted in 2003, as the law protecting the disclosure of patient medical information. Patient medical information must be respected and protected from misuse. Information we come in contact with or that which we ask for to better diagnose and treat patients must be held in strict confidence.

Professional practice standards also require patient advocacy. When we perform our job following these standards, we ensure that the exam is completed at a professional level and at what industry standards require of us. All information about treatment must be relayed to the patient to obtain proper consent.



The information obtained from these quality exams will subsequently help other healthcare providers provide the best treatment for the patient.

Patient advocacy doesn't always come without difficulty. There may be conflict with the very policies in place at the facility. In some cases, the adopted policy may not reflect what is in the best interest of the patient, leading to confrontations with managers, supervisors or other healthcare personnel.

At times, policies may be based on other issues such as budgetary concerns or staffing preferences. It is at these times that patients need advocates. Change in policy cannot occur without people who can tolerate and risk conflict.

Advocacy can help influence change in government laws and regulations, as well as aid in research or alleviate shortages of medical personnel.

We have the opportunity and the obligation to be an advocate every day. We may not always be able to cure the patient, but we can at least care about keeping the patient safe and comfortable.

If we stay informed, we can help make needed changes, both in our facility and at the government level. After all, we most likely chose to be in healthcare because of the desire to help the public.

Lorenza Clausen, RT
MGH Radiology

STAND-BY PAY : A FIRST FOR RESPIRATORY THERAPISTS AT MERCY GENERAL HOSPITAL.

After bargaining with Cardiopulmonary Department manager, Jim Roxburgh and Human Resource personnel Jim Andersen, Cyndi Kirch, and Mary Brown, SEIU shop stewards Raj Dayal, Sharon Martinez, Jan Karbowski, Donna Sabin and SEIU field representative Josie Summers, reached a settlement agreement giving all respiratory therapists, from the main RT Department and NICU therapists the opportunity to receive stand-by pay.

Until now, Respiratory Therapists have had to work long hours, often coming in on their days off to fill in. Now, there will be a stand-by list where each therapist may sign up to work. If placed on stand-by, the therapists will receive \$7.50/hour, and



if called in to work, will receive time and one-half. This has been done in the hope of filling in the gaps for shortages in the respiratory department and to stop the use of respiratory registry.

The settlement agreement calls for a trial period of 30 days for the stand-by option. If this does not solve the problem, the bargaining group will meet again to figure out another way to solve this problem.

The plan should save the hospital money in the long run and help the therapists provide the excellent patient care they give when not working short staffed. Congratulations Respiratory, you deserve it!!!

Sharon Martinez
Cardiopulmonary Department
Mercy General Hospital

RETIREE MEDICAL BENEFITS continued from page 1

Retiree Medical Benefits Proposal at First Bargaining Session in S.F.

SEIU-UHW opened the first bargaining session with a reminder by bargaining spokesperson Morgan Gay of the improvement in the evolving relationship between SEIU and CHW. Since our first contract in 2002, CHW has emerged from a state of poor financial performance to its current earning of \$550 million above operating costs. SEIU-UHW claims some of the credit for this return to profitability based on the hard work of our members, not only in the hospitals, but at the State and Federal level,

where SEIU members and staff lobby for healthcare funding. (CHW gets approximately 55% of its total revenue from State and federal funding).

The union then offered a retiree medical benefits proposal which included a bridge program for those who retire before 65 and a "gap" health plan for those who retire at 65.

The plan was received by CHW with the stoic politeness required of bargainers and a promise to offer their own proposal at the next session on April 11/12.

The remainder of the time set aside for bargaining was spent on presentations by CHW of their long

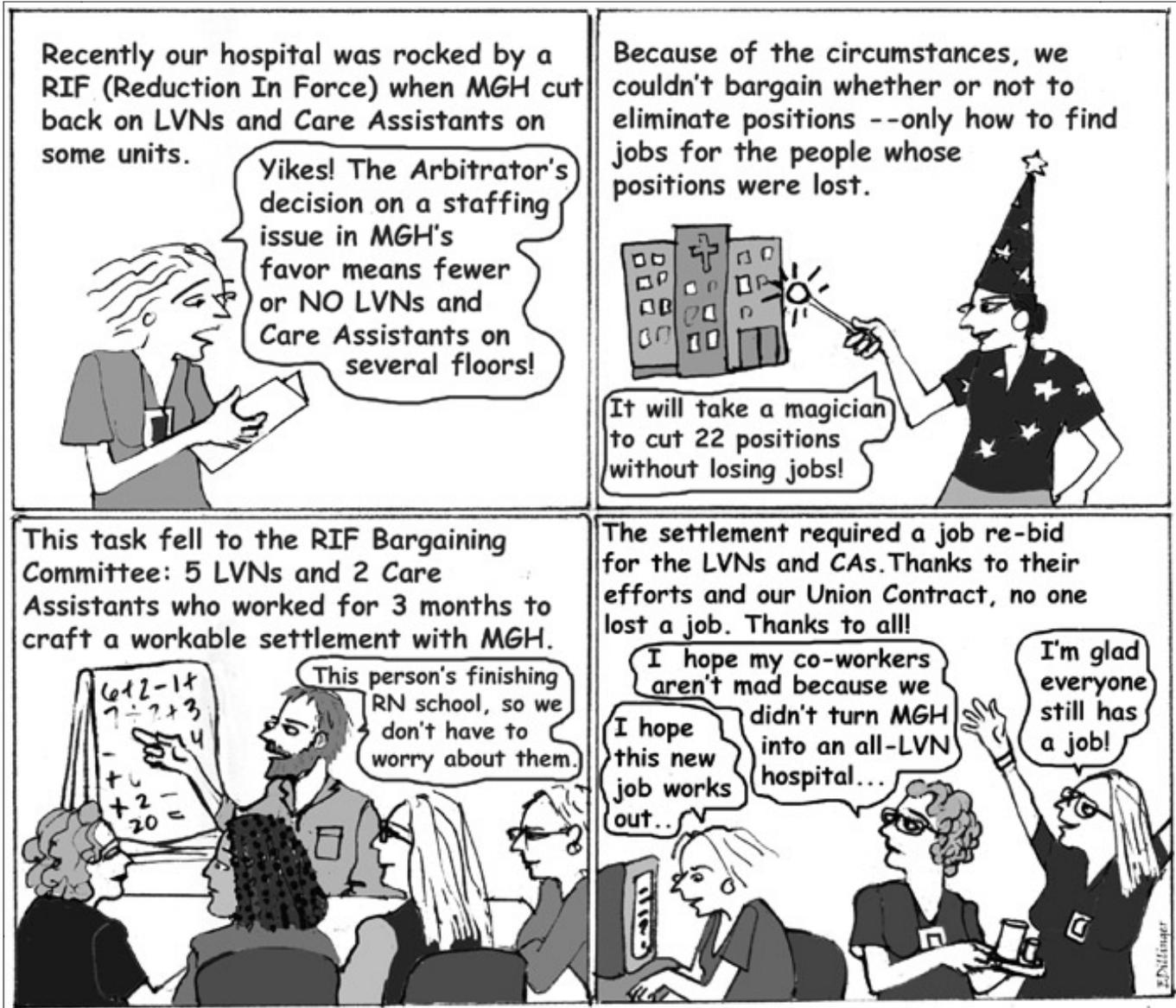
term strategic goals and financial picture, with particular attention to employee healthcare benefits. There was also a presentation on wellness programs.

Because we are in bargaining, it would be inappropriate to elaborate further on our UHW proposal, except to say that our goal is to help CHW remain a viable health care provider while maintaining and improving the industry standard for employee health benefits. We await the response of CHW and then real bargaining can begin.

Ellen Dillinger
Bargaining Committee

THE UNION TALKS

UNION BARGAINS RIF--- JOB SECURITY MAINTAINED!



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 Work: 453-4084

COPE Chair (alt.Chief)
Sharon Martinez
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Ellen Dillinger
 Home: 441-3468
 Work: 453-4138

SEIU UHW-West Field Representative:
 Josie Summers: 275-6342

See list of Shop Stewards on Main Union bulletin Board near Cafeteria.

STEWARDS MEETINGS

Every third Wednesday,
 Time: 2 p.m.- 5 p.m.
LOCATION VARIES

It is the responsibility of the shop steward to inform their dept.manager in a timely manner of release time required for shop stewards' meeting.

April 19 4101 J St
 Conference Room

May 17 Greenhouse A&B
 June 21 Greenhouse A&B

July 19 4101 J St
 Conference Room

Aug 16 Greenhouse A&B
 Sep 20 Greenhouse A&B

Oct 18 4101 J St
 Conference Room

Nov 15 Greenhouse A&B
 Dec 20 Greenhouse A&B

to all.