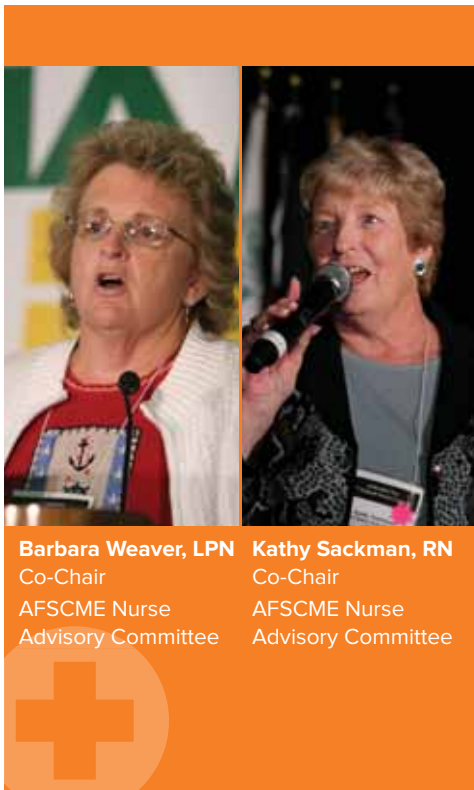




UNA ACTION



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Health Workers Shortage Public Health in Jeopardy

A new report released in April 2008 by the Center for Studying Health System Change (HSC), *Public Health Workforce Shortages Imperil the Nation's Health*, highlights the serious consequences of this nation's shortage of public health care workers. This shrinking of the workforce, fueled in part by the low priority placed on financing of public health, has jeopardized the ability of public health agencies to adequately meet their key responsibilities. According to the study, less than 3 percent of the more than \$2 trillion spent annually on U.S. health care goes to government public health programs.

Although there are structural differences in how local communities provide public health services, essential

activities for all are identified in "Public Health in America," by the Public Health Functions Steering Committee. They include:

- monitoring health status to identify community health problems;
- diagnosing and investigating health problems and hazards in the community;
- informing, educating and empowering people about health issues;
- mobilizing community partnerships to identify and solve health problems;
- developing policies and plans that support individual and community health efforts;
- enforcing laws and regulations that protect health and ensure safety;
- linking people to needed personal

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Feds to Expand Patient Safety Initiatives

Nine Conditions Added to List of Complications They Will Not Pay to Treat

Officials from the Centers for Medicare and Medicaid Services (CMS) announced in April proposed new rules that would add nine conditions to the list of preventable complications for which Medicare will withhold payment. This would expand the list to a total of 17 conditions that the federal government believes could be reasonably prevented. (See *UNA Action*, 2007, Issue No. 3, for related story.)

The added conditions included in the proposed rules are:

- surgical site infections following cer-

- tain elective procedures;
- deep vein thrombosis or pulmonary embolism;
- ventilator-associated pneumonia;
- bloodstream infections with staph aureus bacteria;
- Legionnaires' disease;
- extreme blood sugar derangement;
- iatrogenic pneumothorax or collapsed lungs;
- delirium; and
- clostridium difficile-associated disease.

The government estimates the

proposed rules will reduce Medicare outlays an estimated \$50 million a year.

In a similar move, Maine has enacted the first state law prohibiting hospitals from charging for treatment of conditions caused by medical errors. P.L. Ch. 605 makes it illegal for health care facilities to "knowingly charge a patient or the

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The Latest Nurse Staffing Data

Modern Health Care Survey Confirms Staffing Crisis Continues

Percentage increase in enrollments in entry-level baccalaureate nursing programs

2002
8.1%

2003
16.6%

2004
14.4%

2005
9.6%

2006
7.6%

2007
5%

Qualified applicants turned away from entry-level baccalaureate nursing programs

2002
3,600

2003
15,944

2004
29,425

2005
37,514

2006
32,323

2007
30,709

17%

Percentage of hospitals reporting that they hired foreign-educated nurses to help fill vacancies

Why RNs think there is a nurse shortage (2006)

- Poor salary and benefits 32%
- More career options for women 30%
- Undesirable hours 24%
- Faculty shortages in nursing schools 26%
- Negative perception of work environment 15%
- Nursing not seen as rewarding career 21%
- Nursing not respected profession 14%
- Lack of qualified students pursuing nursing 13%
- Fewer applicants admitted to nursing schools 12%

Percentage of hospitals reporting they hired more, fewer or the same number of foreign-educated nurses

More
42%

Fewer
23%

Same
35%

Vacancy rates for selected hospital personnel, December 2006

- Therapists (speech, occupational, physical) 11.4%
- Registered nurses 8.1%
- Pharmacists 8.4%
- Nursing assistants 8.0%
- Licensed practical/vocational nurses 6.6%
- Laboratory technicians 5.9%
- Imaging technicians 5.9%

Percentage of hospitals reporting recruitment for key positions became more difficult in 2006 compared with the previous year

- Therapists (speech, occupational, physical) 58%
- Registered nurses 44%
- Pharmacists 44%
- Nursing assistants 22%
- Licensed practical/vocational nurses 19%
- Laboratory technicians 41%
- Imaging technicians 28%

10 occupations likely to see largest job gains, 2006-2016

- **Registered nurses**
587,000
- **Retail sales**
557,000
- **Customer service**
545,000
- **Food prep**
452,000
- **Office clerks**
404,000
- **Personal and home care aides**
389,000
- **Home health aides**
384,000
- **Post-secondary teachers**
382,000
- **Janitors, cleaners**
345,000
- **Nursing aides, orderlies, attendants**
264,000

Source: *Modern Healthcare*, "By the Numbers," (Dec. 24, 2007).

Boomers Face Inadequate Geriatric Health Care System

The Institute of Medicine (IOM) has issued a report that sounded an alarm: "Without improved training and better pay for providers of geriatric care, the health system will be ill-equipped to care for the nation's baby boomers." The number of geriatricians has decreased 22 percent since 2000, to 71,000, and turnover among nurse aides in geriatric care averages 71 percent annually.

Some 78 million baby boomers – those born between 1946-1964 – will begin reaching age 65 in 2011. Many will need the specially trained providers who understand the unique health issues of the elderly. But the authors of

the IOM study say that "even if there is enough money, there isn't going to be anyone to provide the care."

The IOM recommends an increase in the Medicare reimbursement rate for services delivered by geriatric specialists. Low rates for services make it difficult to recruit interested health care workers into the field.

The report also recommends addressing the high turnover rate among direct care workers. The median wage in 2005 for direct care staff was \$9.95 per hour, and the work is stressful and frequently unsafe (see story on page 5 for additional information). *

Respirator Fit Testing Rule Reversed

Health care workers who are at risk of occupational exposure to tuberculosis are now covered by rules requiring that they be fit tested for respirators. This is a reversal of a policy that had been in place since 2003 (see *UNA Action*, Spring 2004).

Since 1993 AFSCME has led a coalition of unions that has urged the Occupational Safety and Health Administration (OSHA) to require that employers institute recognized infection control practices aimed at preventing occupational exposure to TB. Until December 2003, when the Bush administration withdrew its proposal, OSHA had been working on such a rule. Also in 2003, amendments to the annual appropriations bill offered

by then-Rep. Roger Wicker (R-Miss.) barred the agency from enforcing the requirements for fit testing health care workers. The U.S. Department of Labor claimed the general industry respiratory protection standard – which covers all occupational exposures to airborne hazards – was adequate to protect against TB infection.

The DOL fiscal 2008 spending bill excluded the amendment barring enforcement of the fit testing rule, thus reinstating a more protective occupational health policy.

Seen as a victory for health care worker safety, OSHA's expanded enforcement of its respiratory protection standard became effective January 2, 2008. *

On-Line Network for Health Care Employees is Launched

Do you wonder what challenges AFSCME health care workers face in other parts of the country? Are you looking for advice on how to solve a difficult work situation? Do you have a "best practice" you'd like to share with other AFSCME health care employees?

Well, now there is a members-only forum where you can do all that and more! AFSCME has created an on-line network for health care employees that will enable members to talk to each other about issues and concerns that affect them. You can access the network

at www.unionvoice.org/health_employees/join.tcl. Once your AFSCME membership is verified, you will receive an e-mail welcoming you to the network and then be free to participate in the discussions. We urge you to join! *

Congress Acts to Block Cuts to States and Hospitals



Congress has responded to AFSCME and other health care advocates who have objected to a series of Bush administration regulations, which would drastically cut federal Medicaid payments to states that provide significant funds to hospitals. In April, by an overwhelming vote of 349 to 62, the U.S. House of Representatives passed legislation (H.R. 5613) to block implementation of the cost-cutting Medicaid rules. The administration claims the rules would save \$15 billion in federal health care funds over five years, but cash-strapped states and hospitals say, in reality, the rules mean \$50 billion in cuts over that period. Both the House and Senate have voted to include a provision to block these damaging Medicaid regulations in the emergency supplemental bill to fund the wars in Iraq and Afghanistan. At press time, the President had threatened to veto the bill, in part due to the inclusion of language to block the Medicaid regulations, and Senate and House leaders were negotiating a final bill.

As the nation's largest single source of health care coverage, Medicaid provides significant funding for hospitals. Hospitals that provide core Medicaid services to low-income

individuals, such as emergency room services, obstetrical care and neo-natal intensive care, receive vital Disproportionate Share Funding (DSH) through the Medicaid program. For example, Tenet Healthcare Corporation received \$41 million in Medicaid DSH payments from states in the first three months of 2008. For public hospitals, which on average depend on Medicaid payments for more than 20 percent of their net patient revenues, the cuts in Medicaid payments would likely translate into staffing cuts and curtailing of services.

Blocking these cost-cutting Medicaid rules will maintain the status quo in federal payments to states, but this comes at a time when more than half the states are in budgetary crisis and additional aid to state Medicaid programs is needed. AFSCME is pressing Congress to provide states with an increase in the federal share of Medicaid costs. During the last economic downturn, Congress voted to temporarily increase the federal share of Medicaid payments, which provided states with \$10 billion in new health funds. The additional Medicaid funds helped hospitals that were seeing an increase in demand for services

from patients who had lost their jobs and health insurance coverage. Experts expect that the current economic downturn will again increase the number of uninsured persons and enrollment in Medicaid, further straining tight hospital budgets.

AFSCME nurses should contact their respective U.S. representative and senators and urge them to 1) support efforts to block the cost-cutting Medicaid regulations and 2) respond to the state and local budget crisis nationwide with an increase in federal funds to Medicaid.

AFSCME nurses can keep up to date on federal legislative developments by becoming AFSCME e-Activists. Sign up to receive the *Weekly Report* from the Legislation Department via your e-mail. Please go to unionvoice.org/afscme/join.html and check the "Federal Legislative Report" box under Subscriptions at the bottom of the page.

Health Workers *continued from page 1*

health services and assuring the provision of health care when it is otherwise unavailable;

- assuring a competent public health and personal health care workforce;
- evaluating effectiveness, accessibility and quality of personal and population-based health services; and
- researching for new insights and innovative solutions to health problems.

According to HSC, the general public has limited awareness and concern about the consequences of these services being unavailable. In a worst-case scenario, such as a pandemic influenza outbreak or another terrorist attack, the ability of public health agencies to respond in a timely and effective way is seriously compromised because of the current workforce shortage. In ad-

dition, in some localities, public health agencies are struggling to meet their routine, day-to-day responsibilities that many of us take for granted. These include monitoring the safety of drinking water, inspecting restaurant kitchens and assuring the immunization of school-age children.

Although the report did not offer specific remedies to the public health care worker shortage, respondents to a HSC survey identified several key factors that have led to this shortage. These include:

- inadequate public health funding;
- uncompetitive salaries and benefits;
- looming exodus of retiring workers;
- insufficient supply of trained workers; and
- lack of enthusiasm for public health careers. *

Patient Safety *continued from page 1*

patient's insurer for health care services it provided as a result of or to correct a mistake or preventable adverse event caused by that health care facility." The law, which lists 28 events that are "in the health care facility's control to avoid," took effect July 18.

In another development aimed at improving patient safety and hospital quality, CMS also put forth new reporting requirements for hospitals that would add 43 quality measures on which facilities would have to report data in order to receive a full inflation update in 2010. This brings the total to 73 quality measures. The acting administrator of CMS, Kerry Weems, predicts that this will put Medicare in the lead in "encouraging hospitals to improve the safety and quality of care" for every patient, not just Medicare beneficiaries. *

The AFSCME Nurse Advisory Committee

The AFSCME Nurse Advisory Committee (NAC) provides expertise and recommendations to the union on issues and activities of importance to AFSCME nurses. The committee is composed of registered and licensed practical/vocational nurses from acute care hospitals, nursing homes, public health, corrections and other practice settings. Based on recommendations from International vice presidents, members are appointed to two-year terms by President McEntee.



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New Jersey Enacts Laws to Protect Health Care Workers

Thanks to the hard work of union nurses in New Jersey, including 1199J/NUHHCE, the state has passed legislation that will make it safer for health care workers to do their jobs. Two of the most dangerous hazards in health care settings – patient lifting and violence – have been addressed through bills that will require employers to establish policies to protect workers from injuries caused by patient handling and

acts of aggression. Both bills cover hospitals and nursing homes licensed by the state, state and county psychiatric hospitals, and state developmental centers. The bills were signed by Gov. Jon Corzine (D) on Jan. 3, 2008.

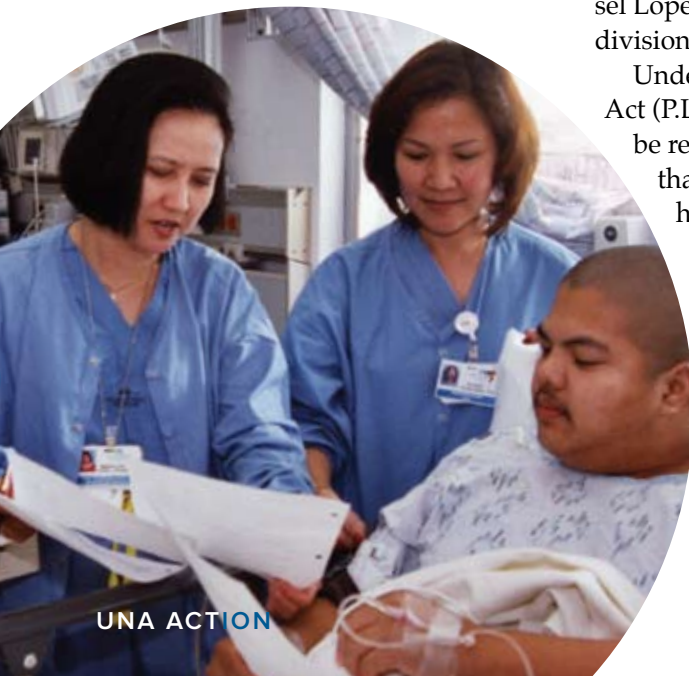
“These are landmark bills. We applaud the legislature and governor for recognizing that something can be done to reduce the dangers associated with working in health care,” said Grisel Lopez, state director of the nursing division of 1199J/NUHHCE.

Under the Safe Patient Handling Act (P.L. 2007, c. 225), employers will be required to establish programs that minimize unassisted patient handling. Workplaces will have 12 months to establish a safe patient handling committee and an additional 24 months to get their systems up and running. The programs must include an assessment of safe patient handling assistive devices, recommendations for a three-year capital plan to purchase safe patient

handling equipment, procedures for updating the patient handling requirements of each patient, easy access to patient handling equipment and a worker training program, plus educational materials for patients and their families.

As of March 2008, eight other states are known to have passed industry-specific legislation related to the safe handling of patients and residents. They are: Hawaii, Maryland, Minnesota, New York, Ohio, Rhode Island, Texas and Washington.

The Violence Prevention in Health Care Facilities Act (P.L. 2007, c. 236) requires each covered facility to establish a violence prevention program that identifies workplace risks and methods to address them. The law requires that facilities establish a violence prevention committee, annual violence prevention training, record keeping, a post-incident response system and “personnel sufficiently trained to identify aggressive and violent predicting factors and the ability to appropriately respond to and manage violent disturbances.” *



WHAT IS UNA-AFSCME

The United Nurses of America-AFSCME is more than 60,000 nurses working in unity to advance quality and accountability in the health care setting through organizing, political action and nursing practice. Across the country, we are reaching out to other nurses who want to join UNA-AFSCME. As our numbers grow, so does our power to improve our jobs, the care we deliver and the quality of our lives.

To learn more about United Nurses of America, visit the AFSCME website at www.afscme.org/una or contact the AFSCME Department of Research and Collective Bargaining Services at (202) 429-1215 or by e-mail at una@afscme.org.

UNA-AFSCME

- **ON THE JOB** — UNA-AFSCME nurses are winning wage, benefits and other improvements, such as prohibitions on mandatory overtime, through strong collective bargaining agreements with our employers.
- **IN THE COMMUNITY** — UNA-AFSCME nurses work in coalitions and partnerships at the community level to generate public and grassroots support for our goals and the agenda of nurses.
- **IN CONGRESS & LEGISLATURES** — UNA-AFSCME nurses lobby lawmakers and political officials to enact legislation and policies to increase health care funding, improve quality care, and institute safer working conditions and protections for nurses.

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