As part of a year-long campaign to protect public employee pensions, the We Are One Coalition held a number of press events and rallies as the pension reform debate heated up as the lame duck session of the Illinois General Assembly approached in early January. The group’s effort paid off as no consensus emerged on any one bill and the lame duck session adjourned with existing pension laws still in effect.

Speaking at a December news conference covered by most major media in Illinois as part of the We Are One coalition of public employee unions, INA Executive Director Alice Johnson warned state legislators to reject HB 6258 and HB 1447, also known as the Gov. Quinn-backed pension reform bills. “HB 6258 would increase the retirement age for some nurses,” she explained, emphasizing that raising the retirement age to 67 would put undue strain on nurses who already perform a physically demanding job. “The work the nurses do is physically demanding and sometimes physically dangerous. There have been times where these nurses have been physically attacked by mentally ill patients on the job and there have even been instances where some members have almost lost their lives,” she told the news conference attendees.

“We Are One Coalition Introduces its’ own Pension Bill: SB 2404

To address the pension reform issue with a bill that makes sense for tax payers and union members, the We Are One Coalition proposed a three-pronged approach in SB 2404:

1) Ironclad Funding Guarantee

To ensure that future politicians do not repeat the mistakes of their predecessors, it is essential that proper funding for the pension systems is guaranteed in law. That means allowing those who have the most at stake, the members of these systems, to have the right to bring action in court to compel the state to make its required annual contribution.

2) Pension Stabilization Fund

Devoting additional resources to this problem is essential for any pension-funding plan to be successful. Creating a constitutionally protected pension stabilization fund is a sensible approach to paying down the state’s pension debt.

3) Additional Member Commitment

Out of every paycheck, members of Illinois’ pension systems have consistently paid toward their modest pensions, even as the state has not. While public workers are not to blame for Illinois’ pension shortfall, they
If Your Patient Was Abusing Prescription or Illicit Drugs, Would You Know?

In 2011, 3.1 million persons aged 12 or older reported using an illicit drug for the first time within the past 12 months. This averages to approximately 8,500 initiates per day. Additionally, 6.1 million persons aged 12 or older reported the nonmedical use of prescription psychotherapeutic drugs in the past month. The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, has developed NIDAMED, a portfolio of resources designed to help nurses and other clinicians better address drug abuse in their patients. Visit the NIDAMED Web site now to view the portfolio of science-based, free resources: http://www.drugabuse.gov/nidamed-medical-health-professionals.

Available materials include:
- The NIDA Drug Use Screening Tool—a one question quick screen and a full interactive screen
- Information guides on brief intervention and referral to treatment
- Two new Medscape CEs about substance abuse topics
- Patient materials
- Curriculum resources for students about drug abuse and addiction

If you have questions about any of the NIDAMED resources, contact nidacoeteam@jbsinternational.com.

INA Wins Back Pay for Stateville Nurses

INA recently won back pay for nurses who work at Stateville Correctional Center in Joliet. Correctional nurses at Stateville are required to do infirmary reports for this assigned duty. This averages to approximately 8,500 initiates per day. Additionally, 6.1 million persons aged 12 or older reported the nonmedical use of prescription psychotherapeutic drugs in the past month. The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, has developed NIDAMED, a portfolio of resources designed to help nurses and other clinicians better address drug abuse in their patients. Visit the NIDAMED Web site now to view the portfolio of science-based, free resources: http://www.drugabuse.gov/nidamed-medical-health-professionals.

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SB 2404 continued from page 1

are willing to share in the sacrifice and be part of the solution. Tier 1 employees will be prepared to contribute an additional 2% of salary, phased in over the next two years, for their retirement. This will generate more than $3 billion for the retirement systems over the next 10 years.

New Poll: Illinois Voters Reject Harmful Pension Cuts, Support Union Plan and Collaborative Approach

A survey released in February by the We Are One Illinois coalition shows that Illinois voters oppose harmful cuts to public employee pensions while supporting the union coalition’s pension-funding plan instead. Specifically, the poll of 500 voters finds the public opposes cutting pensions by 58-31 and supports the coalition’s pension-funding plan by 59-23.

SB 2404 continued from page 1

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Uninsured women between the ages 40 and 65 are eligible for free mammograms at one of four INA member staffed Chicago Public Health Clinics, according to Sandra Robinson, INA vice president and nurse at the West Town clinic.

Locations and hours are:

- Englewood: 641 W. 63rd Street. Hours: Monday, Wednesday and Friday from 8 a.m. to 4 p.m.; and Tuesday and Thursday from 10 a.m. to 6 p.m. Contact is INA member Wendy Lane 312.745.1330.
- Roseland: 200 E. 115th Street. Hours: Monday, Wednesday and Friday from 8 a.m. to 4 p.m and Tuesday and Thursday from 9 a.m. to 5 p.m. Contact is INA member Cynthia Stringfellow at 312.747.2822.

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INA Wins Charge Pay for Clinic RNs

Nurses in the Neuroscience Center at UIC were being assigned charge duties without receiving the charge differential they are entitled under the contract. This practice had been going on for quite some time. INA filed a grievance against UIC.

Now the nurses who are in charge in Neuroscience Center will receive charge pay for any shift they have to make assignments for other staff and engage in other charge responsibilities.

INA Wins Grievances Against UIC; Goes to Bat for INA Members

INA recently filed two Unfair Labor Practice Charges against The University of Illinois Hospital and Health System with the Illinois Educational Labor Relations Board. Labor law requires employers to furnish information to the union upon request if it relates to legitimate subjects of bargaining and contract enforcement.

INA had requested information about fitness for duty examinations that members were forced to submit to as well as information about two related grievances concerning hiring decisions.

UIC, rather than simply turning the information over in an effort to settle the charges, challenged INA’s right to basic information about pending grievances and fitness for duty evaluations. The Labor Board is currently investigating and has not yet decided whether to issue a complaint.

Despite UIC digging in its heels about the specific requests involved, filing the charges has had an impact. “Once these charges were filed and it was clear to UIC that we were not going to back down, UIC changed how information requests are handled,” said INA Representative Matt Bartmes.

“Now they go to one centralized place, and the information is gathered from whoever at UIC has custody of that information.” Bartmes also noticed much quicker response times on new information requests submitted after the charges were filed.

INA Wins Grievance; Restores INA Nurse Positions in Liver Center

For a considerable time, UIC had staffed its Liver Center with academic, non bargaining unit nurses, then later with agency nurses. INA Grievance Co-Chair Anita Houtsma filed a grievance under the contract, citing the provisions on filling and maintaining bargaining unit positions.

By the time the University-level hearing came around, management had hired two nurses as status, INA positions. Management understood that the INA was right.

“I filed this grievance because the University is a civil service environment and hiring practices should be consistent with civil service guidelines,” said INA Grievance Co-Chair Anita Houtsma. “Nurses need to be hired by the Department of Nursing where they are scheduled via Nursing HR for medical clearance, TB testing, background check and they should go through Nursing Hospital Orientation, including use of the electronic medical record.”

Houtsma successfully argued that nurses should be supervised by nurses, not College of Medicine Department non-clinical Supervisors.

“This is a safety issue. If I’m working ‘shoulder-to-shoulder’ with a RN, I want to make sure this nurse is fully screened, totally oriented and completely informed for my safety as well as the safety of the patients.”

Join INA Today!
Is Communications an Issue in Health Care?

The Joint Commission on Accreditation of Healthcare Organizations suggests that communication is a top contributor to sentinel events. Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction and to preventable adverse outcomes, increase the cost of care, and cause qualified clinicians, administrators, and managers to seek new positions in more professional environments. Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. (Joint Commission, 2008).

Past studies have indicated that more than 60% of medication errors are caused by mistakes in interpersonal communication (Silence Kills, 2005). Each year hundreds of thousands of patients are harmed during their treatments because of errors are caused by mistakes in interpersonal communication (Silence Kills, 2005).

In a Georgia Health Care Workforce Policy Committee report (2002), “Lack of communications was by far the number one concern…the most critical of all issues” in promoting health care workplace excellence. Eastaugh (2004) reports, “The most common cause of malpractice suits is failed communicating with patients and their families.” Engstrom and Madlon-Kay (1998) report that “84% of patients choose their clinician on the basis of how well he or she communicates.”

More recently, the American Association of Critical Care Nurses (AACN) and Vital Smarts conducted a nationwide study that suggests that there are crucial conversations that people in healthcare frequently fail to hold that likely add to unacceptable error rates. This study recommends that improvement in these crucial conversations will contribute to significant reductions in errors, improvement in quality of care, reduction in nursing turnover, and marked improvement in productivity. (Silence Kills, 2005).

Researchers conducted dozens of focus groups, interviews, and workplace observations from more than 1,700 respondents, including 1,143 nurses. More than half of those surveyed had witnessed broken rules, mistakes, lack of support, incompetence, poor teamwork, disrespect, and micromanagement. Many reported observing co-workers cutting corners, making mistakes, and demonstrating serious incompetence. However, fewer than one in ten fully discussed their concerns with the other person.

And most do not believe it is their responsibility to bring this to the attention of the other person. About half of the respondents say the concerns have lasted for more than a year. A significant number report that there have been serious injurious consequences of the concerning behavior. (Silence Kills, 2005)

Why and how could this be true? Is it true for you? Why don’t people speak up? It is difficult confronting people! People’s lack of ability, belief that it is “not their job,” and low confidence that it will do any good are the three primary obstacles to direct communication. Other obstacles include time and fear of retaliation. This research demonstrated that there are 5-15% of healthcare workers who do step up to these difficult conversations. These workers report observing better patient outcomes, are more satisfied with their workplace, have increased productivity, and intend to stay in their unit and hospital. (Silence Kills, 2005).

In this article we will address the main obstacles—a nurse’s lack of knowledge, confidence and ability to hold critical conversations with their co-workers. However, legally, ethically, and morally it is the individual nurse’s responsibility...

---

Sound Familiar?

A group of nurses on a medical surgical unit describe a peer as careless and inattentive. Instead of confronting her, they double-check her work—sometimes re-checking a critical patient’s vital signs after she has done them. They’ve worked around this nurse’s weaknesses for over a year. They resent her, but never talk to her about their concerns.

Another nurse yells at you for not being here on time to help get a patient up.

Your supervisor says to you: Can you EVER get here on time? Don’t you care about your patients and the other nurses?

Dr. Smith says to a nurse: Why is there NEVER a nurse on time? Why is there NEVER a nurse who knows ANYTHING about my patients? Do you even know how to take a temperature and put it on the right chart?

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Communicating continued from page 5

and their job to take action on the incompetent behavior of their peers and co-workers. The ANA Nursing: Scope and Standards of Practice (2010) states in:

- Standard #7 Ethics competencies that: “The registered nurse ... their professional and personal relationships.

CE—Communicating continued from page 5

The Illinois Nurse Practice Act (2007) includes in the RN Scope of Practice the following obligations for nurses: The provision for the maintenance of safe and effective nursing care rendered directly or through delegation; advocating for patients; evaluation of responses to interventions and the effectiveness of the plan of care, and communicating and collaborating with other health care professionals. In addition the section on disciplinary action includes the following as grounds for disciplinary action: knowingly aiding or assisting another person in violating any provision of this Act or rules; a pattern or practice of violating law that communicates incompetence or ineptitude to practice under this Act; and gross negligence in the practice of professional, or advanced practice nursing. Communication Styles

What is your typical communication style? Are you passive? Aggressive? Assertive?

1. Use "I" messages to express your perspective, feelings, wants, and needs.
   a. No whining, blaming, or attacking.
   b. State objective facts. "I am not able to work
   c. This IS an attack!

2. Response to criticism
   a. NOT aggressively by blowing up, attacking, sarcastic; getting even, bringing up past history
   b. This is useful when you are tearful, frozen, or
   c. Do be ASSERTIVE: Assume you are the final judge of what you think is right, but you are responsible for the consequences of this behavior
   d. Acknowledgement—admit the mistake without excuses or blame if you are wrong. "I understand which conveys correction or change to communicate under this Act; and gross negligence in the practice of professional, or advanced practice nursing. Communication Styles

Communication Styles

- Basic communication is a feedback loop. Verbal and nonverbal signals go out from one to another and a response occurs. This kind is transmitted from one to another.

- More of us learn our communication style early in childhood as a way to get our needs met. Think of the crying infant...a toddler having a temper tantrum...a teenager telling about an unhappy life...is...a co-worker yelling at another person...a spouse crying because her husband forgot her birthday...yourself when you are overworked, tired, frustrated, hungry. We continue to communicate in ways we learn early if they are successful in meeting our needs. In general, we will only change our communication style to a more assertive, adult manner when it becomes evident that the other style is not working. So, if those people you work with or live with may not have learned yet that aggressive or passive communication does not work well and that the key principle you need to consider is one role in which a communication is working well or not— even when it appears that only the other person is communicating poorly.

In general our communication feedback loop works well when there is no stress. How often is this the situation in the healthcare environment? Another key principle of effective communication is that the only true communication is what the other person perceives you to have said, written, or intended. When stress is added, perceptions get tangled. Often it is up to us—the sender and the receiver to communicate in such a way as to minimize the stress and maximize the chance that the true intention is what is perceived and acted upon. This becomes especially challenging when we are fast-paced, e-mail, texting, and technology world today.

Passive communication is described as having the goal of “It’s not my problem at all.” The actual behavior is one of ignoring one’s own rights, being inhibited, not speaking up, avoiding eye contact, having a soft, weak, wavering voice, or being vague, rambling, and apologetic. Sound familiar? This style is not effective because the passive communicator does not meet their own needs, the unit does not benefit from their wisdom and contributions, and often times they suffer from physiological and emotional ailments related to “keeping it all bottled up inside.” Passive communicators have also been known to become aggressive and lash out inaccurately at others when the frustration of keeping it bottled up becomes too great.

Aggressive communication is characterized as competitive, controlling, manipulative, dominating, bossy, loud, and nonconstructive. The goal of the communicator’s goal is to win regardless of the cost to others. Ever experience this? Keep in mind that people who routinely communicate in this manner do so out of a position of low self-esteem. They have learned that as they put others down, they feel like they are building themselves up. This style is not effective because everyone looses in the long run. The
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CE—Communicating continued from page 6

Specific Crucial Conversation (Maxfield, Grenney, Patterson, McMillan, & Switzler, 2002) and Crucial Confrontation (Maxfield, Grenney, Patterson, McMillan, & Switzler, 2004) tools can be used to deal with these issues. Use of the assertive techniques can also assist the nurse to communicate effectively in order to improve quality patient care, avoid errors, and improve job satisfaction and retention.

Test Questions

1. More than half the nurses in the Silence Kills study reported that they had discussed concerns they had with mistakes and incompetence with the patient involved:
   a. True
   b. False

2. Passive behavior is characterized by all of the following except:
   a. Inhibited
   b. Poor eye contact
   c. Blaming
   d. Apologetic

3. All of the following are assertive techniques except:
   a. Yelling
   b. Emotions
   c. Probing
   d. Broken record

(Send entire form below for contact hours)

ANSWER FORM
CE #37: Communicating for Success in Difficult Situations
Please circle the appropriate letter
1. A B
2. A B C D
3. A B C D
4. A B C D
5. When you ______
   I feel ______
   Because ______

(Please PRINT clearly)

Name:
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Evaluation- CE 0211-37
Strongly Agree (5) Strongly Disagree (1)

Learner achievement of objectives:
1. Identify the importance of effective communication in health care
2. Discuss differences among various communication styles
3. Demonstrate effective assertive communication techniques
4. Identify effective ways to respond to verbal attacks
5. When did many minutes did it take you to read and complete this program?

How many minutes did it take you to read and complete this program?

Suggestions for improvement? Future topics?

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March 2013
Nurses who work at the Presence Health Surgical-Center in Joliet, Ill. have ratified a new contract that is effective February 1. Presence Health Surgical Center was previously part of the Provena Health System.

The nurses have been represented by the Illinois Nurses Association since July, 2011 when the bargaining unit was certified.

The contract is an 18-month agreement that calls for an immediate 5 percent lump-sum increase and a 2-percent increase one year after the contract is in effect. INA and the Surgical Center nurses worked with Presence to create scheduling committees in each clinical area that consists of one charge nurse and two staff nurses. Adjustments on how vacation time and holidays are compensated are also part of the new agreement.

Both parties established a new grievance procedure and a new labor management committee that is intended to work out disciplinary, benefits and other human resources issues that arise. Nurses will no longer be required to float to Provena-St. Joseph’s Hospital but can do so voluntarily.

“This contract represents a significant step forward for nurses who work at the Presence Health Surgical Center because it provides job security, a grievance procedure and benefits and that the nurses didn’t have before they unionized,” said Alice J. Johnson, executive director of the Illinois Nurses Association.

Left back row: Michelle Bowens, Board Member, Marty Feldman, Board Member, Bonnie Camacho, Treasurer, Mary Borotenti, President; Paul Quehl, Board of Directors

Left front row: Sandra D. Robinson, First Vice President; Deborah Farmer, Board Member; Sandra Fischer, Board Member; Linda Briggs, Board Member, Alice J. Johnson, Executive Director (Missing Steve Harris) Board Member

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