

## *MEMBERS SPEAK OUT*

These are letters we received in response to the letter from the nurses that was sent by them to the hospitals.

June 13, 2010

To: "The CRONA Board"

I just read a letter from a group of my fellow CRONA nurses and was puzzled by their outlook on our current negotiations. My reaction to the letter, in general, is that they have forgotten, or refuse to acknowledge, where most of the advances in nursing at LPCH and Stanford have come from. My impression is that this group of nurses has been around long enough to see the progress CRONA has fought for since the late 1960's. We have reaped the benefits of the sacrifices CRONA nurses who came before us have made. It's our turn to stand up and be counted not sit back and refuse to help CRONA shape nursing at Stanford and LPCH. What is clear to me, personally, is that we are where we are and we have what we have as nurses because the "Committee For Recognition of Nursing Achievement", CRONA, has stood up and fought for and with us.

I appreciate the fact that they have thanked CRONA for the "hard work and sacrifice" of the leaders during negotiations. We should all express gratitude to CRONA especially in light of the frustration they must be experiencing due to the hospitals refusal to negotiate. I'm sure CRONA feels some degree of disrespect from the hospitals because of their stance during negotiations. We, as nurses working in those hospitals, understand that disrespect shown to CRONA is disrespect shown to us.

Please understand that I feel it is important that all sides be heard during a process as important as these negotiations. But it is imperative we make clear statements about what is actually happening instead of reciting a litany of personal opinion. I was amused by the reference to our nurses making "a little less" than other hospitals in the bay area. Every conversation about the negotiations I have had with colleagues has begun with the statement "This is not about money". As far as the comment about being able to write Stanford on my resume, it strikes my heart because for the first time in 28 years I'm considering changing employers. It pains me to have to put LPCH on any resume.

In regards to the PDNP, I agree with the letter. We should have a challenging clinical ladder. What we shouldn't have is one that is unattainable. Many hospitals have introduced the PDNP concept but many worked 3-5 years in collaboration with their nurses to develop it. And in the end, that is what disturbs me about this whole process. There is no collaboration, we aren't considered part of the process. It has become an "us against them" situation.

It doesn't have to be this way. It is within the power of Stanford and LPCH to stand up, change the hard line stance they are currently taking, and dare to be different. Stanford and LPCH could be the leaders, showing the nation that a clinical arm should be an integral part of any clinical ladder. In a university hospital where much is expected of the nurses because we are caring for the sickest of the sick, there should be a higher percentage of clinical nurse 3 and 4 positions, attainable positions. Step up to the plate, Stanford and LPCH, and really extend the respect to your nurses you purport to have.

Lastly, let's not be naive about the economic climate. Some hospitals may be in the red, but ours is not! The economy is having a far greater effect on our nursing staff and still, from the nurses I have spoken to, many are willing to take a stand because they know our only strength is unity.

Do I want to go out on strike? No! What amazes me is that the hospitals appear to want us to. Will I vote for a strike? If the hospital continues to show us such disregard and continues to shun us at the bargaining table I would, reluctantly and with profound sadness. I am willing to stand with CRONA in the hope we can continue to improve nursing at Stanford and LPCH.

Sincerely,  
Joan Wise  
NICU,LPCH

6/14/10

Hi Lorie and Negotiating team: First of all, is that letter for REAL??????? Did the hospital write it? Did nurses that actually work for Stanford (there is a rumor it was written by a traveler), write it? The brown nosing, syrupyness of that letter is positively nauseating. This letter from these people was the last straw. How dare they take advantage of what nurses who have worked for Stanford for many years have made possible for them. I am so incredibly angry. It is time to go out on STRIKE. ENOUGH IS ENOUGH. Time to listen to people who have the mental capacity to see the BIG picture. This is ridiculous. NICU

6/14/10

**During the open forums with Pam Wells she stated that the reason for the needed cuts was because the hospital carried a heavy debt burden, but this article from February 2010 regarding 2009 fiscal year suggests otherwise:**

**Fitch Affirms Lucile Packard Children's Hospital at Stanford (CA) Revs at 'AA'**

--LPCH's operations benefit from its strong clinical reputation and its close ties to Stanford University.

--LPCH's balance sheet is marked by solid liquidity, coupled by a relatively low debt burden.

--LPCH's robust revenue growth results in very strong debt coverage.

CREDIT SUMMARY: The 'AA' rating reflects LPCH's strong profitability, solid liquidity, exceptional debt service coverage, and its well established reputation as a leading provider of highly specialized pediatric and obstetric services in the region. LPCH's profitability is consistently strong. . . . At FY-end 2009, LPCH reported \$52.5 million in operating income. . .

LPCH's strong revenue generations and its history of garnering philanthropic support have led to solid liquidity metrics and exceptional debt service coverage. Through the interim period ending Dec. 31, 2009, LPCH had \$413.4 million in unrestricted cash and investments, equating to 217 days cash on hand and a cushion ratio of 36.0 times (x).

Additional information is available at '[www.fitchratings.com](http://www.fitchratings.com)'.

Janet Thomas, 1N LPCH

(Letter sent to the hospitals)  
Stanford and Packard Hospitals:

Ample evidence exists that hospitals that exhibit a culture of blame increases the likelihood that error reporting will fall, leaving the hospital and patients vulnerable to processes that risk patient's lives. In a dissertation that examined errors and failures in complex healthcare systems, the following was noted:

"The four patterns of behavior [that led to patient harm or potential patient harm] were: cultures of blame, fear, self protection and a hierarchical status-consciousness; difficult interpersonal relations; difficulty managing conflict, coping with stress, and confronting ones weaknesses; and feedback delays related to error discovery and reporting. The four patterns of behavior led to the following six categories of error that resulted in patient harm: (1) Failure to anticipate and be attentive secondary to unclear expectations and distractions; (2) Inappropriate judgment secondary to simplification and/or self aggrandizement; (3) Ineffective teamwork related to status consciousness and conflict; (4) Lack of agency/fiduciary responsibility in cultures that normalize

intimidation and blame; (5) Inadequate system controls for critical operations; and (6) Inadequate and delayed feedback for learning” (Scott, 2005).

The proposed PNDP contains a clause that demotes the Clinical Nurse automatically when receiving a corrective action other than a final written warning (to include verbal warnings, and any preceding written warnings). The fact that nurses will be punished (by demoting them to clinical nurse II and restricting their ability to apply for advancement) means that less occurrence reporting will occur on real issues. Less occurrence reporting means less knowledge about areas we need to improve in order to increase patient safety.

Occurrence reporting is not supposed to be punitive but the content of the new proposed PNDP, makes it appear that should you “write someone up” you place another nurse at risk to receive corrective action. I have worked for years to encourage nurses to do occurrence reporting so that errors can be trended and operations examined so that less errors will occur. The new wording of the PNDP is a step back for nurses.

Nurses want to work with the hospital to improve patient outcomes. However, the fact that 75% of RNs are Staff Nurse III or IVs and the hospital continues to have poor patient outcomes (per Pam Simon in one of the forums) is not relevant to why the hospital has poor patient outcomes. Poor patient outcomes result from flawed processes, and unclear policies and procedures. Nurses can and will use evidence based practice to establish best practice and change the patient outcomes. But to do so we must first work together. We are asking the hospital to come back to address this and other valid issues with the Last, Best, Final, Offer. Please return to the negotiating table with CRONA. Please work with CRONA to come up with a fair PNDP that recognizes corrective action as an opportunity to address issues related to nursing practice and allow for correction and growth of our nurses without threatening or discounting their commitment to our patients. I also ask that in an effort to represent both sides of the story that the hospital post this on [StanfordPackardFacts.com](http://StanfordPackardFacts.com)

Respectfully,

Janet Thomas, RN, BSN

6/14/10

You should know the posting on the stanford packard facts website yesterday made a big impression on the nurses in my area (the Cancer Center ITA). Shortly after it appeared I was approached by a nurse who was so impressed she had started gathering signatures of agreement with the letter. Many of us agree that it was thorough, thoughtful, respectful and accurately mirrors the sentiment of many frustrated Crona nurses. Kudos to the person(s) who wrote it!

Crona, now is the time to take the high road and call a vote to ratify the current contract. The sooner the better. You will have the support of so many and prove you can be a bargaining unit who does indeed represent it's membership. The momentum has shifted toward ratification and the angry anti-Stanford/LPCH group is loosing ground. It all feels so much healthier now that someone put it all into words on the hospitals website.

Chris

June 13, 2010

Hi Lorie and the rest of the CRONA Board.

As we all know the devils in the details and I don't think that the nurses who sent the letter are THINKING with their heads. What I learned when I was young was that "If it sounds too good to be true it usually is." If the hospital were giving up money with their best, last and worse offer they would jump at our offer to keep the current contract in place. The fact that they declined it should tell all the nurses that there is a poison pill or pills in their new offer. Thank you for all your hard work. Thanks again, SHC

6/11/10

Today's email from the administration takes the cake. I reports of a letter claimed be written by a CRONA nurse. I have trouble believing that this letter is authentic, especially since it is unsigned for fear of retributions. If it is authentic, the author lives on a different planet than I do. I don't

know which is more disheartening, the hospital's tactics, or the thought that a nurse might have actually penned the letter. SHC

6/11/10

re the letter to CRONA "from one of our nursing units," unless they sign their names, they have no credibility...why don't they want their names known???? LPCH

6/12/10

I wanted to send of a snippy letter to the SHC-LPCH Executive Offices when I read this letter. (I refrained though... didn't want it coming back to haunt me.) It wasn't so much the content of the letter itself (though I'd like to ask those "nurses" who wrote the letter what they meant by a few of their comments), but the brazenness of them sending out a 'letter from nurses' without any way to actually validate where this letter came from. It is a lovely letter, but who wrote it? If those nurses wanted to share, why didn't they share their identities. Maybe I could use some enlightenment.

My sadness comes from the administrators who think that we as nurses are so dumb we'll just accept something they say because they say it. LPCH

6/14/10

Thank you Lorie for your well written letter!

Stay strong! E2 SHC

6/14/10

Thank you Lorie. Well said! SHC

6/14/10

Yes and yay and yahoo! Loads of support for you all. Thanks for responding so sanely. We need that. SHC

6/14/10

Lorie,

Well said!

I was deeply upset by the nurses who sided with the upper management of the hospital. I have spoken with nurses who have been here 20-30+yrs. They tell me what CRONA has done for them and how the hospital tx them before CRONA made the decision to step up and make a demand of being equal to other hospitals in the bay area. The myopic malcontents will always be around. It is my job to make sure the majority is represented, and this begins with having a strong leader like you.

Thank you,

SHC

6/13/10

Lorie,

Thank you so much for the letter update. I want you to know, I continue to support CRONA's views and want you to know I am with the union 100% and I am willing to do what ever it takes to help and to protect our rights and get the contract we deserve.

Thank you Lorie for all your support and everything you do.

Sincerely, SHC