

NNOC/ NNU 101

Your Guide to Joining
the RN Movement



National Nurses
Organizing
Committee



National
Nurses
United

INSIDE NNOC/ NNU 101

What Is NNOC/NNU?

A National Movement for RNs	3
More than 100 Years of RN Power	4

Why RNs Vote for NNOC/NNU

Better Salaries and Benefits	6
New Standards for RNs and Patient Protection	7
RN Safe Staffing Ratios	8
A Secure Retirement	9
Voice and Respect	10
A Legally-Binding Contract	11

Organizing with NNOC/NNU

Newly Organized RNs Speak	12
Organizing: How It Works	13
Your Right to Organize	14
Case Studies in Collective Action	15

The Organization

Nursing Practice	16
Legislative Advocacy	17
What About Strikes?	18
RNs in Motion — Get Involved	19

FOR MORE INFORMATION ON HOW YOU CAN JOIN:

Email us at organizing@nnoc.net or call 1-800-540-3603
Please visit our website at www.nnoc.net

A NATIONAL MOVEMENT FOR RNS

A STRONG VOICE FOR OUR PROFESSION AND OUR PATIENTS

On behalf of the elected RN members of our Board of Directors, welcome to National Nurses Organizing Committee. We are proud to be at the helm of our organization in a period marked by unparalleled growth and tremendous change for our profession and our patients.

National Nurses Organizing Committee (NNOC) was launched by the California Nurses Association (CNA) in 2005 in response to nurses' requests to build a national movement of direct-care RNs, modeled on the success of CNA. NNOC and CNA now represent more than 90,000 RNs in nearly 300 facilities throughout the nation, including California, Florida, Illinois, Kansas, Maine, Missouri, Nevada, Ohio, Texas, and West Virginia.

We are a national union and professional organization for RNs who are pursuing an ambitious agenda of patient advocacy that promotes the interests of patients, direct-care nurses, and RN professional practice.

From coast to coast, we have won the best contracts for RNs in the nation. Some 30 years ago, RNs were among the lowest-paid professionals, had no retirement, and worked every weekend. Today, through the collective action of our members, nurses at NNOC facilities have safe staffing conditions, a more secure retirement, and salaries commensurate with experience. Our agreements are noted for enhancing the collective voice of RNs in patient care decisions, achieved through our professional practice committees and Assignment Despite Objection (ADO) documentation system.

We believe that a strong, professional RN union empowers us to take our patient advocacy from the bedside to the statehouse and beyond. We have repeatedly stepped outside the walls of our facilities to meet our goals, whether it was our 13-year fight to win and defend California's safe staffing ratios or forming the Registered Nurse Response Network to send RN volunteers after disasters such as the Haiti earthquake and Hurricane Katrina.

In 2009, our organization was a major force in bringing state nursing associations across the nation together into one, National Nurses United (NNU). NNU's total membership today stands at 190,000 RNs and includes the District of Columbia Nurses Association, Massachusetts Nurses Association, Minnesota Nurses Association, Southern United Nurses, and Veterans Affairs RNs. NNU is the largest union and professional association of registered nurses in U.S. history!

We invite RNs to join us to help build an even more powerful voice for RNs and patients.



CNA/NNOC Board of Directors

OUR PROGRAM

- Improve RN workplace standards through collective bargaining to assure RNs have compensation that recognizes professional skills and a retirement that provides dignity for our families after a lifetime of caring for others.
- Secure passage of state and national legislation for RN staffing ratios and other basic protections for RNs and patients, and meaningful healthcare reform based on a single standard of care for all.
- Make direct-care RNs, not administrators, the voice of nursing in Washington, D.C. and state capitals, and the guardians of our practice and profession.
- Block hospital industry efforts to undermine RN professional practice in legislatures, regulatory agencies, boards of nursing, and at the bedside.
- Assure full compliance with highest safety standards on limiting spread of pandemics, and guaranteeing RN access to proper safety equipment.



MORE THAN 100 YEARS OF RN POWER



- **1903**
California Nurse Association (CNA) founded: One of the first professional RN organizations in the U.S.

- **1905**
CNA-sponsored legislation results in the first RN licensure law.

- **1945**
CNA first in the nation to represent nurses in collective bargaining agreement, negotiating contracts at five Bay Area hospitals that establish the 40-hour work week, vacation and sick leave, health benefits, shift differentials, 15 percent salary increase.



- **1966**
2,000 CNA RNs stage mass resignation protest and win major gains, including 40 percent pay increase, eight paid holidays, and time-and-a-half for holidays worked.

- **1971**
CNA contract language requires hospital staffing systems based on patient acuity and nursing care with staff RNs participating in staffing assessments.



- **1976**
CNA-sponsored regulation establishes mandated RN-to-patient ratios in all California hospital ICUs.

- **1993**
Staff RN majority elected to CNA Board of Directors for the first time in CNA history on a platform promoting patient advocacy and challenging unsafe hospital restructuring.

- **1995**
CNA Convention votes by 92 percent to end ties with the American Nurses Association (ANA). Adopts a program to reallocate resources to organize RNs, strengthen contracts, confront hospital industry attack on RN jobs and enact legislative and workplace protections.



- **1996**
CNA wins important changes in state law (Title 22) that licenses and certifies hospitals, strengthening RNs' ability

to advocate for patients. Provisions include staff RN participation on committee to review patient classification systems, floating protections, and requirement that every patient be assessed by an RN at least once a shift.

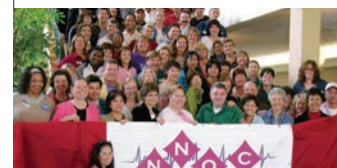


- **1999**
First-in-the-nation law passed in California, sponsored by CNA, mandating minimum RN-to-patient ratios for all hospital units. CNA wins other major legislation, including whistle-blower protection for healthcare employees.

- **2001**
CNA wins unprecedented organizing pact with Catholic Healthcare West (CHW). Within one year, CNA wins elections at nine CHW hospitals, significantly increasing membership in mostly unorganized Southern California.



- **2003**
CNA wins organizing pact with Tenet Healthcare resulting in 2,500 Tenet RNs vote for and win CNA representation at the largest, mostly non-union chain in the West.



- **2004**
RN safe staffing ratios implemented in all California acute-care hospitals.



- **2005**
National Nurses Organizing Committee (NNOC) is founded by CNA in response to an overwhelming demand by direct-care nurses. 1,800 Cook County, Illinois RNs vote to join CNA/NNOC.

CNA/NNOC embarks on an epic campaign to successfully save RN-to-patient ratios after Gov. Arnold Schwarzenegger attempts to roll back the law. CNA/NNOC organizes Hurricane Katrina relief effort. This leads to the formation of the Registered Nurse Response Network.



2006

Maine State Nurses Association votes to join CNA/NNOC.

2007

Saint Mary's RNs in Reno, Nevada vote to join CNA/NNOC, making it the largest RN organization in Catholic hospitals across the U.S. representing direct-care nurses.



2008

RNs at Cypress Fairbanks Medical Center in Houston vote for CNA/NNOC representation in a dramatic breakthrough, becoming the first nurses in a private-sector hospital in Texas to win union collective bargaining rights.



2009

1,300 RNs at three St. Rose Dominican hospitals in Las Vegas, Nevada vote by 76 percent to join CNA/NNOC.

CNA/NNOC joins forces with United American Nurses and Massachusetts Nurses Association, and sets in motion a process for building an RN "super union." The 155,000 RN organization, National Nurses United (NNU), became the largest

union and professional association of RNs in U.S. history with contracts covering nurses in 24 states and individual members in all 50 states.

7,000 Veterans Affairs RNs in 22 VA hospitals in 11 states affiliate with National Nurses United.



2010

8,000 HCA and Tenet RNs in Nevada, Texas, Missouri, and Florida vote to join NNOC/NNU.

RNRN sends nurses aboard, USNS Comfort and to Sacre Coeur Hospital in Haiti in response to devastating earthquake.

1,300 RNs at the University of Chicago Medical Center vote to join NNU, followed by 1,600 RNs at Washington, D.C.'s largest hospital, Washington Hospital Center.



2011

NNU begins "Nurses Campaign to Heal America", calling for healthcare, good jobs, education, a clean environment, and retirement security for all, with revenue through a Robin Hood Tax on Wall Street speculation.

RNs in Massachusetts, Illinois, and Florida continue NNOC/NNU's successful organizing streak.

CNA/NNU wins passage of bill requiring all California hospitals have a safe patient handling policy, including "lift teams" trained to lift patients using proper equipment.



2012

RNs in California, Florida, Missouri, Ohio, Texas, and West Virginia vote to join CNA/NNOC/NNU.

NNU RNs rush to New York to assist with Hurricane Sandy relief efforts.

2013

RNs Texas and California continue to Texas, join CNA/NNOC/NNU.



2014

NNU launches "Insist on an RN" multimedia campaign to explain why bedside nurses are superior to healthcare technology.

NNU sounds the alarm on how unprepared nation's hospitals are for Ebola. Wins toughest and safest standards in country for healthcare workers through California Occupational Safety and Health guidelines; fights for same at federal level.

1,200 RNs at Kaiser's flagship Southern California hospital, Los Angeles Medical Center, vote to join CNA/NNU.



2015

Nurses step up political activism, opposing the Trans-Pacific Partnership agreement, celebrating Medicare's 50th anniversary, and demanding hospitals develop plans to curb workplace violence — all while continuing to make strides in organizing and bargaining.

In August, NNU was first national union to endorse Sen. Bernie Sanders for president.



2016

Nurses seize historic opportunity to support a presidential candidate whose platform aligns perfectly with nurses' values, campaign hard for Sen. Bernie Sanders.

In June, NNU hosts the People's Summit in Chicago, a gathering of more than 3,000 nurses and progressive allies to discuss and plan how to build on the Sanders campaign and grow the movement for socioeconomic, racial, and climate justice.

BETTER SALARIES AND BENEFITS



“

Specific language in our contract encourages nurses to make Children's Hospital a long-term career choice. There are 150 RNs at Children's with over 20 years of service each! Nurses have guaranteed access to part-time positions after several years, and there are no mandatory weekends after 20 years of service. Nurses get longevity raises in addition to yearly cost-of-living raises and five weeks of vacation after 10 years. RNs have the opportunity to transfer to another unit and receive full specialty training before the position is opened up to outside RNs. I transferred from Med/Surg to Oncology and was fully trained in Pediatric Oncology, which made me feel renewed in what I was doing.”

**Martha Kuhl, RN,
CNA/NNOC Treasurer
and Board of Directors,
NNU Secretary-Treasurer**

UCSF Benioff
Children's Hospital
— Oakland, California

NNOC/NNU nurses have won collective bargaining agreements that are the model for RNs across the nation.

COMPENSATION

- Salaries: salaries up to \$85.15/hr for career RNs.
- New graduate rates up to \$51.73/hr for day shift.
- Shift differential: Up to 15 percent for evenings, 20.5 percent for night shifts.
- Paid education leave: Up to 12 days per year.
- Up to 13 paid holidays per year.
- Preceptor pay: Up to \$2.50/hr for preceptor assignments.
- Charge pay: Up to \$3.25/hr additional pay.
- Weekend differentials: 30 percent additional pay.
- Call back while on-call: double-time in some contracts.
- Per diem pay: Up to 25 percent pay differential.
- Overtime: Time-and-a-half after eight hours, double-time after 12 hours.
- Experience credit: increased pay for years worked as an RN inside or outside the United States.
- Fair and equitable wage system based on years of experience that eliminates wage caps for senior nurses.

Note: Not all contracts have all benefits listed.

CNA/NNU LANDMARK SALARIES

	RN Days	RN Nights	Charge Days	Charge Nights
Kaiser Permanente	\$79.57	\$90.04	\$83.55	\$94.02
Mercy Sacramento	66.35	70.85	67.35	71.85
HCA, San Jose	70.89	76.89	74.89	80.89
Salinas Valley Memorial	81.06	86.06	85.92	90.92
Dignity Health, California Hospital	60.90	64.90	62.15	66.15
Tenet, San Ramon	72.66	78.30	74.41	80.05
UCLA Medical Center	64.59	70.59	67.09	73.09

Top Staff Nurse II Wage Rates. Rates as of July 2015.

DEFINED-BENEFIT PENSION PLAN

- Full and part-time RNs receive defined-benefit plan.
- Pension credit for per diems who work 1,000 hours per year.
- RNs who transfer to another NNOC/NNU represented hospital in a system are able to bring full earned pension credits.

HEALTH BENEFITS

Comprehensive coverage for the RN and her/his family, including health, dental, and vision.

SCHEDULING

- No cancellation: RNs cannot be cancelled from a regularly-assigned shift.
- Preference over travelers: Regularly-scheduled RNs have preference over travelers in scheduling and cannot be floated from their unit if a traveler is there.

LONGEVITY INCENTIVES

- No mandatory weekends after 20 years of service.
- Longevity raises at 9, 11, 16, 20, 25, and 30 years.
- Five weeks of vacation after 10 years.
- Increased monthly pension.
- 15 days per year sick leave after five years.

NEW STANDARDS FOR RNS AND PATIENT PROTECTION

NNOC/NNU contracts have created new standards for RNs and patient protection. A crucial part of quality patient care is reversing the trend of inadequate hospital staffing that is putting patients at risk and driving nurses out of the profession. NNOC/NNU representation provides RNs with the tools to have a real voice in patient care decisions, which we use to create safer healthcare facilities to protect our patients, our licenses, and ourselves.

STAFFING RATIOS PROTECTIONS

NNOC/NNU contracts often contain one or more of the following Safe Staffing Protections:

- Ratios: the golden standard
- Acuity
- Advocacy
- Enforcement (arbitration)
- Break relief RNs that don't count toward the staffing matrix
- Prohibition on cancelling nurses if that causes the unit to be out of compliance with the staffing matrix

PROFESSIONAL PRACTICE COMMITTEES

NNOC/NNU contracts negotiate staff RN-controlled committees with the authority to document unsafe practices and the power to make real

changes. The Professional Practice Committee (PPC) is an elected, staff RN committee with representatives from every major nursing unit. The PPC meets in the hospital on paid time and tracks unsafe conditions through an independent documentation system called the Assignment Despite Objection (ADO).

SAFE LIFT POLICIES

Contract language to assure safer lift policies, including "appropriately trained and designated staff" to assist with patient handling, available 24 hours a day.

TECHNOLOGY WON'T REPLACE RN JUDGMENT

Precedent-setting language that prevents new technology from displacing RNs or RN professional judgment.

FLOATING POLICY IMPROVEMENTS

- Floating not required outside the RN's clinical area
- No floating allowed unless RN clinically competent
- Limits on floating if the sending unit does not comply with the mandated staffing matrices

BAN ON MANDATORY OVERTIME

Prevents nurses working when they are exhausted, endangering patients.

CHARGE RN

Not counted in the staffing matrix. Has the authority to increase staffing as needed.

PAID EDUCATION LEAVE

Up to 12 days per year.

RESOURCE RNS

RNs who are not given a patient care assignment or counted in the patient acuity mix available to assist RNs as needed on their units.



CNA/NNOC/NNU contracts include patient protection standards that give us the authority to directly improve patient care at our facilities. For example, binding arbitration for safe staffing is a historic contract gain that gives our Professional Practice Committee the power to improve staffing on units, and protect patient safety. Every RN contract should have these kinds of standards and, eventually, they will.

Malinda Markowitz, RN, CNA/NNOC Council of Presidents, NNU Vice President
Good Samaritan Hospital — San Jose, California



RN SAFE STAFFING RATIOS SAVE LIVES

NNOC/NNU national and state-specific safe staffing bills are all modeled on the standards set by legislation in California.

Thanks to CNA/NNOC/NNU-organized RNs, staffing ratios are in effect today in California, bringing RNs back to the bedside by the thousands and dramatically improving staffing.

It took many years, and nurses had to challenge a very popular governor along the way to defend the ratios, but CNA/NNOC/NNU prevailed and is now actively working to pass a comprehensive national bill, the National Nursing Shortage Reform and Patient Advocacy Act, S. 864, sponsored by U.S. Sen. Barbara Boxer (D-CA) and a similar bill in the U.S. House of Representatives, H.R. 1602, sponsored by Rep. Jan Schakowsky. We are also working with RNs in states all across the nation to adopt state-specific legislation entitled Hospital Patient Protection Acts.

None of the dire warnings from the hospital industry have come to pass: There has been no rise of hospital closures as a result of ratios, California hospitals are financially sound, and in the many years since the law was signed, California has increased the number of actively licensed RNs by more than 120,000 — tripling the average annual increase prior to enactment of the ratios.

Now the scientific evidence is in, too. A study led by the nation’s most prestigious nurse researcher, Linda Aiken, RN, Ph.D., at the University of Pennsylvania School of Nursing provides unassailable evidence: The law reduces patient deaths and assures nurses more time to spend with patients.

Examining patient outcomes and surveying 22,000 RNs in California, Pennsylvania, and New Jersey, the research found:

- New Jersey hospitals would have 14 percent fewer patient deaths and
- Pennsylvania 11 percent fewer deaths if they matched California’s ratios in post-surgical units.
- Fewer California RNs miss changes in patient conditions because of their workload.
- California RNs are far less likely to report burnout and leave than New Jersey or Pennsylvania nurses.

CALIFORNIA RATIOS	
Intensive/Critical Care	1:2
Neo-natal Intensive Care	1:2
Operating room	1:1
Post-anesthesia Recovery	1:2
Labor and Delivery	1:2
Antepartum	1:4
Postpartum couplets	1:4
Postpartum women only	1:6
Pediatrics	1:4
Emergency Room	1:4
ICU patients in the ER	1:2
Trauma patients in the ER	1:1
Step Down	1:3
Telemetry	1:4
Medical/Surgical	1:5
Other Specialty Care	1:4
Psychiatric	1:6

All ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

SAFE STAFFING RATIO LAWS — MORE THAN JUST THE NUMBERS

Both California’s A.B. 394 and the federal bills, S. 864 and H.R. 1602, have multiple provisions designed to remedy unsafe staffing in acute-care facilities.

- Mandates minimum, specific, numerical ratios for each unit to apply at all times including break coverage.
- Requires a patient classification system: additional RNs added based on patient needs.
- Assures RNs the legal guarantee to serve as patient advocates.
- Prohibits use of mandatory overtime.
- No lay-offs of ancillary staff as a result of the ratios.
- Regulates use of unlicensed staff.
- Restricts unsafe floating of nursing staff.
- Whistle-blowing protection for caregivers who report unsafe practices.
- LVNs/LPNs are not in the ratio count and are assistive to the RN.
- Federal assistance for the purchase of safe patient handling equipment.

A SECURE RETIREMENT

NNOC/NNU has won landmark improvements in retirement security for tens of thousands of RNs. More progress is needed — but, for the first time, RNs represented by NNOC/NNU have the opportunity to retire with dignity after a lifetime of caring for others. We continue to make improved pension coverage and retiree health benefits a major focus.

RETIREE HEALTH BENEFITS AT AGE 55

Nurses who have spent their lives safeguarding the health of their patients should have access to quality healthcare when they retire. NNOC/NNU has won retiree health benefits at age 55 for thousands of nurses and will continue to work towards retiree health coverage for all RNs.

Dignity Health Defined-Benefit Plan						
Monthly Retirement from Defined-Benefit Plan Exceeds 401(k)-type plan						
Year	Salary annual	Salary monthly	Dignity monthly benefit	401(k) monthly annuity	Dignity % final salary	401(k) % final salary
2050	\$341,488	\$28,457	\$16,744	\$8,161	58.8%	28.7%
2045	280,679	23,390	11,552	5,298	49.4%	22.6%
2040	230,697	19,225	7,725	3,349	40.2%	17.4%
2035	189,616	15,801	5,660	2,035	35.8%	12.9%
2030	155,851	12,988	2,928	1,162	22.5%	8.9%
2025	128,098	10,675	1,561	590	14.6%	5.5%
2020	105,287	8,774	636	225	7.3%	2.6%
2015	90,000	7,500	108	36	1.4%	0.5%

Assumptions: The chart shows retirement benefits accrued from 2015 forward, and does not include pre-existing 401(k)s, Social Security, pension benefits already earned, or other savings. The chart assumes a salary of \$90,000 in 2015, and annual wage increases of 4%. The 401(k)-type plan assumes an employer contribution of 5% of salary, a 7% annual investment return, and the purchase of a single-life annuity upon retirement at age 65.

GUARANTEED DEFINED-BENEFIT PLANS WON FOR NNOC/NNU RNS

Many NNOC/NNU members are now covered by “defined-benefit” pension plans, the type of plans that guarantee certain benefits at retirement time. Defined-benefit plans protect nurses’ pensions from the fluctuations of a volatile and speculative stock market. These plans safeguard retirement savings with far superior security — and benefits — than are available in the typical 401(k)/403(b) plans.



It was through solidarity — our members signing petitions in Nevada and the nurses in California standing with us, that we were able to save our current benefit package, retirement, and healthcare, and receive wage increases.



Melanie Sisson, RN
St. Rose Dominican Hospital — Las Vegas, Nevada

VOICE AND RESPECT

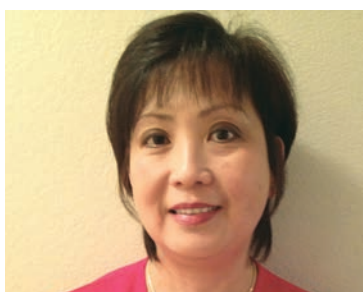


PATIENT ADVOCACY WITHOUT FEAR

“With NNOC, we feel management respects us and we can advocate for our patients without fear of retaliation. We think our contract ensures patients get the best care possible.”

Elsie Reyes, RN

Providence Memorial Hospital — El Paso, Texas



RN UNITY IS A WIN FOR EVERYONE

“When RNs stick together for quality patient care and our professional practice, it is a win for everyone — patients, nurses, our hospital, and the community.”

Marissa Gutierrez, RN

MountainView Hospital — Las Vegas, Nevada

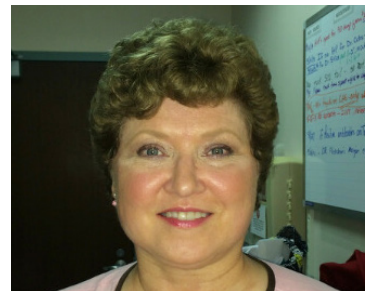


A STRONGER VOICE TO HELP US ADVOCATE FOR SAFE STAFFING

“I have been working in Stroger Hospital for 14 years and have watched patient acuity increase each year — and we have had no say in staffing. We needed a stronger voice to help us advocate for safe patient language. We are now working together in the one organization that can give us that voice — NNOC/NNU.”

Beena Philips, RN

John H. Stroger Jr. Hospital of Cook County — Chicago, Illinois



STRONGER VOICE TO HELP US ADVOCATE FOR SAFE STAFFING

“We’ve made improvements as a result of having a union contract. For example, the ‘floating only to like units’ article. Before, as a pre-op nurse I was being floated to L/D, ICU, and Med-Surg. I now only float to ‘like units’ where I’m oriented. Thanks to our NNOC contract, I’m confident in the care I’m giving.”

Linda Schall, RN

Menorah Medical Center — Overland Park, Kansas

90 PERCENT ELECTION VICTORY RATE
95 PERCENT FIRST CONTRACT RATE

WHAT’S IN A CONTRACT?

Most NNOC/NNU contracts include these major elements

- **Professional Practice Committee**
Elected staff nurse committee that addresses staffing and practice issues, meeting on paid time in the facility.
- **Staffing Ratios**
- **Protections Against Unsafe Floating**
- **Restrictions on Mandatory Overtime**
- **Paid Educational Leave**

A LEGALLY-BINDING CONTRACT

STEP 1

FACILITY BARGAINING COUNCIL (FBC) AND RN NEGOTIATING TEAM ESTABLISHED

The FBC is the crucial link between the negotiating team and all nurses in the bargaining unit, with representatives from every shift and unit. The FBC elects the nurse negotiating team. The size of the team is based on the number of RNs in the bargaining unit at your facility.

STEP 2

NURSES DECIDE WHAT IS IMPORTANT

The FBC distributes a bargaining survey to every staff RN to get their opinions on a wide array of facility-wide and unit-specific issues from professional education benefits to holidays and floating policies. The results of these surveys help to determine bargaining priorities.

STEP 3

NURSES ARE DIRECTLY INVOLVED IN NEGOTIATIONS

The elected nurse negotiating team and an NNOC/NNU staff labor representative sit across the table from the management team. NNOC/NNU provides orientation and training. The negotiating team keeps nurses informed through the publication of regular bargaining updates. General meetings occur at critical junctures throughout the negotiating process.

STEP 4

NURSES VOTE ON THE CONTRACT

When the team reaches a tentative agreement, it is brought back to the nurses for discussion and a vote. Before any contract goes into effect it must be approved by a majority of the RNs at the facility in a secret-ballot vote.



NNOC/NNU NEGOTIATES THE BEST CONTRACTS IN THE NATION

“Your first NNOC/NNU contract negotiations will provide you with an opportunity to work with your nurse colleagues to improve conditions for nurses and enhance protections for patients. With a NNOC/NNU contract, your employer cannot unilaterally change your working conditions or reduce salaries and benefits. Any changes in the workplace must be negotiated between management and RNs. You will elect your nurse colleagues who will represent you at the bargaining table, and of course vote on your contract.”

Janice Webb, RN, CNA/NNOC Board of Directors

UC San Diego Medical Center
— San Diego, California

- **Nurse Representatives**
Elected staff RN representatives from your unit who can assist you in interpreting your contract, filing a grievance, and organizing and communicating within your facility.
- **Annual Salary Increases and Regular Longevity Step Increases**
- **Vacation, Sick Leave, and Holidays**

- **Grievance and Arbitration Procedure**
Formal procedures for resolving issues with management.
- **Technology Protections**
Ensuring that new technology won't replace RN professional judgment.
- **Per Diem Rights**

- **Retirement Plan**
- **Differentials**
Weekend, shift, charge, and preceptor.
- **Health Benefits**

(specifics of a contract vary from facility to facility)

NEWLY ORGANIZED RNS SPEAK



MODEL PATIENT CARE PROTECTIONS, ECONOMIC IMPROVEMENT

“Prior to forming our union at Providence things were not done fairly. We didn’t receive consistent raises, the cost of our health insurance coverage was constantly changing, nurses were sent home early and the nurse-to-patient ratio was unsafe. Now that we have a contract we have a guarantee that we have a voice and we have the power to work to make things fair.”

Rose Farhoudi, RN

Providence Hospital
— Washington DC



STRONGER VOICE TO HELP US ADVOCATE FOR SAFE STAFFING

“We formed a union with NNOC-FL/NNU because we wanted to make staffing improvements for ourselves and our patients. Our contract has achieved that! We have the guarantee of knowing our RN-only professional practice committee to address staffing concerns directly with Nursing Administration is secured in our contract. Because of NNOC-FL/NNU we have a real voice over patient care at our hospital.”

Marissa Lee, RN

CNA/NNOC Board Member,
Osceola Regional
Medical Center
— Kissimmee, Florida



AN ALL-RN UNION WITH A TRACK RECORD OF SUCCESS

“We chose to organize with NNOC because they represent RNs only, which allows them to maintain a focus on RN practice and patient care issues. Nurses have unique, and often conflicting, moral and legal responsibilities to our patients, our employers, and our licensure. Who would better understand that than the working, bedside RNs who exclusively make up their elected board? That is what sets the NNOC apart.”

Leonora Fuller, RN

Research Medical Center
— Kansas City, Missouri

ORGANIZING: HOW IT WORKS

“

Every day more nurses organize to join the national nurses movement, meaning that we finally can speak with a unified voice. In the past, RNs were divided and susceptible to intimidation from hospital management. When RNs join together, it gives us protection for our patients and our profession. In just 15 years, NNOC/NNU has grown more than 400 percent, and we're just getting started.”

**Cokie Giles, RN,
CNA/NNOC Council
of Presidents**

**Eastern Maine Medical
Center — Bangor, Maine**

STEP 1

BUILDING A NURSE-TO-NURSE NETWORK

The first step is to educate yourself and your colleagues about NNOC/NNU and develop a network of RNs in every unit and shift who are interested in organizing. Copies of NNOC/NNU 101 should be distributed to RNs on non-work time, such as breaks. Identify unit issues and explain how they can be addressed with an NNOC/NNU contract. You will also make links with nurses on other units, which is the basis for building a professional organization in your facility. Informational meetings are a vital part of this beginning period.

STEP 2

THE NNOC/NNU CARD

When there is enough support, nurses will circulate NNOC/NNU authorization cards. Nurses should sign a card once they have had all their questions answered and have made a decision that they want NNOC/NNU representation. Signing a card does not make you an NNOC/NNU member or commit you to pay dues. Your employer is not allowed to see the cards.

STEP 3

THE ELECTION

Once a strong majority of RNs has signed cards, they are given to the National Labor Relations Board (NLRB), the federal agency that governs union elections, or other appropriate agency that conducts a formal election by secret ballot. Your employer does not know how you vote. NNOC/NNU representation begins once an election has been won by a simple majority. In some cases, voting may occur by a majority simply signing cards.

STEP 4

BARGAINING YOUR FIRST CONTRACT

Once you win an election, your employer can no longer change existing practices without bargaining with you first. Nurses win the best contracts when they are well organized, unified, and committed to strong participation in their negotiations. *See page 11 for details.*



YOUR RIGHT TO ORGANIZE

You have a legal right to organize under the National Labor Relations Act (NLRA), a federal labor law. In the case of many public hospitals, state law that is similar to the NLRA governs the process.

YOUR RIGHTS

You have the right to:

- Sign an NNOC/NNU card and attend meetings to discuss NNOC/NNU.
- Talk to other nurses about NNOC/NNU during work time just as you are allowed to discuss other personal matters such as soccer games or your children.
- Hand out written materials on non-work time (breaks, etc.) in non-work areas such as the cafeteria, locker rooms, and nurses' lounge.
- Post NNOC/NNU materials on general purpose bulletin boards, distribute in mailboxes, etc.

It is illegal for your employer to require you to discuss your feelings about NNOC/NNU or to discipline you in any way for exercising your rights to join or support NNOC/NNU.

ANTI-UNION EMPLOYER CAMPAIGNS

Most hospitals hire professional consultants to try and stop nurses from organizing. Hospitals typically pay consultants \$2,000-\$4,000 per RN! Despite these consultants, RNs have won 90 percent of their NNOC/NNU elections. When nurses are united in their desire to organize they have had great success in defeating these campaigns.

For more information on anti-union campaigns, see the NNOC/NNU publication: *Navigating Through an Anti-Union Campaign*.

NNOC/NNU HAS GROWN BY MORE THAN 400 PERCENT OVER THE LAST 15 YEARS. IN THE LAST THREE YEARS, NNU AFFILIATES HAVE WON REPRESENTATION FOR MORE THAN 32,000 RNS AT 60 HOSPITALS IN 11 STATES.



CASE STUDIES IN COLLECTIVE ACTION

EXAMPLES OF NEWLY ORGANIZED NNOC FACILITIES

Our ability to provide safe, therapeutic, and effective patient care depends on reversing the trend of inadequate hospital staffing driven by corporate healthcare that is putting patients at risk and is forcing nurses out of the profession. Our contracts provide nurses with a voice in patient-care decisions, which we use to create safer healthcare facilities to protect our patients and our licenses.



ADO CAMPAIGN LEADS TO SAFE RATIOS IN NICU

“Our hospital made changes in the NICU without considering the safety of our full-care infant patients. Management wanted us to take full assignments and attend a delivery for a new admission, which was a primary duty of our charge nurses. The charge nurses also were given patient assignments. Since we had voted to join a union, it was no longer individuals against management but an army working to protect our patients. That’s when we began using the Assignment Despite Objection (ADO) forms and getting everyone else on board.

It’s taken almost a year, but we succeeded in negotiating staffing improvements. The charge nurses are free from patient care. The competency-based orientation is more comprehensive. The RN-to-patient ratio is now improved from when it was as high as 1:8. It’s been a long process, but some things are worth fighting for.”

Becky Eger, RN

Corpus Christi Medical Center
— Corpus Christi, Texas



STANDING UP FOR OUR PROFESSION AND OUR PATIENTS

“After we won our election, nurses at our hospital started documenting unsafe situations by filling out ADO forms. Initially, managers refused to accept the forms and tried to turn a blind eye to our unit’s consistent short staffing. We didn’t let this deter us. We made it clear that whether they accepted the form or not we were putting them on notice, and that the liability rested with them and not us. By staying united we forced management not only to start recognizing the form but to also start addressing our concerns. We won major staffing improvements — including a change in the psych unit from 1:12 to 1:8. And now we are meeting with the CNO regularly to review the ADO forms.”

Ruth Evans, RN

Florida Medical Center
— Fort Lauderdale, Florida

Please use ball point pen and press firmly

ILLINOIS

ADO National
Organizational
Committee

ASSIGNMENT DESPITE OBJECTION/INPATIENT

You must first **verbally** protest your assignment to your supervisor at the time you believe it is the beginning of the shift, but might occur at any time. If your supervisor does not make a satisfactory arrangement, you must complete this form to the best of your knowledge and distribute the ADO copies according to the following instructions.

SECTION I

I/We _____ Facility _____ Unit, _____
Registered Nurse(s) employed at _____
by protest my/our assignment as: ☐ Primary Nurse ☐ Charge Nurse ☐ Relief Charge _____
Name/Title _____ Date _____

registered nurses.

NNOC/NNU HEALTH AND SAFETY PROTECTIONS

Whether we are talking about the Ebola infected RNs in the United States, the tens of thousands infected in Africa, the Zika virus, other infectious diseases, or work place safety issues nurses face every day, NNOC/NNU leads the way in protections for nurses.

NNOC/NNU has:

- Passed California Ebola guidelines.
- Won breakthrough legislation in 2014 directing Cal/OSHA to create regulations to prevent workplace violence in healthcare settings.
- Won safe patient handling regulations that went into effect October, 2014.

HALLMARKS OF HEALTH AND SAFETY LEGISLATION

- Importance of staffing to health and safety prevention programs.
- Interactive, hands-on training.
- Clearly defined RN role and scope of practice.
- Worker involvement in creating and evaluating employer's injury and illness prevention plans.
- Stringent documenting and reporting requirements for employers.
- Prohibitions on discrimination against workers for taking action or filing complaints.

LEGISLATIVE ADVOCACY

A RECORD OF LEGISLATIVE ACHIEVEMENT

Every year, NNOC/NNU takes positions on hundreds of pieces of legislation affecting RNs, their workplace, and patients. The Government Relations department consists of regulatory policy specialists and lobbyists. A member-composed Legislative/Regulatory committee guides the work of the department.

As any direct-care RN knows, safe staffing ratios laws are the gold standard for RNs and patient safety. The model, the landmark CNA-authored safe staffing law that has been in effect in all California hospitals since 2004, has generated national bills, the National Nursing Shortage Reform and Patient Advocacy Act, S. 864 and H.R. 1602, which include hospital-wide RN ratios, legal recognition for RN patient advocacy rights, whistle-blower protections, and safe patient handling standards.

UNIVERSAL HEALTHCARE BASED ON A SINGLE STANDARD OF QUALITY CARE FOR ALL

RNs from NNOC/NNU have played in key role in the debate over the future of healthcare in the United States during the recent debate over universal healthcare. NNOC/NNU RNs testified to Congress and nurse leaders protested at a pivotal Senate Finance Committee hearing, demanding that the Senate expand Medicare to cover everyone.

Though we did not achieve guaranteed healthcare for all, the significant expansion of public programs, and increased patient protections for those who have private health insurance, bodes well for progress at the state level, where the fight to win improved Medicare for All and expanded continues.

PRECEDENT-SETTING LEGISLATION

- California's first-in-the-nation, state-mandated RN-to-patient staffing ratios prohibit the assignment of unlicensed personnel to perform nursing functions in lieu of an RN.
- Mandated patient advocate role of RNs in California's Nursing Practice Act.
- Prohibition on phone advice by unlicensed staff to protect patients.
- The ongoing protection of RN scope of practice — for example, NNOC/NNU was successful in prohibiting LVNs from administering I.V. medications.
- Whistle-blower protection for healthcare providers who expose unsafe conditions.
- Additional \$63 million for nurse education programs.
- Bar on discrimination based on medical conditions or genetic characteristics.
- Mandatory safety devices on hospital needles.
- Loan funding for minority student RNs.
- Requirement that health plans provide medically appropriate care.
- Requirement that caregivers disclose credentials on name tags.
- State health department regulations requiring safe floating practices, competency validation, and patient classification systems.
- Scholarships and loans to RNs seeking a higher degree in nursing and committing to serve as RN educators.

WHAT ABOUT STRIKES?

STRIKE FACTS

A strike is the most drastic tactic used in the negotiation process and, when used, is done with careful preparation. In 95 percent of NNOC/NNU's negotiations, RNs have won successful contracts without strikes.

RNS ORGANIZE TO IMPROVE PATIENT CARE AND THEIR WORKING LIVES AS PROFESSIONALS, NOT TO STRIKE

When RNs do vote to strike, they create mechanisms to ensure the well-being of their patients and the community. These include a Patient Protection Task Force and a 10-day written strike notice to give the hospital time to prepare.

ONLY RNS THEMSELVES CAN DECIDE TO STRIKE

NNOC/NNU organizers, representatives, or other staff do not call strikes. A strike occurs only after a majority of the represented nurses in your hospital decide to do so in a secret ballot strike vote.

HOW NNOC/NNU NURSES PROTECT PATIENTS IN THE EVENT OF A STRIKE

When NNOC/NNU RNs strike, they create several mechanisms to ensure the well-being of their patients and community.

- **10-Day Notice:**

The nurses give the hospital written notice, 10 days in advance, of their intent to strike as required by law. This is to give the hospital time to stop admitting new patients and begin the process of transferring patients who can be safely moved.

- **Patient Protection Task Force:**

A task force of RNs meets to help make the process of patient transfers and hospital phase-down go as smoothly as possible. Before the strike begins, the task force determines which patients may be safely transferred each day.

- **Nurse-Controlled Emergency Care:**

The Patient Protection Task Force makes a professional nursing assessment of each situation where emergency assistance is requested after the strike begins and will assign a nurse to stabilize the patient if necessary.



“

Our 1996 Kaiser bargaining began with the hospital's proposal of 26 takeaways, including wage freezes and health benefit cuts. Our strike demonstrated the resolve and power of the RNs. Not only were all 26 takeaways withdrawn and replaced with wage increases, but we won important patient safety improvements and taught a lesson to every other employer that the 'new' CNA would fight concessions and protect RNs/NPs as patient advocates.

And to top all of that, every other CNA/NNOC-represented hospital in bargaining over the next several years settled their contracts with little contention and with better wages than were won even at Kaiser, starting a positive escalation in wages and benefits.”

**Zenei Triunfo-Cortez,
RN, CNA/NNOC
Council of Presidents,
NNU Vice President**

**Kaiser Permanente South
San Francisco — South San
Francisco, California**

RNS IN MOTION: GET INVOLVED

As a member of NNOC/NNU, there are many exciting opportunities for involvement at the facility level as a member of your nurse negotiating team, in the legislative process as a local spokesperson, in your community as an educator and public speaker, and throughout the nation with our disaster relief efforts and campaign for universal healthcare reform based on a single standard of care for all.

ORGANIZE YOUR FACILITY

Organizing your facility is the cornerstone of RN power. See page 13 for more details.

STAY INFORMED: SIGN UP FOR EMAIL ALERTS

Stay informed of the latest developments affecting RN practice and patient care and how and when to respond. Our e-alerts were critical in mobilizing thousands of RNs to save California's safe staffing ratios when Governor Schwarzenegger and the hospital industry attempted to roll back the historic law. Nurses marched and rallied throughout the state in protest and, after a year of demonstrations often at a moment's notice, the governor dropped his fight. Sign up at: www.nnoc.net



RNRN disaster relief deployment to Haiti, January 2010

CE COURSES

Attend one of NNOC/NNU's innovative CE class series taught by our nursing practice and education and research departments, offered in cities throughout the country.

Course topics have included:

- What Does the ACA Mean for Patient Advocacy?
- The Impacts of New Technologies in the RN Workplace on Nursing Practice
- Computerized Charting Systems: Legal and Ethical Issues
- Forces of Magnetism: Their Impact on RN Autonomy, Independent Judgment, and Advocacy

Sign up at:

www.nationalnursesunited.org/ce

VOLUNTEER, DONATE TO NNOC/NNU'S RN RESPONSE NETWORK (RNRN)

After Hurricane Katrina, NNOC/NNU was among the first organizations to take action to cut through the inertia and red tape of government and private relief agencies to send more than 300 RNs to staff 25 facilities in Texas, Louisiana, and Mississippi disaster zones. NNOC/NNU established the Registered Nurse Response Network (RNRN) in response to the massive

showing of RNs wanting to volunteer their help. Since its formation, RNRN has sent teams of nurses to help following disasters in Haiti, New York, and the Philippines.

Sign up at:

www.RNResponseNetwork.org

INFLUENCE PUBLIC OPINION IN YOUR COMMUNITY

Write a Letter to the Editor

For the fifteenth consecutive year, nurses head the Gallup annual poll as the most honest and ethical profession. The latest poll results found that 85 percent of Americans viewed nurses' ethics as "very high" or "high."

Letters to the editor are among the best-read sections of any newspaper. Letters are a short, effective way for you to directly reach the public. The voices of nurses are especially important and we provide you with all the tools you need.

www.nationalnursesunited.org

NNOC/NNU has a democratic governing structure consisting of an elected Board of Directors, all of whom are direct-care registered nurses, and a presidency model called the Council of Presidents, which is a shared presidency of bedside RNs.

Board of Directors

2014 - 2017

Deborah Burger, RN, Council of Presidents, Kaiser Santa Rosa • Zenei Triunfo-Cortez, RN, Council of Presidents, Kaiser South San Francisco • Malinda Markowitz, RN, Council of Presidents, Good Samaritan Hospital • Cokie Giles, RN, Council of Presidents, Eastern Maine Medical Center • Martha Kuhl, RN, Treasurer, Children's Hospital of Oakland • Margie Keenan, Secretary, Long Beach Memorial Medical Center • Martese Chism, RN, Stroger Hospital of Cook County Health and Hospitals System • Fong Chuu, RN, UCLA Westwood • Debbie Cuaresma, RN, St. Vincent Medical Center • Kathy Dennis, RN, Mercy General Hospital • Kathy Donohue, RN, Kaiser Oakland • Maureen Dugan, RN, University of California San Francisco • Patty Esteves, RN, Kaiser San Jose • Allen Fitzpatrick, RN, St. Mary's Medical Center San Francisco • Amy Glass, RN, Kaiser Modesto • Lauri Hoagland, RN, Kaiser Napa • Cathy Kennedy, RN, Kaiser Roseville • Carol Koelle, RN, St. Bernardine Medical Center • Diane Koorsones, RN, Kaiser South San Francisco • Marisa Lee, RN, Osceola Regional Medical Center • Gina Macalino, RN, Kaiser Vacaville • Robert A. Marth, Jr., RN, Kaiser Hayward • Allison Miller, RN, Long Beach Memorial Medical Center • Sandy Reding, RN, Bakersfield Memorial Hospital • Roni Rocha, RN, San Gabriel Valley Medical Center • Katy Roemer, RN, Kaiser Oakland • Jane Sandoval, RN, California Pacific Medical Center St. Luke's • Sherri Stoddard, RN, Sierra Vista Regional Medical Center • Rida Villanueva, RN, Kaiser Vallejo • David Welch, RN, Enloe Medical Center • Allison Welsh, RN, Dominican Hospital Santa Cruz •

NNOC/NNU is the largest and fastest-growing all-RN professional organization and union in the nation with a membership of 190,000 RNs in more than 200 facilities in all 50 states.

**JOIN US! ORGANIZING@NNOC.NET
800-540-3603**

WWW.NNOC.NET THE BEST HEALTHCARE RESOURCE FOR RNS ON THE WEB.

Subscribe to the NNOC/NNU RN e-alert to get e-mail updates on critical issues affecting your practice and your patients. Sign up today!

