

DCNA Together – Making a Difference in DC

April 2024



Contract Negotiations

Howard University/Howard University

DCNA/HU-HUH leadership is actively recruiting members to take on leadership roles in preparation of negotiating a successor collective bargaining agreement. DCNA held meetings with members on May 1st to continue discussing our demands and plans for the upcoming contract negotiations. Further, DCNA leaders discussed the results of the contract survey responses. The current collective bargaining agreement expires on June 30, 2024. DCNA anticipates commencing bargaining within the next few weeks.

United Medical Center



The bosses and managers at UMC continue to be non-responsive to our formal requests; they promised retention bonuses in the months prior to my employment with DCNA and even refused to allow me to adjust or bargain on this issue further claiming there was already an agreement. They have made overtures and promises to payout on these bonuses but each time there is an excuse.

This lack of respect for our hard working nurses includes an explanation that there are budget problems related the bosses and the District ignoring the agreement UMC affirms was reached. Instead they have decided to ignore these commitments despite a written document I have only signed after their insistence the same contained the full substance of the party's agreement.

There are deep institutional and cultural dysfunctions with how the District budgets, funds and manages public health in this City. The same is further evidenced by unsafe staffing ratios and UMC's, Nurse and hospital managers' refusal to timely process grievances, and failures to adhere to contractual scheduling agreements.

And we all know that if UMC and our other similarly situated public health facilities serviced more affluent populations none of this would be allowed to occur. It is time for us to change all of this and together join in collective mass actions against how our most vulnerable nurses and patients are being serviced and treated. In the coming two weeks, I'll be filing legal challenges to this abhorrent behavior but it will take more than that to move the needle. As we have detailed at our various meetings — nurses must respect and love themselves enough to join in a campaign to end this nonsense. Only

then will we have a chance to be treated in the manner our important work and community health services deserves without having to demand it. United and together we can change the current reality. Best. *Kenneth Page, DCNA Staff Attorney.*

Nurses at UMC had a Union Meeting on April 23rd. The meeting was conducted by Zoom at DCNA Headquarters. About 20 nurses participated in the meeting which was co-chaired by President Roberta Lenoir & Vice President Debra Washington. Union meetings will be held every two weeks going forward. President Lenoir filed two class action grievances against UMC. The first concerns the hospital disregarding the CBA by sending DCNA Nurses home and keeping agency nurses when the census is low. The second grievance concerns very unsafe staffing in the ED. DCNA Staff Attorney Kenneth Page advised all nurses who want to work at the new Cedar Hill facility to apply immediately. Organizer Tom Raymond asked any nurses applying to Cedar Hill please fill out a Union recognition card and give it to Roberta or Debra. We will have to organize this hospital because the Mayor and DC Council refused us successorship contract language. It has come to the attention of VP Debra Washington that the hospital received about 35 million dollars for retention, COVID, and severance pay. Ken Page is investigating. Slowly but surely this bargaining unit is building back power and they will take that power to the new hospital on the hill.

DCNA Testifies Before the DC Council Committee on Health

On April 11th and again on April 29th, Deborah Thomas, DCNA Nurse Consultant, submitted testimony to the DC Council to address staffing concerns and to demand the hiring of school health nurses. Further, she submitted testimony on behalf of nurses working at the Department of Behavioral Health seeking improvements in workplace safety and to address lack of equipment and supplies.

CSS Testimony: “There have been increasing incidents of near misses and inappropriate responses to children in need. Parents of children with needs are fearful that medical IEP will not be followed safely without assessment and input from professional nursing. This is a request ... to amend the budget to include an additional thirty million dollars to begin the process of assuring a nurse in every school. To provide funding and education to CSS on education and training of paraprofessional personnel, that their jobs will be commensurate with their job description and gives the BON authority over their practice. There was one incident last month, a child was not given the appropriate treatment and had to be hospitalized. Please consider that we are playing Russian roulette with our children and breaking the law. Our children deserve better, they have a right to an environment of safety.”

DBH Testimony: **The first and major unsolved issue is overall safety.** During emergencies nurses are forced to work with limited resources for security without the help of an emergency response team. The staffing matrix at the hospital was created years ago and is not applicable to the needs of a variety of clients. The nursing administration has refused to change this to reflect a new and different population. The hospital has cut nursing education resulting in poorly trained personnel and has decreased mandatory education programs, including CPR.

Lack of supplies: We consistently run out of supplies of daily living such as soap, toothpaste and detergent and underwear. Specialized items such as glasses and walkers take months to receive, creating gross delays of treatment and or discharge.

Lapses in technology have created a system that is creating errors in documentation and delivery of safe treatment. This is a departure from federal guidelines which mandated all hospitals create electronic charting systems to keep down errors and to provide appropriate internal communication among providers. The Avatar computer system cannot talk to the glucose monitoring system. The glucose monitoring system is over 20 years old. The system for validation of results is flawed due to age. Research shows that validity of these systems is related to age and the process of validation of results. Over 80% of St. Elizabeths patients have Diabetes Mellitus. Antipsychotic medications as a rule usually contribute to Diabetes development and treatment. This is the only system in house and there are no other systems to provide validation of results. Treatment is based on its results and its accuracy is highly questionable. Durable medical equipment and other supplies are hard to come by. The hospital has no method on how supplies are ordered, tracked, and kept at safe levels.

DCNA requests DC Council oversight: direct DBH to 1. implement a new glucose monitoring system and the technology to support it, including a review of systems for monitoring supply-chain issues to keep appropriate levels of supplies on hand; 2. create an expert panel to look at changing the staffing matrix and the creation of an emergency response team; and 3. place safety barriers on all units and the standardization of safety policies on all units.

Upcoming Events

DCNA Board and Cabinet Meetings, Tuesday, May 21, 2024, 5:30pm, in-person, 1220 12th Street, SE, Suite G10, Washington, DC 20003. These meetings are open to all members. Should you wish to join the meeting, please email Ms. Vickie Spence at vspence@dcna.org by May 15th.

Please visit DCNA on our website at www.dcna.org or on Facebook at www.facebook.com/DCNursesAssociation.

For Assignment Despite Objection and Grievance forms, visit www.dcna.org.

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