

Key Messages and Strategies in Community Campaign for Patient Health and Safety AND Hospital Workers' Rights

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Introduction

In the fall of 2002, the Champaign County Health Care Consumers (CCHCC) joined with local nurses from Provena Covenant Medical Center to organize a community effort to demand accountability and change from the hospital's administration. Key areas of concern were: a) changes in staffing levels that have resulted in increased patient workloads for nurses and other staff (including layoffs, etc.); b) concerns about patient health and safety as a result of those changes; and c) decisions to fire outspoken patient advocate nurses who tried to unionize nurses, and who spoke out about patient health and safety issues. This handout describes the messages and strategies used in our community organizing effort, and in particular, on our work to link hospital workers' rights with patient health and safety.

Key Messages

“Health care workers’ rights and their working conditions are directly linked to patient health and safety.” Poor working conditions for hospital workers – including understaffing, overworking, long shifts, lack of breaks, inadequate supplies, etc. – directly affect health care workers’ capacity to deliver the highest quality of care possible and this directly affects patient health and safety. Anyone who cares about patient health and safety must care about working conditions for health care workers.

“Hospitals are nursing institutions. Patients stay in hospitals for the nursing care.” Hospitals exist primarily for the purpose of providing nursing care. Nursing care is essential for a patient’s survival of an injury, illness, or surgery that has required hospitalization. Discuss the role of “ancillary staff” in facilitating and ensuring good nursing care. If “ancillary staff” are cut, this impacts nurses’ capacities to be at the bedside.

“A nurse at the bedside should not be a luxury.” Talk about how it *ought* to be, and why!

“The hospital belongs to us, to our community, and we are fighting for it. We want our hospital to be strong and capable of delivering the highest quality health care to all who need it.” Our hospital is a valued community asset; we are all invested in it directly, not just because we might need it, but because we all pay taxes that subsidize the hospital in one way or another (property taxes, income taxes that fund Medicare and Medicaid which pay the hospital for its services, etc.). For more information on the topic of community rights and ownership of assets, and tax exemption, please see Fact Sheet on Tax Exemption and Community Benefits.

“Health Care Is Not Like Any Other Business.” From the perspective of consumers and patients, whether for-profit or non-profit, health care is not like any other business and should not be operated primarily or simply on the basis of business principles that might apply to other commodities, such as furniture stores or some kind of commercial service. “Business decisions” to cut costs by cutting staff and thereby compromising the very service they are in business to deliver, is unacceptable and cannot be justified on traditional grounds of “business decisions” and “profit margins.”

Key Strategies

- 1. Be very public about concerns!** The only way to build unity between workers and the community is to be very public about the concerns. Ways to make the issues public include: letters to the editor, community meetings, education sessions, press conferences, demonstrations, rallies to support nurses and other hospital workers, etc.
- 2. Frame hospital workers' working conditions in terms of patient health and safety, and vice versa, wherever and whenever possible.** For example, nurses concerned about short staffing or long shifts need to be able to talk to the public about how these working conditions impact patient health and safety. Community members concerned about patient health and safety as a result of staffing changes need to: a) avoid the appearance of blaming the staff; and b) call for increased staffing and better working conditions as part of the solution.
- 3. Talk to patients / consumers about their experiences in the hospital.** Patients' experiences can validate hospital workers' claims that their working conditions affect patient health and safety.
- 4. Do a lot of public and media education about what nurses and other hospital workers do and how it directly impacts patient health and safety.** The public and the media do not understand the differences between RNs, LPNs, technicians, etc. If they are to be able to understand the importance of staffing levels and working conditions, they also need to be able to understand who does what and the specialized roles of particular workers. Nurses need to be able to explain to the public what it is they do – nursing is a licensed profession for a reason, but nurses frequently seem to feel that it is immodest to talk about what they do. It is not immodest to provide community education about nursing! Nurses may be able to overcome their discomfort if they are also called upon to describe other workers' specialized roles and how all the workers in a hospital work in concert together to ensure the delivery of nursing care.

The public and media must also be able to “decode” hospital administrators' explanations of staffing levels (i.e. “we've increased nursing hours” etc.) in order to be able to ask the right questions and get accurate information. It is very important to be able to give concrete examples of how unsafe RN/patient ratios contribute to patient mortality, rates of readmission, and hospital-acquired infections. Here are examples of public and media education strategies we used:

- A. Nurse's demonstration of what she must do for you, as an ICU nurse, in one hour. Talk about what happens if the nurse cannot do what she or he needs to do for patient. Talk about what happens if another patient has a crisis and how, with understaffing, that can stress a unit and its staff's capacity to monitor and care for other patients.
- B. Producing written information, including: “A Consumers' Guide to Understanding Hospital Nurse Staff Levels and Patient Health and Safety”

5. Hold demonstrations in support of hospital workers. We held a community rally in support of nurses. This showed support for their struggles and linked patient health and safety concerns with their working conditions, and undermined the hospital administrators' claims that we were “attacking” the nurses.

6. Talk about money (\$\$\$) and how the hospital spends or mis-spends it! Our hospital made staff cuts and said that those cuts were a result of “business decisions” due to the hard economic times. But at the same time, the hospital was building fancy new office buildings for doctors and taking out a lot of ads in the newspaper to try to boost their reputation and undermine our community campaign. We pointed out the contradictions in cutting staff while building fancy new buildings and

challenged the hospital on its priorities on that basis. With regard to the ads, we collected copies of all the ads the hospital had taken out in the newspaper over a period of several days (the number of days between our two community meetings) and we called the newspaper to find out the price for each ad. At our next community meeting, we put the ads up on the wall, with a price tag on each and a total at the end, and we were able to show the community that the hospital had spent over \$22,000 in just a few days to fight our efforts. We also translated that amount of money into examples of how many nursing hours that money could have purchased. This resulted in creating appropriate outrage among the public and elected officials.

7. Work for passage of Hospital Workers Whistleblowers Protection Ordinance. Two city council members in our community took the lead and proposed that their city council pass a local ordinance to protect hospital workers who are whistleblowers about patient health and safety and working conditions. *See handout titled “Support the Health Care Workers Whistleblower Protection Ordinance.”*

8. Name names and point fingers – No Confidence Vote. After several months, and after we learned that the medical staff of the hospital held and overwhelmingly passed a “no confidence” vote, we held a “community no confidence vote” which called for the removal of the hospital’s CEO, Diane Friedman. It is important that “no confidence” is expressed in a particular decision-maker or administrative body, and not misinterpreted as “no confidence” in the hospital overall because this can alienate workers and the community.

9. Be prepared to address common myths and lies that hospital administrators will say as excuses or “explanations” for why things are the way they are. Here are two common myths that hospital administrators frequently trot out as “explanations” for inadequate staffing:

The Hospital Nursing Shortage. The myth is that there are not enough nurses in the U.S. The reality is that there is a shortage of nurses *willing* to work in our hospitals. Key factors that have been cited for the nursing shortage including: hospital mergers, cost-cutting and heavy workloads prompting nurses to quit, and hospitals’ unwillingness to retain long-time skilled nurses and improve working environments. The American Hospital Association recently issued its own report on the nursing shortage and called on its members to make recruiting and retaining nurses a top priority. The nursing shortage is indeed a “prescription for danger” for hospital patients because hospital patients are sicker than in previous years (healthier patients are more frequently treated on an outpatient basis than in years past), and therefore the demands on nurses are increasing.

All Hospitals Are Understaffed. Not true (and even if it were, how would that make it acceptable?). California recently passed legislation around nurse staffing levels, and many hospitals (especially unionized ones) have nurse staffing ratios that are adequate (1:4 for most units; 1:2 for ICU). One of the nurses working with us on our campaign travels to California to work in a hospital in San Francisco and she was able to directly contradict this myth. Again, with this myth, it is important to be clear that hospitals are nursing facilities and that hospital administrators should redirect resources to ensure adequate and safe staffing levels (of all categories of staff).

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