CNA/NNOC 101
Your Guide to Joining the National RN Movement

Nurses Say
Everyone Deserves
Guaranteed Healthcare

California Nurses Association
NNOC National Nurses Organizing Committee
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What is CNA/NNOC?

A National Movement for RNs

A Strong Voice for Our Profession and Our Patients

On behalf of the 35 elected RN-members of our Board of Directors, welcome to the California Nurses Association/National Nurses Organizing Committee! We are proud to be the nation’s largest and fastest-growing union of direct-care RNs, representing more than 80,000 RNs in hospitals throughout California, Illinois, Maine, Nevada, Pennsylvania, and Texas, as well as individual nurses in all 50 states.

CNA/NNOC is a national union and professional organization for RNs who are pursuing a more powerful agenda of patient advocacy which promotes the interests of patients, direct-care nurses, and RN professional practice. We exist to give a voice to the working, bedside nurse and a vision for our nation’s healthcare.

From coast to coast we have won the best contracts for RNs in the nation. Thirty 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 CNA/NNOC facilities have safer 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 through our Professional Practice Committees and Assignment Despite Objection documentation system, (see page 16).

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, whether it is our 13-year fight to win and defend California’s safe staffing ratios or forming the Registered Nurse Response Network (RNNR) and sending more than 300 RNs to hospitals and clinics on the Gulf Coast after Hurricane Katrina.

The CNA/NNOC 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.
- Block hospital industry efforts to undermine RN professional practice in legislatures, regulatory agencies, boards of nursing, and at the bedside.
- Lead the national campaign to end the healthcare crisis by guaranteeing every patient a single standard of care through a Medicare for All or single-payer system.

For more information on CNA/NNOC and how you can join, call 1-800-540-3603 or email organizing@nnoc.net. Please visit the CNA/NNOC website at www.calnurses.org.
What is CNA/NNOC?

More Than 100 Years of RN Power

1903
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 agreements, 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 intensive care units in all California hospitals.

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 practice, 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.

1997–1998
7,500 CNA Kaiser Permanente RNs wage epic battle with HMO giant to reverse unsafe hospital restructuring and RN layoffs, and to secure crucial patient safety protections.

1999
California enacts first-in-the-nation law, 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.

2002
California Governor Gray Davis announces new RN-to-patient ratios. CNA negotiates contracts with salaries up to $100,000 per year for thousands of RNs.
**2004**
RN Safe Staffing Ratios implemented in all California acute-care hospitals. CNA’s dramatic growth continues, especially in Southern California, making it the largest and fastest-growing professional RN organization in the nation.

National Nurses Organizing Committee (NNOC) is founded by CNA in response to an overwhelming demand by direct-care nurses across the U.S. for a national vehicle to address the crisis faced by RNs.

**2005**
1,800 Cook County, Illinois RNs vote to join CNA/NNOC.

CNA/NNOC organizes nurse-to-nurse relief assistance with Sri Lanka Public Services United Nurses Union to assist with tsunami relief efforts. A delegation of CNA RNs travels to the affected areas in Sri Lanka and work with local nurses to set up local clinics with donated medical supplies.

CNA/NNOC embarks on an epic campaign to save RN-to-patient ratios after Gov. Arnold Schwarzenegger attempts to roll back the law. Schwarzenegger withdraws his challenge after tens of thousands of nurses hold 107 protests over one year.

CNA/NNOC organizes RN Katrina relief effort, sending more than 300 nurse volunteers to staff 25 healthcare facilities in Texas, Mississippi, and Louisiana, including a contingent of 50 RNs to Houston Astrodome.

**2006**
Maine State Nurses Association votes to join CNA/NNOC.

CNA/NNOC forms a direct-care nurse disaster relief group, the Registered Nurse Response Network (RNRN). More than 4,000 RNs from almost every state in the nation sign up.

**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 18,000 RNs in 38 Catholic hospitals.

CNA/NNOC RNs at nine California CHW hospitals win enhanced patient care protections and pay gains of 25.5 percent.

RNs at Eastern Maine Medical Center and Home Health Visiting Nurses of Southern Maine win their first CNA/NNOC agreements, which include the creation of a Professional Practice Committee.

**2008**
Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) joins CNA/NNOC, bringing membership to more than 80,000 RNs in all 50 states.

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

Better Salaries and Benefits

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

Compensation
- Salaries: salaries up to $73.52/hr for career RNs, $74.67/hr for nurse practitioners
- New graduate rates up to $45.26/hr for day shift
- Shift differential: 12 percent for evenings, 20.5 percent for night shifts
- Paid education leave: up to 12 days per year
- 13 paid holidays per year
- Preceptor pay: $2.50/hr for preceptor assignments
- Charge pay: $3.125/hr additional pay
- Weekend differentials: 30 percent additional pay
- Call back while on-call: double-time
- Per diem pay: 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 U.S.

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 CNA/NNOC-represented hospital in a system are able to bring full earned pension credits

Note: Not all contracts have all benefits listed.

### CNA/NNOC Landmark Salaries

<table>
<thead>
<tr>
<th>Facility</th>
<th>RN Days</th>
<th>RN Nights</th>
<th>Charge Days</th>
<th>Charge Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente</td>
<td>$59.29</td>
<td>$67.05</td>
<td>$62.22</td>
<td>$70.01</td>
</tr>
<tr>
<td>Mercy Sacramento</td>
<td>$51.83</td>
<td>$55.33</td>
<td>$52.83</td>
<td>$57.33</td>
</tr>
<tr>
<td>HCA San Jose</td>
<td>$55.46</td>
<td>$61.46</td>
<td>$59.46</td>
<td>$65.46</td>
</tr>
<tr>
<td>Salinas Valley Memorial</td>
<td>$63.13</td>
<td>$67.38</td>
<td>$69.24</td>
<td>$73.99</td>
</tr>
<tr>
<td>CHW, California Hospital</td>
<td>$46.64</td>
<td>$50.14</td>
<td>$47.89</td>
<td>$51.39</td>
</tr>
<tr>
<td>Tenet, San Ramon</td>
<td>$55.66</td>
<td>$59.30</td>
<td>$54.66</td>
<td>$60.30</td>
</tr>
<tr>
<td>UCLA Medical Center</td>
<td>$47.62</td>
<td>$51.69</td>
<td>$49.62</td>
<td>$53.62</td>
</tr>
<tr>
<td>Cook County BHS, IL</td>
<td>$39.48</td>
<td>$41.98</td>
<td>$41.37</td>
<td>$44.48</td>
</tr>
<tr>
<td>Eastern Maine</td>
<td>$37.79</td>
<td>$41.99</td>
<td>$40.48</td>
<td>$44.98</td>
</tr>
<tr>
<td>Crozer Chester, PA</td>
<td>$48.67</td>
<td>$52.50</td>
<td>$49.00</td>
<td>$53.50</td>
</tr>
</tbody>
</table>

Note: Not all contracts have all benefits listed.

Health Benefits
Full coverage for the RN and her/his family, including health, dental, and vision, paid by the employer with no co-pays.

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 nine, 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

“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 several years ago and was fully trained in pediatric oncology, which made me feel renewed in what I was doing.”

Martha Kuhl, RN, CNA/NNOC Treasurer, Board of Directors
Children’s Hospital — Oakland, California
New Standards for RNs and Patient Protections

Why RNs Vote for CNA/NNOC

CNA/NNOC 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. CNA/NNOC 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
- Ratios in contract to protect against future attacks: Enforced through the RNs’ legal contract guarantees, with disputes settled by a neutral third-party arbitrator.
- Binding arbitration for safe staffing: Disputes between management and the PPC may be submitted to a neutral arbitrator for a binding decision.

Professional Practice Committees
CNA/NNOC 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.

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
RN 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 contracts include patient protection standards that allow us to directly and immediately 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 kind of standards and, eventually, they will.”

Geri Jenkins, RN, CNA/NNOC Council of Presidents
UC San Diego Medical Center — San Diego, California
Thanks to CNA/NNOC-organized RNs, staffing ratios are in effect today in California, bringing RNs back to the bedside by the thousands and dramatically improving staffing. CNA/NNOC was the author, sponsor, and driving force behind the landmark RN-to-patient ratio law (AB 394), which has been in effect in all California acute-care hospitals since 2004.

It took many years and nurses had to challenge a very popular governor along the way to defend the ratios, but CNA/NNOC prevailed and is now actively working with RNs in states all across the nation to adopt similar 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 there has been an increase of over 86,000 RNs in the state since the bill was signed into law in October 1999.

### California Ratios

<table>
<thead>
<tr>
<th>Intensive/Critical Care</th>
<th>1:2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal Intensive Care</td>
<td>1:2</td>
</tr>
<tr>
<td>Operating Room</td>
<td>1:1</td>
</tr>
<tr>
<td>Post-anesthesia Recovery</td>
<td>1:2</td>
</tr>
<tr>
<td>Labor and Delivery</td>
<td>1:2</td>
</tr>
<tr>
<td>Antepartum</td>
<td>1:4</td>
</tr>
<tr>
<td>Postpartum couplets</td>
<td>1:4</td>
</tr>
<tr>
<td>Postpartum women only</td>
<td>1:6</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>1:4</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>1:4</td>
</tr>
<tr>
<td>ICU patients in the ER</td>
<td>1:2</td>
</tr>
<tr>
<td>Trauma patients in the ER</td>
<td>1:1</td>
</tr>
<tr>
<td>Step Down</td>
<td>1:3</td>
</tr>
<tr>
<td>Telemetry</td>
<td>1:4</td>
</tr>
<tr>
<td>Medical/Surgical</td>
<td>1:5</td>
</tr>
<tr>
<td>Other Specialty Care</td>
<td>1:4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1:6</td>
</tr>
</tbody>
</table>

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

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“Illinois RNs need a law that clearly states that ratios must be mandated at all times and that they must be RN ratios. I work in a pediatric ICU where we have a maximum of two patients, but no one to ever relieve us for breaks. When I float to our pediatrics unit we are assigned four to five patients in addition to having to cover the LPN/LVNs’ four or five patients. Illinois direct-care RNs know what’s needed and that’s why we are fighting for passage of CNA/NNOC’s HB 392.”

Diane Ellis, RN
John H. Stroger Jr. Hospital of Cook County
Chicago, Illinois
CNA/NNOC 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 CNA/NNOC 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. CNA/NNOC has won retiree health benefits at age 55 for thousands of nurses and will continue to work towards retiree health coverage for all RNs.

Guaranteed Defined-Benefit Plans Won for CNA/NNOC RNs

Most CNA/NNOC 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.

Catholic Healthcare West Defined-Benefit Plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Salary annual</th>
<th>Salary monthly</th>
<th>CHW monthly benefit</th>
<th>401(k) monthly benefit</th>
<th>CHW % final salary</th>
<th>401(k) % final salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2038</td>
<td>$246,631</td>
<td>$20,553</td>
<td>$13,891</td>
<td>$5,894</td>
<td>67.6%</td>
<td>28.7%</td>
</tr>
<tr>
<td>2033</td>
<td>$202,712</td>
<td>$16,893</td>
<td>$9,773</td>
<td>$3,826</td>
<td>57.9%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2028</td>
<td>$166,615</td>
<td>$13,885</td>
<td>$6,758</td>
<td>$2,419</td>
<td>48.7%</td>
<td>17.4%</td>
</tr>
<tr>
<td>2023</td>
<td>$136,945</td>
<td>$11,412</td>
<td>$5,201</td>
<td>$1,470</td>
<td>45.6%</td>
<td>12.9%</td>
</tr>
<tr>
<td>2018</td>
<td>$112,559</td>
<td>$9,380</td>
<td>$2,805</td>
<td>$839</td>
<td>29.9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>2013</td>
<td>$92,515</td>
<td>$7,710</td>
<td>$1,517</td>
<td>$426</td>
<td>19.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2008</td>
<td>$76,041</td>
<td>$6,337</td>
<td>$637</td>
<td>$163</td>
<td>10.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>2004</td>
<td>$65,000</td>
<td>$5,417</td>
<td>$26</td>
<td>$26</td>
<td>1.9%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

Assumptions: The chart shows retirement benefits accrued from 2004 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 $65,000 in 2004, 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.

“When RNs from nine Catholic Healthcare West (CHW) hospitals came together to negotiate a master agreement, we were clear that retirement was our number one issue. We won tremendous systemwide improvements in a defined-benefit plan and historic retiree health benefits so that nurses who spend their healthcare career at a CHW facility will have a rich retirement and it is portable throughout the system. As a result I have been able to make the choice to retire at age 62 and take some time for me, to tend my garden, pursue long-distance bike riding, and even continue to be active in CNA/NNOC.”

Barbara Williams, RN (Retired)
Dominican Hospital — Santa Cruz, California
Voice and Respect

An Independent Voice in Patient Care Decisions

“Having worked at both union and non-union hospitals, I strongly support MSNA/CNA/NNOC. The more I see the national climate change regarding healthcare, the less comfortable I am trusting hospitals and management to keep the environment safe. Our MSNA/CNA/NNOC contract allays my concerns by providing the resources (such as our newly negotiated Professional Practice Committee) and protections that allows me to provide safe care to my patients. RNs now have direct involvement in the working conditions that affect me and my patient.”
Holly Sue Dobson, RN
The Aroostook Medical Center — Presque Isle, Maine

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 — CNA/NNOC.”
Beena Philips, RN
John H. Stroger Jr. Hospital of Cook County — Chicago, Illinois

Protecting Patients and Nurses Through Unity

“Before we secured a ban on mandatory overtime in our contract, an RN who had regularly worked nights and days was told at shift’s end that she could not leave. The nurse broke into tears and the Human Resources director who had given the order took her into a room for a meeting. As the RN’s nurse representative, I went along. When I spoke up the HR person told me I was not allowed to talk and if I continued it would be insubordination. When I continued he took my badge and said I was suspended. When I was called to a meeting, 25 other nurses went along to represent me. I was reinstated. We continued our opposition to mandatory overtime, talking about it in meetings, distributing leaflets about it in front of the hospital, and raising it in negotiations, and eventually we won.”
Malinda Markowitz, RN, CNA/NNOC Council of Presidents
Good Samaritan Hospital — San Jose, California
Why RNs Vote for CNA/NNOC

A Legally-Binding Contract

CNA/NNOC Negotiates the Best Contracts in the Nation
“Your first CNA/NNOC contract will provide you with an opportunity to work with your nurse colleagues to improve conditions for nurses and enhance protections for patients. With a CNA/NNOC 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 Member
UC San Diego Medical Center — San Diego, California

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.

Nurses are Directly Involved in Negotiations
The elected nurse negotiating team and a CNA/NNOC staff labor representative sit across the table from the management team. CNA/NNOC 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.

Nurses Decide What is Important: Bargaining Survey and Development of Proposals
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.

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.

What’s in a Contract? Most CNA/NNOC Contracts Include These Major Elements
(specs of a contract vary from facility to facility)

- Professional Practice Committee
  Elected staff nurse committee that addresses staffing and practice issues, meeting on paid time in the facility.
- Differentials
  Weekend, shift, charge, and preceptor.
- Protections Against Unsafe Floating
- Restrictions on Mandatory Overtime
- Annual Salary Increases and Regular Longevity Step Increases
- 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.
- Retirement Plan
- Health Benefits
- Grievance and Arbitration Procedure
  Formal procedures for resolving issues with management.
- Per Diem Rights
- Vacation, Sick Leave, and Holidays
  Paid Educational Leave
Newly Organized RNs Speak

An All-RN Union with a Track Record of Success
“We chose to organize with CNA/NNOC because they represent RNs only, which allows them to maintain a focus on RN practice and patient care issues. CNA/NNOC aggressively represents its members in collective bargaining and in the legislative arena, such as the patient ratio laws. 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 CNA/NNOC apart.”
Keith Meritt, RN
Cypress Fairbanks Medical Center — Houston, Texas

Model Patient Care Protections, Secure Retirement, Meal Break Enforcement
“I made the initial call to CNA/NNOC after our hospital was bought by Catholic Healthcare West and patient acuity increased, along with RN and ancillary staff layoffs. There was another union on the ballot that represented non-RNs as well, but we overwhelmingly voted for CNA/NNOC because of their great success in winning model patient care protections, meal break enforcement, and secure retirement in their contracts.”
Amy Barats, RN
Saint Mary Regional Medical Center — Reno, Nevada

When We Voted in CNA/NNOC, We Immediately Saw the Difference.
“We had been stuck in a contract with a generic union and had to sustain lower standards for pay, benefits, and basically no patient care protections. When we voted in CNA/NNOC, we immediately saw the difference. I now have 40 hours of paid education leave, fully-paid employer healthcare, and I now look forward to retiring securely at age 65 with a monthly pension of over $7,000, and we have a stronger voice in patient care. I net $24,000 a year extra thanks to our new contract. Our hospital is a better place to work.”
Dean Lillard, RN
Mercy Medical Center Merced — Merced, California

CNA/NNOC has a 90 percent election victory rate and a 95 percent first contract rate.
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, CNA/NNOC has grown over 375 percent, and we’re just getting started.”

Deborah Burger, RN, CNA/NNOC Council of Presidents
Kaiser Permanente Santa Rosa — Santa Rosa, California

Building a Nurse-to-Nurse Network
The first step is to educate yourself and your colleagues about CNA/NNOC and develop a network of RNs in every unit and shift who are interested in organizing. Copies of CNA/NNOC 101 should be distributed to RNs on non-work time, such as breaks. Identify unit issues and explain how they can be addressed with a CNA/NNOC 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.

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

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. CNA/NNOC representation begins once an election has been won by a simple majority. In some cases, voting may occur by a majority simply signing cards.

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 9 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 a CNA/NNOC card and attend meetings to discuss CNA/NNOC.
- Talk to other nurses about CNA/NNOC 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 CNA/NNOC materials on general purpose bulletin boards, distribute in mailboxes, etc.

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

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 CNA/NNOC 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 CNA/NNOC publication, Pocket Notes: Navigating through an Anti-Union Campaign.

CNA/NNOC has grown by more than 375 percent over the last 15 years. Since 2001 alone, more than 30,000 new RN members have joined.
The Organization

Legislative Advocacy

A Record of Legislative Achievement
Every year, CNA/NNOC 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.

Direct-care RNs want a strong advocate who will fight for patients and nurses in the legislative arena — and win. As any direct-care RN knows, safe staffing — legally enforced through minimum, specific RN-to-patient ratios — is the gold standard for RNs and patient safety.

The model — the landmark CNA/NNOC-authored safe staffing law that has been in effect in all California hospitals since 2004 — has generated legislation for hospital-wide RN ratios, legal recognition for RN patient advocacy rights, and whistle-blower protections in Arizona, Illinois, Maine, Ohio, and Texas.

Universal Healthcare Based on a Single Standard of Quality Care For All —
The U.S. National Health Insurance Act — HR 676

Through a broad, national, grassroots campaign, CNA/NNOC is building a movement to establish a publicly financed and administered system that assures everyone access to the same standard of high quality healthcare and gives everyone a choice of provider and controls through the passage of House Resolution 676.

With 90 congressional cosponsors and the endorsement of hundreds of healthcare, labor, and religious organizations, the bill has the largest base of support of any federal healthcare reform legislation. For more information, visit the Guaranteed Healthcare website: www.guaranteedhealthcare.org

CNA/NNOC Precedent-Setting Legislation

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

Nursing Practice

CNA/NNOC’s Nursing Practice department is responsible for promoting excellence in nursing practice and protecting the RN profession in the workplace. The department conducts an extensive statewide continuing education program.

Recent courses include:

- RN-to-Patient Ratios: Scope of Practice, Staffing Standards, Floating, and Competency
- Patient Advocacy: Prevent the Encroachment upon RN Scope of Practice
- The Patient Classification System and Staffing Ratios
- Computerized Charting Systems: Legal and Ethical Issues
- Forces of Magnetism: Their Impact on RN Autonomy, Independent Judgment, and Advocacy
- Nursing Ethics: Unitig Caring, Patient Advocacy, and Social Action
- Wall Street or Well Street: Patient Advocacy in the New World of Healthcare

New National Standards

CNA/NNOC is sponsoring the “The National Nursing Shortage Reform and Patient Protection Act,” designed to:

- Address the nationwide shortage of hospital direct-care registered nurses
- Provide patient protection standards for acute-care hospitals in the United States
- Protect direct-care RN as patient advocate
- Strengthen national emergency preparedness capacity to provide immediate nursing care required for effective disaster relief
- Create registered nurse education, practice, and retention grants, and stipends to recruit and retain direct-care registered nurses

CNA/NNOC Campaign Defeats Illinois Bill Attacking RN Scope of Practice

Led by the long-term care industry, hospitals, and home health agencies, HB 822 would have replaced RNs at the bedside with a newly created unlicensed position, the “certified medical technician.” HB 822 would have also amended the Nursing and Advanced Practice Act to allow RNs to delegate to these technicians the dispensing of medications in nursing homes and assisted living facilities. CNA/NNOC spearheaded a petition drive to oppose the measure, which was ultimately defeated.
Pennsylvania RNs Look to the Successes of CNA/NNOC

“By joining forces with CNA/NNOC, Pennsylvania RNs are benefiting from the resources and expertise of the most dynamic and effective professional RN union in the nation. CNA/NNOC has won vital patient safety measures such as California’s RN-to-patient ratio law, which has improved the working lives of nurses and the care delivered to patients. Now that the facts have been established that the safe staffing law has helped reverse the nursing shortage in California, Pennsylvanians should have to wait no more. What has been won in California can and will be won in Pennsylvania and nationwide.”

Patricia Eakin, RN
PASNAP President
Temple University Hospital — Philadelphia, Pennsylvania

Maine RNs Win New Contract with Significant New Protections for Patients Safety Standards

“The key demand in our first contracts with CNA/NNOC has been the creation of a Professional Practice Committee (PPC), a staff-led committee that allows direct-care nurses a voice in creating and implementing patient care procedures. Nurses are patient advocates and PPCs are a vital institution to make sure that staffing and patient safety issues are resolved in the interest of our patients, not the hospital management. It gives us real authority to provide effective care for our patients, and the more PPCs we see created in Maine, the better off all patients will be.”

Judy Eastham, RN
Houlton Regional Hospital — Houlton, Maine

ADO Campaign Stops Unsafe Floating and Corrects Short Staffing

“Our manager was regularly floating NICU staff RNs out of the department to pediatric and assigning travelers to work the NICU. We were also out of compliance for staffing ratios at 1:3. The NICU RNs staged an ADO campaign for one week notifying our manager that we objected to the unsafe floating and consistent short staffing. Management backed down and floating out of order has ceased. Additional staff has been procured and NICU staffing is back in compliance with ratios.”

Lois Sanders, RN
St. Mary’s Hospital Apple Valley — Victorville, California
**What About Strikes?**

**Strike Facts**
With CNA/NNOC, strikes are rare and typically last one to three days. A strike is the most drastic tactic used in the negotiation process and, when used, is done with careful preparation. Nurses have voted and gone out on strike in only 18 contract negotiations out of approximately 350 since 1996. In 90 percent of CNA/NNOC’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**
CNA/NNOC 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 CNA/NNOC Nurses Protect Patients in the Event of a Strike**
When CNA/NNOC 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
Kaiser Permanente South San Francisco — South San Francisco, California*
As a member of CNA/NNOC, there are many exciting opportunities for involvement on 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. A good step is to form a patient advocacy committee (see page 16 for more details).

Stay Informed
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 CNA/NNOC RNs to save California’s safe staffing ratios in 2005 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.calnurses.org

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

Recent course topics have included:
- Strategies to Secure Safe Staffing Standards and RN Patient Advocacy Rights
- 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.calnurses.org/ceclasses

Volunteer, Donate to CNA/NNOC’s RN Relief Network (RNRN)
After Hurricane Katrina, CNA/NNOC was among the first organizations to take action to cut through the inertia and red tape of government and private relief agencies to send over 300 RNs to staff 25 facilities in Texas, Louisiana, and Mississippi disaster zones. CNA/NNOC established the Registered Nurse Response Network (RNRN) in response to the massive showing of RNs wanting to volunteer their help. Funds were also raised to send RNs to Sri Lanka to work with a local RN union to set up clinics in tsunami-affected areas. RNRN now has a national roster of over 4,000 RNs ready to volunteer when disaster strikes again. Sign up at: www.RNResponseNetwork.org

Influence Public Opinion in Your Community
Sign up for the CNA/NNOC Letter to the Editor Team

For the ninth consecutive year, nurses head the Gallup annual poll as the most honest and ethical profession. The latest poll results found that 84 percent of Americans viewed nurses' ethics as “very high” or “high.” In contrast to the poll's high ranking of nurses is the dismal showing for HMO managers, whose overall ranking was third from the bottom, above only car salesmen and Congressmembers. 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.

Sign up at: www.calnurses.org
CNA/NNOC has a democratic governing structure consisting of a 35-member elected Board of Directors, all of whom are direct-care registered nurses and a new presidency model called the “Council of Presidents” which is a shared presidency of four RNs.

CNA/NNOC Board of Directors 2007 – 2009  ■ Deborah Burger, RN, Council of Presidents, Kaiser Santa Rosa  ■ Zenei Triunfo-Cortez, RN, Council of Presidents, Kaiser South San Francisco  ■ Geri Jenkins, RN, Council of Presidents, University of California San Diego  ■ Malinda Markowitz, RN, Council of Presidents, Good Samaritan Hospital  ■ Martha Kuhl, RN, Treasurer, Children’s Hospital of Oakland  ■ Jan Rodolfo, RN, Secretary, Alta Bates Summit Medical Center  ■ Maureen Caristi, RN, Eastern Maine Medical Center  ■ Debbie Cuaresma, RN, St. Vincent Medical Center  ■ Kathy Daniel, RN, University of California Los Angeles  ■ Kathryn Donahue, RN, St. Joseph’s Hospital  ■ Maureen Dugan, RN, University of California San Francisco  ■ Patricia Eakin, RN, Temple University Hospital  ■ Allen Fitzpatrick, RN, St. Mary’s Medical Center  ■ Lorna Grundeman, RN, Dominican Hospital  ■ Michelle Gutierrez-Vo, RN, Kaiser Fremont  ■ Lauri Hoagland, RN, Kaiser Napa  ■ Mirthia Kaufman, RN, Kaiser Vallejo  ■ Margie Keenan, RN, Long Beach Memorial Medical Center  ■ Cathy Kennedy, RN, Kaiser Sacramento  ■ Carol Koelle, RN, St. Bernardine Arrowhead Regional Medical Center  ■ Diane Koorsones, RN, Kaiser South San Francisco  ■ Brenda Langord, RN, Oak Forest Hospital  ■ Robert A. Marth, Jr., RN, Kaiser Hayward  ■ Bonnie Martin, RN, Kaiser Stockton  ■ Greg Miller, RN, Kaiser Santa Clara  ■ Genel Morgan, RN, Mills-Peninsula  ■ Elizabeth Pataki, RN, Mercy General Hospital  ■ Trande Phillips, RN, Kaiser Walnut Creek  ■ Roni Rocha, RN, San Gabriel Valley Medical Center  ■ Sherri Stoddard, RN, Sierra Vista Regional Medical Center  ■ Christina Swift, RN, Kaiser Fresno  ■ Alicia Torres, RN, Alta Bates Summit Medical Center  ■ John Trites, RN, Good Samaritan Hospital  ■ Janice Webb, RN, University of California San Diego  ■ David Welch, RN, Enloe Medical Center

CNA/NNOC is the largest and fastest-growing all-RN professional organization and union in the nation with a membership of 80,000 RNs in over 200 facilities in all 50 states.

Join Us! organizing@nnoc.net 800-540-3603

Join the CNA e-mail Nurse E-lert to get updates on critical issues affecting your practice and your patients. Sign up today!