

Straight Talk: Response to USW Nurse Testimonial Video released week of August 21, 2023

Misinformation #1: The RWJUH replacement nurses make \$300/hour.

Response: This is grossly exaggerated and misleading. The higher payrate of agency nurses is well-documented in the labor market today. That said, with the high level of certification, training and experience needed to staff RWJUH clinical operations, our rates are on average less than half of what the union is citing. Even if cost of transportation and housing is included, the rate is significantly less than \$300/hour.

Misinformation #2: The hospital is overstaffed with replacement nurses.

Response: This is incorrect. Patient safety is our top priority and the replacement staffing models in all phases of the strike nurse staffing plan reflect that accordingly. During the first days of the strike, the hospital made the intentional decision to staff higher due to the need for these highly trained agency nurses to familiarize themselves with our facilities and systems. It was 100% the right thing to do.

Additionally, we had to learn how to manage a new workforce, where scheduling is co-managed with us and the replacement agency.

Furthermore, replacement staff are guaranteed worked hours, which we would pay whether they work or not. Some areas need additional support since replacement nurses are not trained to do some things like: first-in-human clinical trials and CAR-T infusions, which are performed only at specialized academic centers.

Finally, sick calls have been significantly lower than expected based on our experience with our union nurses.

In the four weeks of the strike, we have learned and enhanced our processes. To reinforce, a hospital treating the most acutely ill and injured patients must do more to ensure continuity of care for them. We are proud of what we have achieved with this exceptional replacement nurse workforce on behalf of our patients.

Misinformation #3: The hospital wanted this strike.

Response: This is categorically untrue. Not a single thing about a strike is beneficial to any party. This is especially true of our nurses and their families. To recap our efforts to avert the strike:

- RWJUH did everything it could to avoid a strike; twice accepting the union's demands, including staffing adjustments.
- On July 13, RWJUH had agreed to the union's core staffing proposal and both parties signed a Memorandum of Agreement formalizing the staffing and compensation settlement, yet it was voted down by the nurses and a notice to strike was presented to the hospital.
- RWJUH offered to enter binding arbitration or participate in a board of inquiry; the union refused both. When the hospital requested the union rescind its strike notice and return to the table to continue good faith negotiations, the union said no.
- During the 10-day window prior to the strike, the hospital made another counteroffer to attempt to avert the strike. The union did not respond to the offer.

Misinformation #4: The hospital will not negotiate.

Response: This is misleading and untrue. The current format in which we are meeting with the union is via a federal mediation team. We now have two mediators engaged in our negotiations and they set the meeting schedule. We have attended every scheduled session by the federal mediators and will continue to do so until a settlement is reached.

Furthermore, we have attended every negotiations session, willingly and in good faith since they began in April. We have arrived on time and stayed at the table until the session is formally ended. Sometimes sessions have lasted nearly 24 hours.

Misinformation #5: Anecdotes on understaffing scenarios

Response: The nurses in the most recent video refer to fictional care scenarios or scenarios that they do not have firsthand knowledge or recent/current knowledge. This is misleading and unethical.

For example:

Nina, the NICU Nurse, claims she has four babies in the NICU and that is unsafe.

This is misleading given 4 baby assignments are in the Special Care Nursery, which is a lower acuity area of the NICU. One nurse to four babies is industry standard guidelines for the Special Care Nursery. Nurse to baby staffing varies in the higher acuity areas based on the acuity and needs of the babies in the NICU at any given time.

AWHONN continues to recommend the nurse-to-patient guidelines for babies as per the original nurse staffing standards ([AAP & ACOG, 1983–2007](#)) and those updated by [AWHONN](#), 1 nurse to 3–4 newborns requiring continuing care.

Helen M., Pediatric Same Day Surgery RN, says she can't go back in without safe staffing.

This is nonsensical. Helen works night shift in Pediatric Same Day. There are 2 RNs available in the pediatric same day area on nights and weekends. Staffing in the pediatric same day area follows the ASPAN staffing standards. There is also an on-call leadership available on nights and weekends for additional support. The hospital has never received a complaint by the Same Day Surgery RN evening shift team regarding staffing. There are no complaints in the hospital documentation system.

Lauren W., RN discusses staffing issues in the hospital's adolescent unit.

This is anecdotal and untrue. Lauren W. has not worked in the pediatric adolescent unit for 2.5 years. To follow are the current staffing levels in the pediatric adolescent unit:

- As of 1/1/2023, staffing was enhanced by adding a free charge nurse 24/7, as well as by having consistent number of RNs regardless of time of day as follows:
 - 1 RN to 4 Patients with a free nurse on all shifts;
 - Also added a CCT starting at a census of 6 patients instead of 8 to provide enhanced support;
 - Also added a day Unit Clerk at a census of 8, instead of at 11, providing enhanced support;

- Also added was a Full Time Evening Unit Clerk at a census of 11, instead of a .5 FTE, providing enhanced support.

Jessica Newcomb, RN claims she almost left the profession because of unsafe staffing.

This is misleading and nonsensical given Jessica's role on the Mobile Health team as a transport RN. As a transport nurse, working in a special ambulance to transfer sick patients to our hospital, there is always 1 nurse to 1 patient in a transport vehicle. This is standard guidelines.

Additionally, Jessica is a member of the union's negotiating team who signed the MOA that was voted down by her membership. She is well aware of the hospital's commitment to always-safe staffing guidelines that address the volume and acuity of our patients at our academic medical center.

Maternity center nurse cites too few nurses in the unit.

This is untrue. The labor and delivery (L&D) unit and the mother/baby unit are staffed to industry guidelines set by national organizations. At RWJUH, 10 nurses are scheduled in L&D Mon.-Fri. around the clock; 8 are scheduled Sat-Sun. Mother Baby is staffed at 1 nurse for 3 couplets. The AWHONN national guidelines for mother-baby is 1:3. The guidelines for L&D vary according to stage of labor and medical complexity.