



# Champion

December 2006

Vol. 20, No. 5

## UMDNJ CONTRACTS PROVIDE PROTECTION, RESPECT & MONETARY GAINS!



**Joy Anderson, Co-President Local 5089**

After nine months of difficult, often frustrating negotiations, HPAE Locals 5089 and 5084 achieved contract settlements with the University of Medicine and Dentistry of New Jersey (UMDNJ). Both contracts will expire June 30, 2010. Two years into each contract, the locals and UMDNJ will have a contract re-opener regarding wages, retiree health benefits, and other issues.

Local 5089 represents 1200 Registered Nurses at University Hospital in Newark and other UMDNJ healthcare facilities in the state. The University's 2400 non-nursing professional employees, including medical researchers, medical health professionals, IT professionals, and administrative titles, are represented by Local 5094.

The RN contract settlement includes a 3% increase plus a step each year in wages for most RNs, a hike in education and certification



**Tom Murphy Co-President Local 5094**

differentials, and stronger contract language on staffing, overtime, transfers, and health and safety. In a major breakthrough, Local 5089 and UMDNJ agreed to a process where staff RNs will be able to provide input about their supervisors' attitudes and competencies.

Local 5094 achieved important gains in job security/layoff language, promotional opportunities, and a mechanism to address the abuse of exempt (salaried) employees who work excessive hours with the ability to grieve the abuse if not remedied, and wage increases of 2.5% each year retroactive to July 1, 2006. Employees who are laid off due to a loss of research funding, budget cuts, or other reasons will have more opportunities to retain a position at UMDNJ based on their seniority and previous work experiences. In addition, management is expected to give salaried employees flexibility in their work schedule when they work extra hours.

As of this writing, Local 5089 and Local 5094 members are currently voting on the settlements. Results of the ratification votes will be available in early January.

In recent months, UMDNJ has been battered by negative publicity due to various scandals. In addition, the University has experienced severe financial problems. Despite these obstacles, the Local 5089 and 5094 made significant gains in the negotiations.



**UMDNJ professionals and RNs rally for a good contract on October 12th.**



# Healthcare Reform and Accountability is Needed Now!

Recent newspaper headlines around the state report on the financial troubles facing our hospitals.

Every nurse and health care worker in New Jersey is worried about the failing finances of their own hospital as it attempts to survive in an unhealthy competitive environment, as discussed in the recent Record story (12/10) about North Jersey's ailing hospitals.

Healthcare is operating with a Wild West mentality – every hospital just hoping to be the last one standing. The failure of government and private insurers to adequately cover the costs of care in our hospitals is clear – what is less obvious is the role played by the lack of accountability for how these taxpayer dollars are spent.

Unless we can guarantee our hospitals that they will receive fair and adequate funding, while requiring accountability and transparency for the dollars spent in healthcare, our only choice will be which hospitals to close. For HPAE, that is not an acceptable option.

The wrong solution is to leave it up to competition – which can end up with the closing of urban hospitals or critical services such as obstetrics for a whole community. The right solution will focus on ensuring that all of our residents have access to quality health care.

Instead of cooperating to make sure that vital health services are available to all of our state's residents, hospitals are competing to offer the latest 'niche' service that will attract paying 'customers'. Hospitals take on millions of dollars in debt to build new fancy wings in hopes that 'if we build it, they will come.' And when that doesn't happen – hospitals such as Pascack Valley Hospital either close – or get bought by bigger hospitals, if they are lucky.

When hospitals fail, patients, workers, taxpayers, bondholders and suppliers all pay the price. Others, however, reap financial rewards - like the high priced consultants mentioned in the article making \$300,000 a month from a bankrupt hospital in Passaic.

At the same time for example, that Bayonne Medical Center (BMC) claims it cannot pay vendors, it is buying a NY based hospital – with a price tag of more than \$100 million for the purchase and promised upgrades. No one in NJ monitored or approved this decision by the BMC board. Yet, if the Bayonne Medical Center Board members have made bad business decisions, it is the community's health care that suffers.

In another example depicted in the Record article, the failing finances of Pascack Valley are directly related to their huge expenditures on a new wing that looked good, but failed to attract patients. Again, no one in state government had the authority to oversee this or any other expenditure of a private hospital.

It's time that for more scrutiny, more transparency and more accountability. Right now, a small group of self-appointed hospital Board members are making decisions –

some well intentioned, some self-serving, but all directly affecting our communities' health.

NJ regulatory officials have little authority over these 'private' decisions, even if they are 'bad business decisions'. Yet, as an elected official said "These Boards are merely the stewards of our health care – the hospitals belong to the community."

It's time to bring some order to the Wild West, for the sake of our patients, our communities, our tax dollars and the future of our health care system.

HPAE has called on the Commission established by Governor Corzine to look at the crisis facing our hospitals in a way that ensures care for all of our residents – not a formula for closing hospitals. We're asking this Commission to:

- Encourage hospitals to cooperate and conduct community needs assessments so we can correctly match services to need. We should be 'right-servicing' not just 'right-sizing'.
- **Provide early identification of hospitals in distress with a plan for assistance; including addressing the economic impact and job displacement in the event of a hospital closure.**

- **Examine ways that free-standing outpatient services and same day surgeries, long-term care and other delivery systems can be better connected to our hospitals, to provide better continuity and continuum of care for our residents, and to avoid competition between highly-regulated hospitals and free-standing and profit-making health centers – including the latest fad of drug-store healthcare.**

- **Require transparency and accountability for hospitals and other health care facilities; ending self-dealing and imposing standards for avoiding conflicts of interests by the Board of Trustees; and adding community oversight boards for community and patient participation in hospital planning.**

- **Investigate whether everyone is paying their fair share of the healthcare costs of our state, and whether our funds are being fairly distributed. While the insurance companies post record profits, our hospitals are on the financial edge. While some hospitals hold enormous investments and are still funding huge building campaigns, other hospitals are unable to pay vendors, and hospital staff are borrowing sterilization equipment from other nearby hospitals.**

- **Make sure that the proper number of qualified health care providers is available to all NJ residents. Our current nursing and health care worker shortages will worsen unless our state health agencies, colleges, and nursing leaders work together to develop and promote recruitment and retention strategies**

These solutions will take time – and our hospitals, patients and health care workers have little time. We hope that the Corzine Commission will move quickly, and that in the meantime, our elected officials and state agencies will intervene more quickly to help our distressed hospitals, using their influence as well as their regulatory powers.

**Ann Twomey  
President**

## Health and Safety Bills Move through NJ Senate

In the last month, legislation supported by HPAE to provide relief from workplace injuries has begun moving in the New Jersey Legislature. In November, HPAE members traveled to Trenton to testify on S1761, sponsored by Senators Vitale, Weinberg, Coniglio and Adler, which requires hospitals to establish violence prevention programs. HPAE members from Bergen Regional Medical Center provided personal examples of being assaulted by patients due to staffing shortages, lack of training and gaps in security systems, drawing shocked responses from the Senate Health Committee members.

Other HPAE members traveled to testify for S1758, requiring hospitals and nursing homes to establish safe patient handling programs, but testimony was held due to the length of the hearing itself.

On December 14, HPAE members again appeared before the Senate Health Committee, this time to witness a vote on both bills. The next step for both bills is a full Senate vote.

### THE SCOPE OF THE PROBLEM: WORKPLACE INJURIES

Nursing and healthcare workers are among the top ten occupations for work-related musculoskeletal disorders, and the rate of these injuries among hospital workers is increasing, as a result of short staffing and the higher acuity levels of hospital patients.

Unsafe working conditions also contribute to the nursing and other health professional shortages, and are exacerbated by staffing shortages. In both AFT and ANA surveys, large numbers of nurses and technicians said that health and safety concerns influenced their decision to stay or leave the profession.

The costs to the healthcare system include workers compensation rates, lost time; replacement, overtime and training costs; and liability and medical care payments. Facilities implementing safe patient handling programs have demonstrated sufficient reductions in worker compensation costs to recoup the cost of equipment and training in less than four years.

### THE SOLUTIONS: S1758 AND S1761

S1758, the safe patient handling bill, requires our health care institutions to establish safe patient handling programs, including training and institutional policies to limit manual lifting are proven to reduce injuries, and to be cost-effective. S1758 is rooted strongly in the individual needs of patients, of caregivers and hospitals, and requires that each hospital design a program suited to its patient population.

#### S1758 also requires that Patient handling policies:

- Minimize the use of unassisted patient handling taking into account the patient's physical and cognitive condition;
- Assure prompt access to patient handling equipment and aids;
- Provide a training program for all healthcare workers in assessment of patient handling risks and the safe use of patient handling equipment and aids
- Provide a copy of the program to the NJ Department of Health and Senior Services or Department of Human Services and make the information available to all health care workers at the facility.

S1761, a bill to prevent violence in healthcare settings, incorporates the principles set forth in the OSHA Guidelines on Workplace Violence Prevention and requires covered entities to:

- Establish violence prevention committees, with at least 50% of the members being direct-care health care workers;
- Develop written violence prevention plans that identify risks and ways to address them;
- Conduct an annual violence risk assessment that would consider staffing levels; facility layout and design; the crime rate in surrounding communities; and a review of violent incidents;
- Conduct annual violence prevention training
- Maintain records of all violent acts against employees;
- Have personnel trained to prevent and respond to violent incidences;
- Establish a post-incident response system, including counseling for victims and co-workers.

Please visit the HPAE website for updated information and how you can help.

Another HPAE-supported bill –A2052- which is sponsored by Assemblymen Gordon and Conaway, passed the New Jersey Assembly yesterday by a vote of 72-6-2. This bill requires the New Jersey Department of Health to monitor care in hospitals when the use of temporary nurses exceeds 40%. This bill now moves to the Senate for their consideration.

Assembly Voting Record of A2052	
N=No	A=Abstain
<b>All voted YES except:</b>	
Bodine (A)	Carroll (N)
Chatzidakis (A)	Doherty (N)
Gregg (N)	Karrow (N)
McHose (N)	Merkt (N)

## In honor and memory of Susan Charllis



HPAE is mourning the passing of Susan Charllis, on December 1, 2006. Susan, an RN at EHMC, was the HPAE State Treasurer from 1981 -1987. Susan gave her dedication and talent to build our union. She's an important part of HPAE's success. Susan is survived by her husband Charlie, sons Chris and Adam and grandchildren Joseph and Ava.



# HPAE LOCALS IN ACTION

## NEGOTIATIONS ROUND UP

### Christ Hospital

Local 5186's Negotiations Committee successfully resolved two issues with management that were not part of the May 31st contract settlement: pension payments and retiree medical benefits.

Christ Hospital, which is affiliated with the Episcopal Diocese, has applied to the IRS to convert their defined benefit pension plan to a "Church Plan". So-called Church Plans are not subject to the financial requirements of the Pension Benefit Guaranty Corporation, the federal agency which monitors the solvency of pension plans. While the conversion will reduce the hospital's current and future pension costs, employees' pensions assets under a Church Plan are less secure than in a PBGC plan.

As part of the settlement, Local 5186 negotiated significant contribution amounts to the pension plan and a commitment by the hospital that they will fully fund the plan by a certain date. This provides our members with basic protections in the event the hospital's application for a Church Plan is approved.

In addition, members will have the opportunity to participate in the HPAE retiree medical program, based on an affirmative membership vote on participation in the program through a mandatory payroll deduction of \$.20/hour.

### Jersey Shore Medical Center

RN members of Local 5058 overwhelmingly voted in favor of tentative agreement for a successor, three year contract with the hospital. Reached ten days before the contract deadline, the agreement highlights are:

- A combination of across the board and performance/merit increases totaling, on average, 4.5% a year
- Payments for up to 2 national certifications each year
- A guaranteed of 2 conference days for full-time employees each year
- In recognition of seniority - an additional day of paid time off (PTO) after 25 years and another day of PTO after 30 years

Rita Hrcsko, Local 5058 President, praised the members of the Executive Board and Staff Rep Fred Deluca for their hard work in preparing and negotiating the contract. In addition to support from the members, "due to the efforts of Fred and the rest of the executive board we have once again succeeded in winning another great contract."

### Llanfair House Settlement

Nurses at the long-term care facility, Llanfair House, who are represented by HPAE Local 5107, overwhelmingly ratified a two year, successor contract on December 5th. The nursing home is owned by St. Barnabas Health Systems.

In addition to 4.5% wage increases each year of the contract (3% across the board increase + step movement), the local negotiated an employer "match" to the 401k plan. Previously, Llanfair House contributed nothing to the 401k plan.

Two other gains in the contract were the employer's commitment to provide accredited CE courses for the nurses and to address staffing issues in a joint labor-management committee.

Llanfair House members were ably represented by the Negotiations Committee: Lorri Bowlby, Diane Connelly, and Marilyn Bustos. Mike Slott, HPAE Education Director, assisted the committee.



# PROTECTING OURSELVES, PROTECTING OUR PATIENTS



## Safe Patient Handling Activities at CUH

On October 10th and 11th, 2006 a contingent of Union and Management representatives from Cooper University Hospital (CUH) visited Kaleida Health System in Buffalo, NY to get a firsthand view of Kaleida's renowned safe patient handling program. Joanne Paraschak, President of Local 5118 was joined by members Norma Rowello and Mary Matthews; HPAE staffer Harriet Rubenstein and four CUH managers.

The site visit was part of the ongoing joint labor management effort to design and implement a safe patient handling program at Cooper University Hospital. Local 5118 began its Safe Patient Handling campaign back in September 2005 with a joint Safe Patient Handling Task Force drafting a set of Goals to guide its work.



The local's May 2006 contract with CUH set deadlines for the development of a safe patient handling policy and the selection of equipment. Since that time, the Task Force has been meeting regularly to discuss policy, equipment needs and selection, and training, and to review injury trends, along with planning the visit to Kaleida.

An equipment fair, jointly sponsored by the Local and CUH management, enabled all CUH staffers to try out and evaluate several pieces of safe patient handling equipment during work time.

The Kaleida site visit was hosted by Dana McCarthy, Director of Safety and Health for Nurses United CWA 1168 and Paula Pless, Director of Kaleida's Safe Patient Handling and Movement Program. "The Kaleida program was very organized and that didn't happen overnight", Norma Rowello noted. "This program is one that would benefit Cooper in many ways and if introduced with thought, we all feel the staff would embrace it", added Mary Matthews.



Looking ahead to the implementation of a Safe Patient Handling program at Cooper, Joanne Paraschak listed several key elements for a successful program, including ensuring a positive attitude from the Nurse Managers. "Saying 'this won't work' just isn't an option", Joanne explained.

### CORRECTION: AFT Dues Increase

The following is the AFT increase that went into effect September 2006.

#### MEMBERS WITHOUT LIABILITY INSURANCE (PER PAY PERIOD)-

FT from \$4.31 to \$4.68; PT from \$2.21 to \$2.39; PD from \$1.13 to \$1.22

#### MEMBERS WITH LIABILITY INSURANCE (PER PAY PERIOD) -

FT from \$4.68 to \$5.05; PT from \$2.58 to \$2.76; PD from \$1.50 to \$1.59

# RETIREE MEDICAL PROGRAM TAKES A STEP FORWARD

In October, HPAAE members in six locals voted on whether they want to participate in the HPAAE Medical Expense Reimbursement Program through a mandatory payroll deduction of \$.20/hour. The mail ballot vote was conducted by the American Arbitration Association (AAA).

When the votes were counted by AAA on October 31st, it was clear that our members are strongly supportive of the program, which will reimburse retirees for various medical expenses. Members in 10 of the 14 bargaining units voted to participate in the program. Voting "Yes" to participate were:

Cooper – 2 RN bargaining units  
Englewood – 1 RN bargaining unit  
Meadowlands – RN and Technical bargaining units  
Palisades – RN/Professional bargaining unit  
Pascack Valley – RN bargaining unit  
Virtua – 3 RN bargaining units

Joan Johnson, President of Local 5105 (Virtua) and one of the two Union Trustees of the program, welcomed the vote results: "I am very pleased that so many bargaining units voted to participate with this new program. It is an affirmation to us that issues surrounding retirement are extremely important to nurses and other health care professionals. We need to continue fighting to keep those issues front and center in future negotiations."

In all, 2200 full-time and part-time employees in these bargaining units will be participating in the program, beginning in January 2007.

Members in two other HPAAE locals – Christ Hospital and Temple/Episcopal – will be holding votes on the program in the next several months. And in January 2008, Bayonne Medical Center will begin to contribute \$.20/hour to the HPAAE Retiree Medical Trust for full-time and part-time employees at the hospital.


HPAAE is committed to building a strong retiree medical program. We will continue to provide financial support and resources through the end of this fiscal year to ensure that the program begins with a strong foundation.



Joan Johnson, President of Local 5105 (Virtua)






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**Clarion** is published by the Health Professionals and Allied Employees, AFT/AFL-CIO  
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Telephone: (201) 262-5005 or (800) 801-5005  
Fax: (201) 262-4335 Postage paid at Emerson, NJ

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Affiliated with the American Federation of Teachers Healthcare, AFT/AFL-CIO