



HPAE DEMANDS ACCOUNTABILITY

At hearings throughout the state, the Governor's Commission on Rationalizing Healthcare Services heard from HPAE leaders and members about the mismanagement that has led to many hospitals' financial woes. In northern New Jersey, HPAE President Ann Twomey was joined by leaders and members from Bayonne Medical Center and Pascack Valley Hospital; and in southern New Jersey, Michele Silvio, chairperson of the Negotiations Committee of HPAE's newest local at South Jersey Healthcare, offered the experiences of nurses attempting to organize a large monopoly system.

President Twomey said at the hearing in Teaneck on August 14, "We have been calling attention to failures in management, leadership and governance at hospitals for years, but our input has been largely ignored by CEOs, board members, high-priced consultants and state agencies. Unfortunately, our distress calls have been well-founded and now these frontline caregivers and the community will shoulder the impact should their hospitals close."

President Twomey's arguments were echoed by both Noreen Malloy of HPAE Local 5185, representing Bayonne Medical Center's 1000 HPAE members, and Shirley Terwilliger, President of HPAE Local 5029, representing 460 HPAE RNs and technical staff at Pascack Valley Hospital. Both hospitals have faced major financial crises, due to bad management decisions. In both cases, HPAE members voted to support temporary contract modifications in order to provide cost-savings to their hospital.

Much of the Commission's early findings have focused on the need to provide additional reimbursements to hospitals. While hospitals are in need of additional sources of revenue, this will not solve the problem.

As President Twomey noted in her testimony, "While there is no question that

unreasonable demands and inadequate payments by government and private payers contribute to the financial vulnerability of many of our hospitals, our experience tells us that four factors must be included in any analysis of our hospitals' financial troubles."

The four factors identified by HPAE are:

1. Failure to maximize reimbursement, including failing to collect patient data necessary for reimbursement through charity care or family care programs; failing to document and code properly; failing to control length of stay, and failing to follow-up on insurance claims denials;
2. Misplaced priorities, in a race to beat out the competition – chasing 'niche' services, closing vital services, or even attempting to buy up other hospitals, without assessing the unmet health needs of the community.
3. Inadequate Board governance and oversight, or in extreme cases, allowing their own personal business dealings with the hospital to cloud their judgment.
4. Each of these lapses has been compounded by the failure of our state agencies to monitor, intervene in, or challenge fiscal and clinical practices to prevent the loss of services to our communities.

Each time a hospital faces a financial crisis, its effect is felt throughout the community and region, on patients, employees, neighboring businesses, vendors and suppliers, other hospitals, and bond investors. We can no longer afford to have our state agencies sit it out, and be unable to intervene when a hospital is overextending its debt, closing vital services, or duplicating services in the chase for the 'niche' market.

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Photos top (l-r): Joel Cantor, Bruce C. Vladeck, Michelle Kent Guhl, Uwe Reinhardt, Steven M. Goldman, and Linda Garibaldi.

from left to right, President Ann Twomey, Noreen Malloy (Bayonne Medical Center) and Shirley Terwilliger (Pascack Valley Hospital)



HEALTH CARE REFORM



Love him or hate him, the filmmaker Michael Moore is one funny guy. Yet when I first saw his new movie about the crisis in U.S. healthcare - "SICKO" - I didn't laugh; I actually cried. I cried for the middle-class couple who, despite having worked their

entire adult lives, had lost their home to pay for medical expenses. I cried for the bicyclist who severely gashed his leg and had to suture it himself with needle and thread because without insurance he couldn't afford the ER. I even felt bad for the HMO agent who described her inner turmoil when listening to desperate patients beg for legitimate treatment that she knew her company would flatly deny.

The second time I saw the movie, I appreciated Moore's poignant and funny quips, but it was far from a comedy. We have a health care system that millions of people cannot access or individually afford; a system that denies needed care and places our community and nation at risk. While CEOs of HMOs, insurance companies, and pharmaceutical conglomerates earn millions of dollars every year in salaries and benefits, 47 million Americans have no health insurance. We cannot continue with the current system; we need fundamental reform.

Some may argue that health care reform can only be accomplished on a national level. Yale University political scientist Jacob S. Hacker offers a different view, arguing in *Health Care for America* (www.sharedprosperity.org/bp180.html) that a state by state approach could ease the way toward national health reform. California and Wisconsin have state legislation establishing universal health care pending (www.healthewisconsin.net). Don't forget, Canada's national health care system was founded on the provincial (state) reforms.

HPAE has been working with devoted allies such as New Jersey Citizen Action (NJCA), our state and national labor movements, and AFL-CIO retiree chapters to place health care reform front and center on our state legislative agenda. The national AFL-CIO is launching a national healthcare reform campaign, and we will make sure that health care workers are part of the forces needed to pass national reform.

Here are some of the principles on which to base a state health care plan:

1. Guaranteed Access to Affordable, Comprehensive Health Care for all New Jerseyans.

- Access to quality health care must be available to all, regardless of ability to pay, immigration status, or health condition. To the extent that health care is paid for by insurance premiums, subsidies should be available to those least able to afford premiums and scaled progressively based upon income. No one can be denied coverage because of pre-existing conditions and the practice of price discrimination because of age, gender, health status, or geography must be banned.

2. Improves the Quality of Care for All New Jerseyans.

-The United States spends more than any other country per capita on health care, yet ranks 37th among industrial nations in health care outcomes. Health care reform must be comprehensive and cannot dilute coverage in the effort to make it more affordable. Reimbursement rates to health care providers must be reasonable and should not vary depending on whether an individual has Medicare, Medicaid, or different types of private insurance.

3. Shared Responsibility.

The health care crisis affects everyone – individuals, employers, insurers, government and health care providers – and everyone has a responsibility to play a meaningful role in its resolution. Individual mandate proposals – which force individuals to buy health insurance under penalty of law - are based upon the inaccurate premise that the uninsured lack insurance by choice. Such proposals wrongly put the burden on individuals for not having access to affordable and quality health care or employee-sponsored health insurance. Meaningful health care reform will only occur when all parties who have a stake in reforming our health care system, including employers, health care providers and the insurance industry, share the responsibility to make it accessible and affordable for all.

4. Reduce and Contain Costs to Assure Affordable Coverage.

- 25-30% of all health care spending is spent on administration. Health care reform will only be successful if it effectively curbs costs. Cost containment can be achieved by consolidating administrative overhead, bulk purchasing prescription drugs and durable medical equipment, regulating all treatment and diagnostic centers and implementing insurance reforms that require that increases in premiums are limited to increases in costs.

5. Preventive Care

-Minor health conditions that go untreated can become larger and require catastrophic care, which is much more expensive than preventive care. Studies show that when people forgo treatment due to its unaffordable cost, society/taxpayers often wind up spending more in the end. Instead of treating illnesses and conditions as a last resort, greater emphasis and education on preventive care is necessary to both keep costs down and to help foster a healthy society. Financial incentives should be implemented to pay providers more for improving their patients' health, rather than for denying care or ordering more procedures.

Reform will require the vision, leadership and courage of our elected legislators. Our support of them must be based on their commitment to support our issues – including health care reform.

As health workers, we have a responsibility to our professions, or patients, our families and to ourselves fix our SICKO health care system. If we join with our allies in New Jersey and in states across the country to push for national healthcare reform, we can succeed.

Ann Twomey
President

NEWS FROM THE HPAE COPE

Balancing Work and Family: Is Paid Family Leave the Answer?

The state legislature is currently considering a bill that will allow workers to take up to 10 weeks of Paid Family Leave to care for seriously ill family members, or for newborns or newly adopted children. New Jersey lawmakers and advocacy groups have tried unsuccessfully to pass legislation for more than a decade, but a broad coalition, including HPAE and other unions, determined Legislators and a supportive Governor may make the difference this year.

As a member of the NJ Time to Care Coalition, HPAE has been working to make family leave insurance a reality for all New Jersey's workers. Using the model adopted in California, the most efficient and cost effective way to provide New Jersey's workers with family leave insurance is by expanding New Jersey's existing Temporary Disability Insurance system to provide partial wage replacement when a worker takes time off to care for a family member.

Most of us, at some time in our lives, face the dilemma of balancing family and work in a time of need. Whether you have given birth or adopted, have a sick child, or need to care for elderly parents while working and raising your own family --- you should have the right to hold onto your job while being there for your family.

Paid Family Leave, as proposed under S2249 (Sweeney/Buono) and A3812 (Albano/Panter) does just that. It requires your employer (for companies employing 50 or more) to keep your job for up to 10 weeks while you care for your family member. It provides, through an employee payroll deduction, for weekly payments similar to unemployment insurance for all workers who take a paid family leave.

However, the Paid Family Leave bill is facing strong opposition from the state Chamber of Commerce and the NJ Business & Industry Association (NJBIA), who claim the bill will cause a mass exodus of businesses from the state.

A study by the Center for Women and Work at Rutgers University found just the opposite - employee turnover costs far exceed the cost of providing employees' leaves. It also found that while many New Jersey small business owners (fewer than 50 employees) already give time off to care for family members, they regret being unable to provide any pay.

During legislative hearings, some of those small-business owners from the New Jersey Time to Care Coalition came in support of family-leave insurance. They understand they won't have to pay a penny into the fund; they know workers who get time to help their families are more productive.

The Senate version, S-2249, must now go before the full Senate for a vote. The Assembly version is awaiting a vote in the Assembly Labor Committee. Go to www.hpae.org to place personal stories on the blog, for legislative updates, and to send your legislator a letter supporting S2249/A3812. The next voting session in the NJ Legislature will be scheduled following the November elections.



HPAE LOCALS IN ACTION



Local 5118 RN Appointed to Hospital Board

During their negotiations with Cooper University Hospital last spring, the Local 5118 Negotiations Committee suggested that an RN should be on the hospital's Board of Trustees to provide the perspective and insight of a health care professional and patient care giver. Recognizing the value of this suggestion, the administration agreed to have an RN on the Board and asked the Local Executive Board for their recommendation. Although other RNs were put forward as possible choices, the Board elected the RN recommended by the Local Executive Board – Katrina Edo (Trauma Unit). Congratulations, Katrina!



Local 5091 (BRMC) Discipline Removed

Jeff Peck, Local 5091 President was twice disciplined last fall and winter for attempting to represent members. The management team at that time thought they could weaken our resolve if leaders suffered discipline fighting for our rights. Jeff was suspended for a total of eight days in the line of duty. HPAE Local 5091 filed grievances, as well as charges with the Labor Board.

Thanks to the diligent work of Local 5091 Grievance Chair Carol Stern, and the bravery shown by the members in refusing to be scared by this anti-union ploy, we were recently able to settle this matter. All copies of the discipline were removed from Jeff's record, and he was paid for all the days he missed! Thanks to all who supported Jeff through this tough time.

Victories for Meadowlands Local

HPAE Local 5147 went through many changes in the past 12 months, and those changes have produced a stronger, more unified union at Meadowlands Hospital and Medical Center (MHMC). Just over a year ago, the service employees joined the RNs and technical employees of our union, making us a "wall to wall" local. With the election of a new and dynamic executive board, the local has achieved some important victories.

Victory #1: In violation of the contract, MHMC improperly paid many employees an in-house agency rate called "Meadowlands Plus" instead of the correct, overtime rate of time and a half. After constant pressure from the local, MHMC finally agreed to conduct an internal audit and reimburse all members who were improperly paid. This settlement will be worth over \$100,000 in total. It looks like Christmas is coming early for our members!

Victory #2: When MHMC announced plan design and premium cost changes in their current health insurance plan, we were successful in getting management to agree that the increases in premium cost will not be imposed on any HPAE Local 5147 members. On the other hand, non-union and management employees were forced to pay significantly more for health insurance.

Victory #3: When MHMC realized they could not force our members to pay increases in the health insurance, they then announced plans to begin charging a parking fee to all employees, including HPAE Local 5147 members. Again, we fought back. The result: no employee of MHMC will be charged to park their cars.

Local 5058 Member Gets His Job Back

An RN at Jersey Shore Medical Center was suspended and then subsequently fired for allegedly shouting in a patient care area and for being insubordinate toward his supervisor. Local 5058 filed a grievance, which was denied by hospital management. The grievance went to an arbitration hearing on May 7th and the arbitrator, John Dorsey, reversed the discipline.

Arbitrator Dorsey ruled that, while the hospital had a right to give the RN a 3 day suspension, the termination was too harsh. Employees at the hospital involved in similar incidents received 3 day suspensions, not terminations. Based on these previous disciplines and the facts of the case, he ordered the hospital to reinstate the RN with full back pay, minus the 3 day suspension.

JAYNE FAHEY OF HPAE LOCAL 5091 GETS HER JUST DESSERTS!

Prior to the recent contract negotiations, management violated the contract by sometimes giving shifts to agency staff even when per diem and other employees made themselves available for the time. As part of the contract settlement, the RNs and non-nursing professionals of Local 5091 at Bergen Regional Medical Center (BRMC) achieved contract language that ensures that union members have preference for all available work. In addition, BRMC agreed to pay several nurses for shifts they made themselves available for, but were given to agency staff. Jane Fahey, a per diem, was one of those nurses.



UMD Locals Stop Increase in Employee Health Insurance Payments

In late June, the University of Medicine and Dentistry of New Jersey (UMDNJ) announced that they would be implementing a payroll deduction of 1.5% of salary as an employee contribution to pay for health care. As public employees, most UMD employees are in a plan that requires no employee co-payments for health insurance premiums.

HPAE Locals 5089 (RNs) and 5094 (non-nursing professionals) joined a coalition of other unions at UMDNJ in fighting this unilateral change as part of "UMDNJ United". The coalition sent joint letters to Governor Corzine and UMDNJ President Owen to demand that the collective bargaining process be respected. The coalition also filed grievances and a joint bad faith bargaining charge with the Public Employment Relations Commission.

Our efforts paid off. On July 16, UMDNJ announced that it would not unilaterally impose employee health contributions and instead would negotiate the changes with each union. This represents a tremendous victory for all unionized employees at UMDNJ.

The fight continues over other changes to health benefits. In addition to the 1.5% payroll deduction, there were increases to office visit and prescription co-pays. UMDNJ UNITED will continue to pursue grievances to require the University to maintain employee health insurance benefits during the terms of all existing collective bargaining agreements and to negotiate such modifications upon their expiration. UMDNJ UNITED is particularly concerned that on top of the many other issues facing UMDNJ employees, these unilateral modifications to health benefits not only violate the individual collective bargaining agreements and diminishes the quality of UMDNJ's benefits plans, it negatively impacts on employee morale, patient care, and the recruitment and retention of qualified and talented employees.

Go to www.hpae.org to read 'Unions United' victory press release!



Member Spotlight



Abe Solomon Scholarship Recipient



Congratulations to Jaclyn Wypler (left), recipient of the Bergen County Central Labor Council's Abe Solomon Scholarship Award. Jaclyn is the daughter of Betsy and Jeffrey Ball. Betsy is the Secretary/Treasurer for Local 5004 (EHMC) and Jeffrey is a HPAE Staff Representative. Jaclyn graduated Ridgewood High School with honors and was in the top 5 of her graduating class. An exceptional athlete, Jaclyn and was named "Top

Girls Field Athlete of the Year" by the Record Newspaper. We wish her success as she starts Dartmouth University.

HPAE Members Care for Governor Corzine



Governor Corzine experienced quality patient care from the hands of the nurses at HPAE Local 5118 (Cooper). The Trauma Intensive Care Unit (TICU) cared for the Governor after his car accident in April 2007.

Local 5118 Secretary/Treasurer Patti Scharff, RN, Trauma Intensive Care Unit (TICU) was one of the nurses who cared for him.

Local 5118 Awards Scholarship

Congratulations to nursing student Susan Panagiotidis from Gloucester College, the recipient of the Local 5118 scholarship for nursing students.

To date, Local 5118 has awarded three (3) \$1000 scholarships. The recipients are selected by the South Jersey Central Labor Council.

Pictured: (l-r): Kate Grohe, Terry Leone, Susan Panagiotidis and Ann Twomey.



NEED FOR ACCOUNTABILITY

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HPAE's recommendations for addressing these failures fall into three categories:

1. Establish a set of Best Practices for governance and financial management of hospitals, and require hospitals to adhere to these Best Practices in order to receive and maintain a Certificate of Need, bond financing or any financial support from DHSS, including charity care. Examples would include: standards for maximizing reimbursement; ending the practice of allowing Board members to have business dealings with the hospital; and involvement of frontline caregivers in committees to ensure best practices for quality of care and fiscal stability.
2. Strengthen state government regulation and oversight, including requiring independent financial feasibility studies as part of all NJHCFFA bond applications; establishing debt and financial stability indicators that would trigger intervention by DHSS, HCFFA and/or the Attorney General.
3. Establish transparency and accountability to the community for governance, finances and services, including community involvement in periodic needs assessments and review of building and expansion plans;

HPAE will continue to monitor the work of the Commission, and aggressively advocate for new standards for accountability as well as an end to conflicts and inside dealing among Boards of Directors for all of our hospitals.

For more information on the Commission, go to www.hpae.org. To read the full testimony of President Twomey and other HPAE members, go to www.hpae.org.

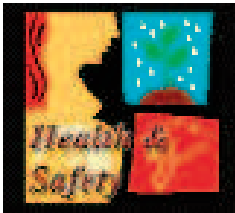
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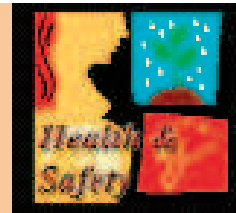
HPAE also sends out contract updates, meeting notices and special events via email, if you are not receiving email from us join our list today at:

Go to www.hpae.org/memberinformation.htm

STAY CONNECTED!



PROTECTING OURSELVES, PROTECTING OUR PATIENTS



NJ Takes the Lead in Fight Against “Superbugs”

NJ came out in front in the fight against antibiotic-resistant “superbugs”, such as Methicillin-resistant Staphylococcus aureus (MRSA), that threaten the health and safety of both hospital patients and caregivers, when Governor Corzine signed into law S2580/A4179 on August 2nd. Bob Mayer, a Local 5094 retiree, joined Jean Pierce at the bill signing ceremony at which Sen. Barbara Buono, the bill’s sponsor, thanked HPAE for our efforts in support of the legislation.

The law requires NJ hospitals to screen all patients for MRSA upon admission and discharge/transfer, beginning with ICU patients and eventually covering patients on all units except psychiatry. The law is modeled on a very successful MRSA-control program at veterans’ hospitals around the country. The law also requires hospitals to:



- Implement “contact precautions” for all MRSA-positive patients;
 - Develop an infection prevention and control policy with input from frontline caregivers;
 - Strictly adhere to hygiene guidelines;
 - Provide worker education regarding modes of transmission of MRSA, use of protective equipment, and disinfection policies and procedures;
 - Report all hospital-acquired MRSA cases to the NJDHSS.
- Items in italics were added by Sen. Buono at the request of HPAE.

The law takes effect in September 2007. Your local may want to put the issue of compliance with the legislation on the agenda for your next labor-management or health and safety committee meeting.



Above: Jean Pierce, HPAE Public Policy Staff and Robert Mayer, HPAE Council of Retirees member, Local 5094 with Governor Corzine

Left: Governor Corzine signing S2580/A4179 on August 2, 2007

RNs Press Ahead on Safe Patient Handling at Cooper

One year after winning contract language calling for a joint labor management Safe Patient Handling (SPH) program, Local 5118 RNs at Cooper University Hospital are about to find non-friction transfer sheets (aka “slide sheets”) hanging next to every bed on every unit.

While the joint labor-management SPH Task Force continues to work on the details of purchasing a full complement of patient lift and transfer devices as part of a total SPH program, they decided to move ahead now with purchasing the slide sheets throughout the house. This decision was made by the Task Force, after HPAE member Norma Rowello led a highly successful pilot program on her med-surg unit. “The sheets have been very well-received by the staff and the patients and we’ve been able to use a train-the-trainer approach to get everyone on board”, Norma explained. Joanne Paraschak, Local 5118’s co-chair of the SPH Task Force is working with one of the nurse managers to develop the policies and procedures for the slide sheet program.

In the meantime, Local 5118 members of the Task Force are meeting with management to develop the job description for the Safe Patient Handling Coordinator who will be responsible for overseeing all aspects of the full SPH program. Joanne emphasized the importance of the union’s role in the process. “We’ve had to continually remind management that this is a joint program and we intend to be at the table every step of the way”.

Health and Safety Legislation Status Report

S1758/A3028: The Safe Patient Handling Act (Vitale/Conaway) - Passed Assembly and Senate Health and Assembly Appropriations committees; awaiting vote in Senate Budget and Appropriations committee.

S1761/A3027: The Violence Prevention in Healthcare Facilities Act (Vitale/Conaway) Passed in the Assembly; passed Senate Health committee; awaiting vote in Senate Budget and Appropriations committee.

S2580/A4179: “The MRSA bill” (Buono/Greenstein) Signed by Governor Corzine Aug 2, 2007

HPAE Council of Retirees (COR)

Alliance Joins Campaign To Halt Privatization of Medicare

Medicare advocates launched a campaign at the U.S. Capitol on June 7 to stop the growing privatization of Medicare. Just two years after his failed effort to privatize Social Security, the Bush administration is now undermining traditional Medicare by providing huge subsidies, costing taxpayers tens of billions of dollars, to big insurance companies through the Medicare Advantage program. “This year alone, American taxpayers will overpay the insurance industry

\$7.5 billion more than it would

otherwise cost Medicare to serve the same people,” said Alliance for Retired Americans executive director Ed Coyle at a June 7 press conference announcing the start of the campaign. Coyle said that experts estimated that the cost of the subsidy would reach \$160 billion over the next 10 years.” Many advocates consider this form of corporate welfare part of a wider privatization effort threatening the solvency of the Medicare Trust Fund.

Excepted from the www.retiredamericans.org

SAVE THE DATE

NJ State AFL-CIO Retirees 5th Annual Legislative Conference

Tuesday, October 16, 2007
10 am - 1 pm (registration at 9 am)

UAW Region 9
56 Vineyard Road, Edison, NJ

RSVP by Thursday, October 11, 2007
Call Nancy Miller, Retirees Staff Liason at 973-614-0049



DANGER AT WORK

Fighting for Safety on the Job

HPAE 2007 PROFESSIONAL ISSUES CONFERENCE

October 11, 2007

East Windsor Holiday Inn - East Windsor, NJ

HOW TO REGISTER

online at: www.hpaie.org/pic2007.htm

or via fax: 201-262-4335

or mail to: HPAE - 110 Kinderkamack Rd. Emerson, NJ 07630

Registration Fee: HPAE members: Free Non-members: \$15

Name: _____

Address: _____

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Home Phone: () _____

Email: _____

Heavy lifting, physical and verbal abuse and assault, infectious diseases and toxic exposures threaten our safety and health and that of our patients. These workplace hazards often feel like a routine part of our jobs, but they don't have to be. Using our contract language, health and safety committees, as well as federal and state laws and regulations we can win safer working conditions.

This year's HPAE Professional Issues Conference brings together workplace safety and health experts to lead interactive workshops that will give us the tools we need to protect ourselves and our patients.

Conference Agenda

8:30 - 9:30 Continental breakfast/
Registration

9:30 - 10:30 Plenary Session
There was a SARS outbreak in Ontario, Canada in 2003 killing 44 people, including 2 RNs. Hear from a member of the Ontario Nurses Association about what happened, what went wrong, and what we can learn from it.

10:30 - 10:45	Break	10:45 - 12:15	Workshops
12:15 - 1:00	Lunch	1:00 - 2:30	Workshops
2:30 - 2:45	Break	2:45 - 4:15	Workshops

To see read all workshops descriptions or to register go to www.hpaie.org/pic2007.htm

All workshops offer 1.5 contact hours with the exception of "Preventing Workplace Violence." The NJ State Board of Social Work Examiners has also approved "Preventing Workplace Violence" for 3.0 Non-Clinical contact hours.

Health Professionals and Allied Employees, AFT/AFL-CIO is an approved provider of continuing education in nursing by the New Jersey State Nurses Association. NJSNA is accredited as an approver of continuing education in nursing by the ANCC Commission on Accreditation P#94-12/2004-2007. This contact hour is calculated at 60 minutes per contact hour.



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AFTCA
 Journalism Award
 Winner 2001-2005


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HEALTH PROFESSIONALS AND ALLIED EMPLOYEES
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