



HPAE

LOCAL 5091 NEWSLETTER

A NEWSLETTER FOR THE MEMBERS OF
HPAE LOCAL 5091 AT
NEW BRIDGE MEDICAL CENTER

THE SOLIDARITY PIPELINE

DECEMBER 2018

MESSAGE FROM THE PRESIDENT

Happy Holidays!

This is an update on the Wednesday, November 28th, Labor-management meeting. I must start with a reminder that there are limits to what can be disclosed at these meetings in an effort to allow both sides to be able to air disagreements and consensus in an honest, open, productive manner.

The meeting went longer than the allotted one hour due to honest disagreements and opinion exchanges. It was productive. The managers displayed an open mind and a respect for our contract not seen in years.

Management agreed to look into the issue of interns doing bargaining unit work in addition services. The differentiation of supplementing staff or replacing staff was discussed. This talk will be ongoing.

Both sides expressed a desire to open up negotiations much earlier than the previous management would do it. Last call, if you are interested in being on the negotiating committee as a negotiator or as an alternate please contact Corrado or Jeff as soon as possible. The expiration date of our current contract is May 31, 2019.

Management expressed their desire to staff the hospital better than they do now. They talked about the impediments they have to doing so. This is where we can help. We need to adjust our mindset. Get past the snickers, the snarky comments, & get used to it, Newbridge Medical Center does not compete against the homeless shelters that BRMC competed against. We are competing against other hospitals. Adjust or fade away. We need to work together with each other, the other Unions in the hospital, and with management.

Management also displayed a new viewpoint regarding emergency days. BRMC always implied that workers who couldn't make it in for the emergency of the season were somehow just exploiting the situation. This management has displayed more respect for you. The old management used to slap us with their hammer & say "We'll discuss this on a case by case basis." This management indicated they respect you and will deal people who could not make it to work on a case by case basis. I gave my word that this new approach would be worth it to management. That we would continue to produce in emergency situations. As Deb Visconi has already said pertaining to the last storm, thank you. I don't mind rubbing it in that I was away celebrating my wife's retirement & I missed this one. Trust I have decades of war stories. I know that this was a bad one.

Jeff Peck, President
Local 5091

New Bridge Flu Vaccine Policy

By now you have all likely heard about New Bridge's new flu policy. It is now policy that workers will either have to get the flu shot or wear a facemask at all times when at NBMC. While we understand the urgency the facility may have in all its workers being vaccinated, there are issues with the new policy that we made management well aware of at Labor Management in September.

While workers may be mandated to wear a mask if they are not vaccinated, this policy cannot be implemented on visitors – nor will it likely be extended to contractors. This leaves two very large groups of people wandering around NBMC without vaccination OR a mask.

We also believe that having workers coming in and out of NBMC wearing masks will look bad for the facility. How would you feel if you went to see your loved one in the Hospital – only to see people milling about with face masks on. It would likely send up red flags – most would wonder what the heck is going on. It may even deter some folks from utilizing the facility in the future. The optics are just not that good.

Finally, the CDC does not even recommend mask wearing in all areas. They do recommend personal protective equipment be worn – but that is when caring for patients who have laboratory confirmed influenza.

We informed management that we have no issue implementing masks for the unvaccinated in patient-care areas – but mandating the mask in ALL areas makes no sense. The optics are poor and in general areas there will still be plenty of unvaccinated individuals without masks on. All this new policy does is provide a scarlet letter for those of us who do not want the vaccine in our bodies.

Advocating For One, Advocating For All

A step placement issue affected myself and some older tenured co-workers in the Evergreen Substance Abuse units. Advocating for my correct step placement and achieving said goal allowed all my co-workers affected by the same issue to be resolved. When we achieve individual victories we can achieve team victories. As a collective bargaining unit we are capable of advocating for ourselves and our co-workers. It's important to remember that there is strength in numbers and what benefits one of us benefits all of us. When we lift ourselves up individually we have the capability of lifting all members up.

Kate Doyle, Local 5091

Weingarten Rights and Union Representation

Weingarten rights guarantee an employee the right to Union representation during an investigatory interview. These rights, established by the Supreme Court, in 1975 in the case of J. Weingarten Inc., must be claimed by the employee. The supervisor has no obligation to inform an employee that s/he is entitled to Union representation.

Always remember to request Union Representation if you feel your conversations with management may lead to discipline! It is important to have an advocate and witness present!

LABOR/MANAGEMENT COMMITTEE UPDATE

On a regular basis (contractually quarterly at a minimum) HPAE's Executive Committee meets with hospital leadership. The purpose of these meetings is to discuss issues of mutual concern in a cooperative environment in the hopes of addressing such issues.

The President's message this newsletter hits the broad strokes of some of the issues discussed at the latest meeting—but what follows is a bit more detail.

The latest meeting occurred on November 28th, 2018. At that meeting the following were among the issues were discussed:

1. *Inclement weather and personal days*—the most recent snow storm caught everyone by surprise. The roads were a disaster and the State had clearly not planned for it. Anecdotally, it took people hours to drive a handful of miles in Northern New Jersey. It is no surprise then that some of our members were unable to make it in to work during the storm. Those members were initially denied an emergency personal day and told they would not be paid for the shift. We objected to this at the meeting. Our contract allows for a one time emergency personal day—and if a member wants to use that for snow, that should be their prerogative. We also discussed a task force to look at options to ensure members get to work during bad weather (offering rides, swapping with others who live closer, etc.). We look forward to working with NBMC in order to ensure good staffing regardless of weather.
2. *Weekend Staffing*—we have received many Unsafe Staffing forms over the weekends recently. The largest issue seems to be the lack of CNAs. Management indeed told us that they are having a very hard time recruiting for these positions and that out of dozens of interviewees, they are lucky if that get one or two to sign on. They are formulating some plans to try and

resolve this issue (on site educational opportunities) but for now they are left to scramble and use way too many per diems.

3. *Mandatory Overtime* – We had a good discussion on mandatory overtime and forcing members to stay over simply due to staffing. Management continues to commit to this not happening—but at times they are at the mercy of workers calling out last minute, or showing up late. While we do understand the difficulties in staffing the hospital at times, we will not allow management to use poor staffing or scheduling as an excuse to mandate our members to work overtime. It is simply a violation of the law.
4. *Critical Care Staffing*—We had along discussion about management's inability to recruit and retain RN's for certain units (OR & ED specifically). They claim they need to offer more to get nurses in the door. They told us they are turning away and cancelling cases in the OR where the problem is the worst—while our nurses there work constantly, both on their scheduled shifts as well as being on call all the time. Joanne Velardi stated that the amount of OR cases is up 60-65% - and this is with some cases being canceled.

We declared an openness to some kind of Critical Care differential, so long as there are opportunities provided down the road for any of our LTC or BHS nurses to work into those areas and receive any additional differential we might negotiate. Of course, anything of this nature would have to be ratified by the membership. Our next Labor/Management meeting will be in early 2019—the calendar has not yet been set.. Please let one of the local officers know of any issues that should be on that agenda.

Holiday Social & Membership Meeting

Thursday, December 13th

NBMC Auditorium

7:30 AM – 4:00 PM

Agenda:

Upcoming negotiations

Internal Organizing

Holiday cheer!!