

June2016

# The Conductor

## President's Message



Summer is almost here again, and we are already into our new contract for just under a year. New contracts were mailed out to all members from the Emerson office several weeks ago. If you did not get your copy, please reach out to one of your Local Officers.

We, as a local are still recruiting new reps and activists; so far we have added 4 new people, but are still seeking more. Remember all 860 of us are HPAE Local 5185.

We are planning a Membership Meeting for Tuesday June 21st. Please note that on your calendars. Times will be forthcoming, so keep your eyes open for a mailing and posted memos.

Our negotiated 2% pay rate increase will be coming in the first FULL pay check in July.

So stay safe, enjoy the warm weather, and hope you can take some time off to relax.

Hope to see you all at our June meeting.

In Solidarity,  
John J Bauer, RN  
President Local 5185

## FYI.....

With summer upon us and the warm weather approaching, all are inclined to hit the outdoors to soak in the sunshine. Keep in mind the hospital policies that are in place as you walk the perimeter of the hospital.

Within the upcoming weeks, there will be a new security company on board due to the retirement of the former head of our present, Carroll Security Company. The many faces that we have greeted over the past years will now be replaced with new ones. Change is not bad, but the people we've interacted with and developed working relationships with over the years will be missed.

Respectfully,  
Patricia Meys

## Enforcement of Two Policies

There are two policies that the hospital is starting to enforce: the artificial nail policy and the policy on electronic devices. This is about the 3<sup>rd</sup> time this subject has been in the newsletter. It is also the last time. We must know what policies are in effect as employees. It is up to the individual to follow them.

The first one is the policy on acrylic nails. No employee that has any contact with patients can wear acrylic nails. This also means that you cannot have your nails painted with gel nail polish, as this is also a violation of the policy.

The next policy is the policy on electronic devices. When employees are working they should have their electronic device off and put in your locker. When you are on break or at lunch, you may check your email or make a phone call.

These are just a few things to beware of that the hospital and management team is trying to enforce.

Nanette Rivera  
Local 5185 VP (Service Unit)

# Know Your Contract: PTO TIME

Vacation time is here and there are many questions regarding paid time off. What follows is an explanation of the contract provisions regarding PTO Time. Please refer to Article 19 (pp. 46-48) of your contract for more detailed information.

All PTO time is earned and accrued before you can take it. If you do not have enough earned PTO/TOB, the medical center can deny your request, unless at the time of the scheduled vacation the employee has been down staffed and had to use their time for that. For more clarification of this refer to article 15b (Downstaffing).

Here is how the process of requesting and getting PTO works:

- a.) an employee submits a request and no other employee submits a request for the same time within 5 calendar days, then the employee who submitted the request first shall be entitled to that time, seniority notwithstanding. All vacation requests shall be posted in the dept. for a total of 5 days so that seniority may be addressed in the case of a conflict.
- b.) If an employee submits and another employee or employees submit requests for the same time within the 5 calendar days of posting, then the employee with the greatest bargaining unit seniority shall have their request granted.
- c.) In any event, each employee who has submitted a PTO/TOB request shall, within 10 calendar days of request, be advised if the request has been granted. When a PTO/TOB request is submitted the employer will be required to sign a copy and return to the employee with the time and date of receipt.
- d.) Employees may take PTO/TOB days in full week blocks, as individual days or in increments of no less than 1 hour if approved by the Medical Center.
- e.) Employees shall be permitted to use up to 3 PTO/TOB days annually for use in connection with unforeseen personal or family emergencies. One of these days shall not be considered an unforeseen occurrence. The remaining 2 may be considered as unscheduled occurrences per BMC policy.

IF YOU DO NOT HAVE A PAPER CONTRACT YOU CAN ALWAYS ACCESS YOUR CONTRACT ONLINE AT [www.hpae.org](http://www.hpae.org) . The HPAE website has a lot of information for members, including member discounts which are available through Union Plus.

Susan Sienkiewicz  
Local 5185 Treasurer

# HPAE. Putting care first.

## MESSAGE FROM THE PRESIDENT



### When Hospitals Are also Corporations

U.S. Hospitals started as charitable institutions in the late 1800s, funded by wealthy donors and religious organizations. The mission was focused on health care and care for the poor. It was

clear where the money came from, clear where it went.

Much has changed. More and more, our community hospitals are disappearing, and in their place large corporate systems are emerging. Hospital revenues now also come not just from patient care, but from for-profit subsidiaries, investments, ambulatory surgical-centers, and income from hospital-controlled physician practices.

One Bergen County hospital that started in 1880 with 12 beds is now part of a system with 28 hospitals. A recently merged hospital system will employ nearly 50,000 people, with revenues of \$8 billion dollars.

As hospital systems grow, they often begin to act more like for-profit institutions, even while maintaining not-for-profit status. The source and use of their funds becomes both more complicated and less transparent. So does their mission, their relationship to local communities, and their relationship to their employees and physicians.

It's now common for not-for-profit hospitals to own and provide financing to for-profit subsidiaries, to have for-profit entities operating from their tax-exempt property, to engage in profit-sharing with their physicians; and for hospital CEO compensation to reach into the millions.

In Trenton, elected officials are scrutinizing whether not-for-profit hospitals that own for-profit entities and permit for-profit physicians to use their hospitals with minimal control (especially over billing practices) are solely focused on a "charitable" mission of health care service to the community, or are part of a profit-making corporate structure that is not paying their fair share of property taxes.

This debate is happening not only because of the growth of hospital systems, but because many of our towns and cities are facing fiscal problems, and having difficulty absorbing the costs of critical public services. Hospitals, like other corporations, are large employers and large users of local services such as police, fire, infrastructure, and public safety. Both not-for-profit and for-profit hospitals have an obligation to be good corporate neighbors, reinvesting in healthcare, listening to the needs of the community, and sharing in the

costs of local services, whether through community contribution fees or property taxes.

In New Jersey, the average nonprofit hospital receives a \$1.6-million benefit annually as a result of exemption from property taxes. While much of this tax benefit supports charitable activities, profit-making entities and activities at not-for-profit hospitals are benefitting from loopholes in existing law.

In return for exemption, the government requires nonprofit hospitals to provide community benefits, which includes research, health professions training, and community health education programs. It also includes charity care provided to patients who cannot pay, which all hospitals must provide, regardless of their tax status.

Hospitals are anchors in our community, providing essential services and employing large numbers of our citizens. Both for-profit and not-for-profit hospitals have moral, as well as legal, responsibilities to the hospital's patients and our communities, to focus on promoting health as well as treating illness. Hospitals should continue to be driven primarily by these obligations, rather than profit or competition.

That means doing more than charity care. It means ensuring that 'community benefits' are based on true community need, and will improve health outcomes for our residents. It means using surpluses to re-invest in the hospital, in public health measures, and other activities that are the hallmark of charitable institutions.

I know that many hospitals take that mission seriously. Paying property taxes commensurate with the value of the property used by for-profit subsidiaries or by physicians engaged in for-profit activity independent from the hospital's jurisdiction should be part of that mission.

As the NJ legislature debates new legislation and the establishment of a study commission, we urge the inclusion of community residents, municipal officials, healthcare workers and advocates in the process. Solutions must account for and protect the services of community, urban and safety net hospitals, and include financial transparency, since the size and speed of hospital mergers and subsequent mingling of funds makes it increasingly difficult to 'follow the money.'

**We should expect all of our hospitals to be good corporate citizens and neighbors, and responsible stewards of our healthcare.**

Ann Twomey  
HPAE President



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# SAVE THE DATE

**HPAE CONVENTION 2016**

October 6 & 7

Bally's Casino

Atlantic City, NJ