



HPAE

LOCAL 5118 Newsletter

A NEWSLETTER FOR THE
MEMBERS OF HPAE LOCAL
5118 AT COOPER HOSPITAL

THE COMMUNICATOR NEWSLETTER

March 2017

Message from the President

As you all well know, our contract expires May 31, 2017. We have all been talking about how things could be done better if we did this or had that. I have encouraged you all to come out and participate in our negotiations, attend meetings, and sign up for sessions. Now is that time!

In the next few weeks we will starting our sessions and it will be important for all of you to support your negotiating committee. I feel we have a great team that covers all of the areas in the hospital, as well as all nurses of all ages.

By the time you read this, we will have reviewed our proposals with you. I invite all of you to come out to our sessions and hear what the hospital thinks we are worth and where they want you to float to. These sessions will undoubtedly be very interesting.

There are many ways to get involved. Be there to hand things out, man the sign in sheets, get the word out to your co-workers; whatever it may be, it's all important. If we want change, we all have to work for it. I know that I have heard from a lot of you about what's not right and what you need to do your jobs better and safer. Invest now and be a part of the solution. I hope to see you all there.

In Solidarity
Doris Bell
President Local 5118

Utilization Review: What We Do

Did you know that your HPAE Local 5118 represents not only 1300 bedside nurses but more than 30 full time, part time and per diem Utilization Review Nurses as well? What is a Utilization Review Nurse and what role does he/she play in a patient encounter to our hospital?

Payment for services rendered is vital to the success of any organization. Payment for a hospital encounter generally is made by the patient's insurance company or a government payer. Utilization Review is the gateway through which information is communicated between the hospital and the patient's insurance company. Utilization Review also assists in maintaining compliance with state and federal guidelines for hospital admissions.

A Utilization Review nurse uses his/her clinical experience to review a patient's medical record to determine justification for admission and communicates that clinical picture to the patient's insurance company. For government payers such as Medicare and Medicaid, the Utilization

Review Nurse uses his/her clinical experience to review a patient's medical record and applies the patient's clinical picture to Medicare/Medicaid guidelines to determine if they are appropriate for observation or inpatient admission. The Utilization Review nurse communicates those findings to the physician who makes the final determination on the admission status of the patient.

A Utilization Review nurse has daily contact with physicians, insurance companies and other hospital departments to ensure that the hospital is compensated for the services it provides.

We are proud of our Utilization Review team and as we go into this new contract season, we will work to obtain a fair and equitable contract for our nurses.

Donna Reamer, RN
Utilization Review Nurse

Staffing Reports

It is the start of your shift; you walk on to your unit and get your assignment for the day...you see that it is going to be another shift starting with 6 patients. Our staffing has been way too "lean" on many of our units. Our senior leadership has said "nursing is getting harder and harder", "acuity is rising" and the "patients are sicker". Doing more with less seems to be the new norm. Some improvement has been seen but not on all units, as reflected in the staffing reports.

Staffing reports are sent to our union via email on Monday, Wednesday and Fridays each week. The reports tell us the hospital census and the staffing for each shift. Inaccuracies are addressed at the Staffing Committee, which meets every other month. Other staffing issues/concerns that are brought to our attention can be addressed immediately with Senior Leadership.

Safe staffing and patient safety is what our nurses want and need in order to do our jobs. Your Local Executive Board is constantly addressing these issues at our many meetings with Senior Leadership. What can you do, you ask? Reach out to me or the officer that covers you area anytime with concerns about staffing, complete an ADO form and place it in the Union Mailbox, know your contract and be a presence at our upcoming negotiation meetings.

In Solidarity,
Carolyn Ali RN
VP HPAE 5118

IV Guidelines Meeting

On February 15th we met with hospital administration, managers and a representative from the pharmacy for a 4 hour session to review our current guidelines for IV drips on the units. The bargaining unit nurses that were in attendance were Chelsea Kruppa (P9), Jenn Yeager and Shannon Rodman (K8) and Kaytelyn Backus (P8).

We reviewed to which units the drips were allowed to be admitted to, as well as some drips that are no longer allowed to go to Med-Surg units, such as insulin drips. The nurses also had input into what they have been seeing on their units, which include things like multiple drips in the same assignment, multiple patients on drips in one assignment who require frequent lab draws or vital signs. Some drips were identified as needing to go to Critical Care beds, such as ketamine drips.

The nurses had an opportunity to speak about what happens on any given day on their units. We will be meeting again with the same disciplines to continue our work. I would like to thank all the nurses who are participating in this effort.

Have You Noticed ?

Your local officers have been doing walk-throughs throughout the hospital and have heard a lot of the same concerns from staff. Here is a list –

1. Everyone is **short on supplies**. It has become the norm to not have basic patient care supplies, having to wait days to get SPD to send you equipment, hours to wait to get an isolation cart or Chemo bins...What is going on? While managing waste is important we are finding that the hospital has gotten so "lean" that we are having a hard time providing quality and safe care to our patients. We have heard staff saying that Cooper has become "the dollar store"..... This is unacceptable.

When you are out of supplies please follow the process on your unit (infogram to spd, call your manager, call the cod). If you still do not get what you need please fill out an incident report (EARS).

We need to be our patients' advocate. The hospital needs to provide us with supplies and equipment.

2. **Staffing**- We hear constantly that the hospital does what they want. We see the managers do one thing with staffing and the CODs do another. It is confusing and in many instances they are violating our contract. We have been filing multiple grievance and will continue to do so. This is your contract. We will support you and the contract no matter what. Do not "give up" or get frustrated and let it affect your work or make you think of leaving cooper. Standing together we can make a difference.

3. **PPE**- We all know the increased PPE we have to use now. If you do not get these crucial supplies after you have contacted the appropriate managers, then write up an incident report immediately. An RN has already been written up for not wearing PPE during a procedure. Do not let this be you!

Submitted by
Jackie Franchetti

Join Us at Negotiations

Negotiations are here.

We will be bargaining with Cooper at the ML Hotel on Rt. 38 in Mt. Laurel, NJ. Members need to be there by 9:30 am for each session.

The following are the dates of the meetings
April 6 April 13 April 20 April 27

May 4 May 11 May 18 May 29 May 30 May 31

Our contract expires May 31st

KRONOS UPDATE

We appreciate you reaching out to us with your concerns and suggestions regarding KRONOS. We have been meeting with the hospital for months to ensure that our Union contract is not violated by the implementation of KRONOS. In addition to trying to preserve our self-scheduling we've been instrumental in keeping our use of KRONOS clear.

Based on your input, we most recently addressed our need to:

1. See our float districts in a drop down box and our need to be able to see our schedule and staff coverage in those units. The hospital agreed to do this.
2. See the entire month (like a calendar) when we submit our schedule. Now we can only see one week at a time. The hospital is looking into if this is possible and will get back to us.
3. Have the "next schedule due" in the drop down box. This way we will not have to keep typing in the dates when we are submitting the next schedule. The hospital will get back to us.
4. Have an ALERT shown when there is a message in the INBOX messages. We have no way of knowing that there is a message in the Inbox for us to read because this box is always empty. The hospital is looking into this for us.
5. Place the Kronos timeline on the KRONOS page for when submission is open and closes. Waiting to hear back from the hospital.

Working through getting KRONOS right for us is an ongoing process. We'll continue to work with the hospital and update you in a timely manner.

Please continue sending your questions and suggestions to Patti at jimandpattischarff@msn.com and Jackie at jackiefranchetti@gmail.com.

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The Union Plus mortgage program makes buying or refinancing a home easy for you and your children.

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*Available only to current members of qualified AFL-CIO member unions, other authorized individuals associated with eligible unions and other sponsoring organizations with a qualifying agreement. Must provide acceptable proof of union membership such as a membership card from your local union, a pay stub showing dues deduction or the Union Plus Member Discount Card and subscribe to service under an individual account for which the member is personally liable. Offer contingent upon in-store verification of union member status. Discount subject to agreement between Union Plus and AT&T and may be interrupted, changed or discontinued without notice. Discount applies only to recurring monthly service charge of qualified voice and data plans, not overages. Not available with unlimited voice plans. For Family Talk, applies only to primary line. For all Mobile Share plans, applies only to monthly plan charge of plans with 1GB or more, not to additional monthly device access charges. Additional restrictions apply. May take up to 7 bill cycles after eligibility confirmed and will not apply to prior charges. Applied after application of any available credit. May not be combined with other service discounts. Visit UnionPlus.org/AT or contact AT&T at 866-499-8008 for details.

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UNION PLUS



On March 9th at the ML Hotel, HPAE had an education Day for the locals in South Jersey. We learned about Safe Staffing and Respiratory Protection for health care providers.

These were some of the nurses who attended from Local 5118.



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Address Service Requested

When You Leave Cooper Hospital.... What Benefits Do You Have From the HPAE Retiree Medical Trust?

Full-time and part-time employees participate in the HPAE Retiree Medical Trust. What are the benefits from being in the Trust?

There are two types of benefits in our plan, depending on how long you have participated in the Trust.

For members who aren't in the plan very long (less than 5 years) and thus don't have a lot of money contributed, there is a "**limited beneficiary**" benefit. When the member is eligible to access the benefit, they can get reimbursements equal to the amount of money which they (and/or the employer) contributed. They will submit reimbursement claims to the Fund office until they have nothing left in their account. If someone has a couple of big bills, say \$2000 for a surgery co-insurance and \$1000 for dental work, that money will be useful, but the limitation of this type of benefit is that once the member's account goes to \$0, they have no money left, even if they have used up the money in one year. They will have used up all of their reimbursement benefits.

For members who have 5 or more years in the plan, they are eligible as a "**regular beneficiary**" for a monthly reimbursement benefit for life which rolls over in any month the benefit is not used. While the monthly amount may be relatively small if you're retiring with 7 or 8 years in the plan, it's actually more financially lucrative than the lump sum benefit. Your monthly reimbursement amount is based, in part, on applying a 6% interest rate to all of the contributions that have been made, whether by an employee and/or an employer. As a result, a regular

beneficiary gets back in just less than 7 years an amount of reimbursements equal to what has been contributed and then keeps on having a monthly reimbursement benefit for the rest of their life.

In that sense, the benefits for the regular beneficiary is more like a monthly pension, which typically can't be used to pay off big bills, but does provide the retiree with secure, added income. A regular beneficiary could use their reimbursement benefit, for example, to pay part of their monthly health insurance premium for a Medicare supplement plan or pay part of Medicare B monthly costs.

If you have a big bill, say \$500 for an eye glass exam and lenses, you will be fully reimbursed but over a period of time. In this case, you would submit your reimbursement claim for the \$500 bill, and the fund would pay you your monthly reimbursement amount each month (e.g. \$50 per month) for ten months until the total amount of the bill was covered.

More information on our Retiree Medical Trust can be found on the HPAE website at <http://www.hpae.org/wp-content/uploads/2016/06/RMT-FAQ-June-2016-1.pdf> and at <http://www.hpae.org/wp-content/uploads/2016/06/FAQAnnualParticipantStatement.pdf>

To find out about the benefits you are eligible for and how to access the benefits, please call **Tara Carter at 201-947-8000**. She works at Benserco, the company that administers the Trust.