A Newsletter for the members of Local 5004 at

April 2019

HPAE

Securing our future

LOCAL 5004

MESSAGE FROM THE PRESIDENT

It is March of 2019, we are months into a new contract and months away from bargaining for another contract **and** we are approaching another Magnet re-designation. So, I ask you, are we worthy of re-designation. When I say we, I am referring to the institution, not the bedside nurses.

The Magnet Model is based on 5 key principles:

1. Transformational Leadership – how many of you would describe our nurse leaders as transformational?
2. Structural Empowerment – how many of you feel empowered in the workplace?
3. Exemplary Professional Practice – while I know that the bedside nurses provide exemplary care and are expected to do so, are you positively supported by management and given the resources to do so?
4. New Knowledge, Innovation and Improvement – it does not count when a doctor wants to use a new equipment or start a new procedure but the staff are not in-serviced and/or educated regarding their role. How many are approved to attend conferences and other continuing education programs?
5. Empirical Quality Results – we want great outcomes but not by forcing nurses to do more with less when results are less than favorable as was done when 7D had an increased fall rate. Instead of collaborating with the nursing staff on an improvement plan, management made a unilateral decision to force the charge nurse and primary nurse to round on all the patients twice a shift and stay with the patient for the entire time it takes to use the bathroom and get back into bed/chair.

The American Nurses Credentialing Center (ANCC) states on their website, in order for an institution to have Magnet designation -

"*There must be an established nursing council/committee in which representatives from all component entities participate in share decision-making and developing strategy for system-wide initiatives. The component entities must* ***demonstrate how nurses participate in shared decision-making."***

Just because bedside nurses serve on committees, does not mean they have a voice in decision-making or strategy development. ***How many council members believe they have a voice?*** Or is it just management's decisions and strategies being passed down without regard for input from the bedside nurse? Those of you who sit on councils and committees have first-hand knowledge of this. Those that do not sit on councils and committees experience this as managers share in huddles and staff meetings (if they take place) the decisions and strategies that have been made and tell staff how they must comply.

After negotiations union leadership expressed our desire to work together with hospital management in order to truly achieve Magnet re-designation. Although, they seemed pleased with our stance, we have not gotten any indication from management that our participation is wanted or needed. ***So, I ask those of you that are Magnet Champions, are you an equal partner in the journey or are you just being spoon-fed what to say and do?***

Furthermore, "The Magnet Recognition Program® provides a roadmap to advance nursing excellence, with contented staff at its core…To attract and reward the very best in nursing talent, Magnet-recognized organizations embody a collaborative culture, where nurses are valued as integral partners in the patient's safe passage through their healthcare experiences." I know that as a nurse you may love what you do, and you have a personal sense of contentment because of that, but I ask, does your work environment positively contribute to that. Or do you work stressed because you are doing so many things *you should not have to in order to ensure that your patients get the best care.* ***Do you feel that your workplace embodies a collaborative culture? Do you feel valued as an integral partner in safe patient care?***

Was it safe and/or collaborative when:

- Remote telemetry was introduced on every med/surg unit
- Nurse driven discontinuation protocol for removal of telemetry was implemented
- 8D was forced to be 8D/3 Cohen
- Cluster Four was being planned and then opened
- Staff were told that they cannot call a rapid response on teaching patients
- ICU patients are on med/surg floors
- Rapid response with no critical care nurse to respond

In closing, I ask you to ponder these thoughts and make a determination about how "magnetic" our institution really is. Then I ask you to determine what you are willing to do about it.

In Solidarity,
Alice Barden, President Local 5004

REMEMBER WHEN IT USE TO BE-

- nurses were prepared for computer downtime with appropriate protocols and documents
- that we had guidelines for electronic charting
- that we were informed of the changes to electronic charting
- that the nursing staff on units were oriented to the specialized skills set of that unit
- that the nursing staff had quarterly competencies for the specialized skills sets of their unit
- a "given" that nurses were able to take PALS, BAC and ACLS courses
- nursing protocols/procedures were collaboratively created and approved by nursing council
- nursing protocols/procedures were disseminated to the nursing staff
- nursing staff were educated to nursing protocols/procedures prior to implementation
- nursing staff were educated to protocols/ procedures concerning new equipment
- demonstrations were given to the nursing staff on new equipment prior to implementation
- nurses only cared for patients that they had the necessary skill set for in order not to place the patient and nurse in jeopardy
- nurses were listened to and not 'talked at' by nursing management
- nurses 'liked' coming to work

REMEMBER

UPCOMING CALENDAR OF EVENTS

Cafeteria Day w/Communicator Check In
April 25th 7A-7P

Membership Meeting—Clinton Inn
May 8th 7:30A, 1P, 4P, 7:30P

Education Day – Maggiano's

Topic – Financial Planning
June 13th 8:30A-2P

DUMBING DOWN OF NURSING PRACTICE AT ENGLEWOOD

Nurses are constantly working under pressure put upon them from nursing management to:

- not incur overtime in order to complete their shift work
  - nurses then punch out and go back and finish their work & get terminated
- care for patient's that they do not possess the competencies
  - balloon pump in Cardiac Cath
  - CVICU patients transferred to MSICU
  - ventilator patients on D6
  - ICU patient on medical/surgical units awaiting transfer
  - RRT caring for ECMO patients
- accept a MD decision to institute a new procedure and/or introduce new equipment without proper education to the nursing staff
- nurses operating outside of their scope of practice
  - nurse driven protocol for removal from telemetry
  - orders being discontinued and/or written by nurses because the MD did not

This is a calculated management maneuver – we are resolving the problems for the hospital that we are continually bringing forth either through committee meetings and/or unit-based discussions.

IN THE NEWS

The New York State Nurses Association has been in negotiations with three major hospitals and is preparing to strike if necessary, potentially impacting more than 10,000 nurses at the Montefiore Medical Center, New York-Presbyterian Hospital and Mount Sinai Hospital systems if the union's demands aren't met during contract negotiations.

"This is a long-standing issue that predates the contract dispute. It has to do with the simple language that there are not enough nurses to do the job right," said Carl Ginsburg, a spokesman for the NYSA.

"There are 10,000 nurses and I would describe them as irate," he added.

"They are extremely unhappy at years of fruitless efforts to create and enforce a system in which a safe number of patients is assigned per nurse."

More than 97 percent of the nurses at the hospitals voted this month to authorize a strike, according to the union.

If the strike occurs, we can show our support by picketing with our colleagues. Of course, it goes unsaid that we don't cross their picket line!

WHY?????

Take a close look at Grievances/Arbitrations column below.

Take a close look at the Board of Nursing Practice Model below.

New Jersey Board of Nursing

Determining Scope of Nursing Practice Model

1. Is the act consistent with your scope of practice and the Rules and Regulations in the New Jersey Board of Nursing Practice Act?

- *If NO, STOP,*
- *If Yes, continue to the next step*

2. Is the act consistent with the Board's Guidelines regarding nursing practice?

- If NO, STOP,
- If Yes, continue to the next step

3. Is the act supported by Standards of Nursing Practice or scope of practice statements from professional nursing organizations, and research data in nursing and health related literature?

- If NO, STOP,
- If Yes, continue to the next step

4. Is the act to be performed within accepted "standards of care" which would be provided by a reasonable, prudent nurse in this setting?

- If NO, STOP,
- If Yes, continue to the next step

5. Do you possess the required knowledge and have you demonstrated the clinical competency required to implement the act safely?

- If NO, STOP,
- If Yes, continue to the next step

6. Is the act authorized by a valid order and in accordance with established institutional, agency or provider protocols, policies and procedures?

- If NO, STOP,
- If Yes, continue to the next step

7. ***Are you prepared to assume accountability of the act and for the outcome of the care rendered?*** (emphasis added)

- If NO, STOP,
- If Yes, you may perform the act based upon a valid order and in accordance with the institution, agency or provider's established protocols, policies and procedures.

DON'T JEOPARDIZE YOUR NURSING LICENSE

Grievances/Arbitrations

11.08 Infusion On-Call Class Action Arbitration

The issue concerned voluntary on-call. Units listed in 11.08 as having an on-call requirement, can also take voluntary call under the following situations and therefore are entitled to a minimum of 4 hours of regular pay at time and half.

a. during on-call hours when additional staff is needed
b. for units with on-call during non-call hours and when no staff are scheduled on

The medical centers' position is these situations do not trigger an on-call situation as there has to be an **agreement** between the manager and the nurse whether this is an on-call or an overtime situation.

The arbitrator ruled against the union based on:

- the fact that the Infusion Unit never applied the contractual language of 11.08 (b) for over 13 years, and
- for at least the last 13 years the Infusion Unit treated time worked beyond the end of their standard shift as daily overtime and not as voluntary on-call pay.

Going forward, Infusion Nurses, when delivering patient care after their unit closes, must inform nurse manager/supervisor that the expectation is this is considered on-call and fill out the proper on-call paperwork and notify the union leadership immediately if not paid correctly.

NOTE:

After this loss, some may think "No one will want to make waves in the future" - and that is exactly the reason the Infusion Nurses lost this arbitration. No one enforced their contractual rights - no one came forward until two nurses decided to grieve non-payment of on-call. Lesson learned colleagues - you need to stand up for your contractual rights or you will lose them. We fought hard for our contract and we are letting it slip away. Yes, it takes unity and work on the part of the HPAE membership but this is the way we enforce our contract that we fought to achieve. We all have to be invested in the process.

HPAE
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4.08 Discipline

A nurse was terminated and reported to the Board of Nursing for practice issues. Our union grieved the termination. After the Board of Nursing concluded that there was no basis for the Board to issue discipline we negotiated a settlement with EHMC. It includes a financial settlement, reclassification to resignation and clarification for future employers about the nurses positive performance reviews at EHMC.

5.06 Reorganization, 5.10 Floating D8/3Cohen Class Action Grievance

On March 5th, a meeting took place, with hospital management. The intent of the meeting was to address any outstanding issues related to the implementation of the reorganization. J. O'Dea notified us on February 28th, that – *Englewood did not decide to reorganize D8/3C until recently…. The prior change which took place in December 2017 was an expansion of 8D to incorporate additional physical space on 3 Cohen, not a reorganization.*

Obviously that statement changed the tenor of the meeting. The union was confused as to the hospital's claim that separating one unit, D8/3C into two units D8 and 3C constitutes a reorganization. Furthermore, we were informed that D8 will be staffed for an average daily census of 16 patients and 3C will be staffed for an average daily census of 19 patients.

Based on the hospital's actions, our local executive board has determined that we need to pursue arbitration of this matter to fight to preserve the contractual protections that we bargained for members who are impacted by reorganizations. We believe:

- the hospital does not have the right to reorganize any unit based on its whim, but must instead follow contractual limitations;
- and the hospital cannot unilaterally change the process of how seniority is applied when filling staffing profiles during a reorganization.

6.09 Work Preference Class Action Grievance

We are awaiting a hearing date for this arbitration.

The union ***has not waived work preference*** in any unit for any shift. If your planning and/or posted schedule reflects a scheduled agency nurse and a bargaining unit member was not offered that time, you should be added to the grievance. You ***MUST*** notify your nurse manager that you are available to work that shift and if not given the shift work, you need to tell manager that you will grieve it by adding your name to the class action grievance already filed. Then you ***MUST*** notify Alice Barden to add your name and what the circumstances are.

There have been many investigatory meetings and or grievances filed on practice issues ranging from mislabeling lab specimens, discharging patients with wrong information, and medication errors.

A long-term nurse was recently fired because she punched out and then went back to work. In representing this employee, the union asked for considerateness for this employee – none was given.