



MESSAGE FROM THE PRESIDENT



Let me start by saying Happy Holidays! This had been a tumultuous year and I hope that everyone has a happy and healthy New Year. As this year comes to an end I can't help but to reflect on all the lessons that we have learned. This last round of negotiations reminded us of the importance of standing together as one and all that we have to lose if we do not. We have seen a dramatic change in our work environment and our working conditions. It is only through our unity and willingness to not only stand up, but to fight together for what is right that we will be able to make changes for the better. It is important that we never let our voice be taken away. Even if it means we have to fight an uphill battle. We cannot just sit by and allow our patients and ourselves to suffer as a result of bad decisions by management. If something is not right, we must do all that we can to make it right. We cannot allow management to control our destiny. We must be the drivers and initiators of change. Do not sit by

and let things happen. If you see something, say something!

In Solidarity

Alice Barden, President Local 5004

Happy Holidays!

**HAPPY HOLIDAYS
&
A HEALTHY NEW YEAR**

OUR WISH FOR YOU AND YOUR FAMILY

ALICE BARDEN, PRESIDENT

MICHELE MCLAUGHLIN, VICE PRESIDENT

BETSY BALL, SECRETARY/TREASURER

CATHI GOLDFISCHER, HEALTH & SAFETY CHAIR

*ELAINE VAN BUREN-RIZZO, PROFESSIONAL
DEVELOPMENT CHAIR*

LAURA SYMONS, COMMUNICATOR CO-CHAIR

JANE DIMASSO, COMMUNICATOR CO-CHAIR

CORRADO COTUMACCIO, LOCAL 5004 STAFF REP

HPAE LOCAL 5004

STRATEGIC PLAN FOR 2019

At the beginning of each year, your Local Executive Board puts together a plan for the local encompassing a calendar of events, member mobilization initiatives and community/political activities. That planning meeting will take place in February 2019. We will share with you these initiatives and we welcome the memberships input. The Local Executive Board has already decided that we will be asking for a registration fee for events sponsored by the Local. We have decided to charge a **twenty-five-dollar (\$25) fee** which will be refunded to those who attend the events. At our last Continuing Education Luncheon, we had 67 registrants, 22 members did not show up. We paid the facility for 67. The union absorbs this considerable payment. We will refund the \$25 registration fee to those who attend. Those that do not attend will lose the fee to help offset the cost of the event.

During negotiations there were several discussions regarding creating a more cooperative, collaborative relationship between the union and hospital management. We all agreed to work toward this initiative. Kathy Kaminsky, at the September Joint Nurse Practice Committee restated this commitment. The union is hard pressed to identify any significant change in our working relationship with the hospital. We offer several examples: **Work Preference** – the hospital has ignored our contract in scheduling agency nurses over bargaining unit staff. The Union has filed for arbitration.

Safety of Patients & Nursing Staff – recently a decision was made by nursing administration to place a trached, vented patient on bi-pap on D6; this despite the fact that D6 does not take vented patients. The staff, stressed to the hilt, protested placing the patient on the unit claiming there was no one qualified to take care of the patient -to no avail.

Alice Barden, HPAE President contacted Celeste Bethon to address the issue, repeating the concerns of the staff. Celeste Bethon's response reveals how little thought goes into making nursing decisions and the lack of concern for the safety of patients and nursing staff. Ms. B stated the following to the objections presented to her by staff and Alice:

- in regard to the ventilator – respiratory therapist would be assigned to patient 24/7 to address any ventilator issues.
- the supervisor on that evening is a former ICU nurse
- the ANM has ICU experience
- the D6 nurses could call ICU nurses for any assistance

How is the D6 nurse to chart the respiratory status of the patient? Is the supervisor, taking responsibility for charting the respiratory status of the patient? If the patient requires immediate respiratory attention, how long will it take for the supervisor and ICU nurses to get up to D6? Thankfully, eventually, the patient was moved to the ICU. The Union filed a complaint with the Department of Health – we will keep you informed of outcome.

Nurse Driven Telemetry Removal Protocol – read the two letters that follow – they are self-explanatory. We will let you know once we hear from the Board of Nursing. As of this writing, Kathy Kaminsky has not responded to our letter of November 28th, 2018.

November 28, 2018

Kathy Kaminsky, Chief Nursing Officer
Englewood Health
350 Engle Street
Englewood, New Jersey 07631

Dear Kathy,

I am writing to you regarding several issues. I am requesting information and a meeting to discuss the newly issued Telemetry Monitoring Policy/Protocol which allows nurses to remove patients from telemetry monitoring. Listed below are questions as well as an information request:

- provide the Telemetry Monitoring Protocol
- provide the Telemetry Monitoring Policy
- provide the nurse driven removal protocol
- provide content of the education that has been given to the D6 nurses, provide list of who has attended
- provide content of education planned for nurses on remote telemetry units
- request planned times of the education
- provide the evidence-based data which supports this model

Questions

- under the Nurse Practice Act what prescriptive authority does a nurse's license carry in determining course of treatment
- who is authorized to renew telemetry orders
- providers are defined as whom
- who initiates the Telemetry monitoring orders in Epic
- what education is planned for nurses on remote telemetry units
- are D6 & D7 nurses expected to initiate nurse driven removal protocol for remote tele patients

This request is made without prejudice to the union's right to file subsequent requests. Please provide the information by December 7th, 2018. If any part of this letter is denied or if any material is unavailable, please provide the remaining items as soon as possible, which the union will accept without prejudice to its position that it is entitled to all documents and information called for in the request.

If you believe that any of the material requested is unavailable, please contact me immediately.

We are troubled and believe that this new Telemetry Monitoring Policy/Protocol is outside the scope of nurse practice. Therefore, we are seeking input from licensing agencies. We ask that you cease and desist implementation until we have had an opportunity to meet and discuss.

In addition, at negotiations this year, both parties pledge to try and achieve a better working relationship. HPAE would like to discuss the intentions of both parties in regard to this endeavor. HPAE thought we were trying to work towards achieving a collaborative, transparent, and collegial working relationship. We have come to realize that maybe we have a different perspective than the upper level management team. We would like to have a full discussion at the JNPC meeting in January.

I look forward to meeting with you and our discussions.

Sincerely,
Alice Barden, President
HPAE Local 5004

December 4, 2018

Lucille Ann Joel, Ed.D., RN, APN
New Jersey Board of Nursing
124 Halsey Street
Newark, New Jersey 07102

Dear Ms. Joel,

I am the President of Health Professionals and Allied Employees (HPAE) Local 5004 representing the nurses at Englewood Hospital and Medical Center. We recently received a document, from a nurse, which notifies the nurses on telemetry and remote telemetry units of a modified telemetry procedure/policy and a nurse driven telemetry removal protocol. We have grave concerns and are seeking the Board's opinion in this matter.

Hospital management believes that doctors are abusing the use of telemetry beds and instead of holding them accountable they now want make the nurses determine if telemetry is needed or not. We believe the removal of a patient from telemetry monitoring is outside the scope of practice for nurses. We also believe the nurse discontinuation criteria is limited in its scope and forces nurses to make a medical decision **regarding the initiation and discontinuation of telemetry orders**. Furthermore, there are MDs, PAs, NPs, and Residents available 24/7 who have prescriptive abilities and are capable of making these decisions. The nurses on the surgical units where remote tele has been instituted have only been offered a prerequisite telemetry course and ACLS classes. I have enclosed the following:

- the memo issued on October 30th, 2018
- screen shots of the new Telemetry Monitoring Orders in Epic
- Telemetry Monitoring/Remote Telemetry Monitoring/Nurse Discontinuation Protocol

We have requested to meet with Kathy Kaminsky, CNO, to further discuss our questions/concerns, as of this writing we have not received a response. We would appreciate any input from the Board of Nursing. I appreciate your time in this matter.

Sincerely,

Alice Barden, MSN, RN, RNC-MNN
President, HPAE Local 5004

The Union welcomes your comments – go to HPAE Local 5004 web page and click on member feedback. Also, you will find on the web site, the Board of Nursing Scope of Practice Algorithm.

YOU SHOULD BE AWARE

- January scheduled pre-ACLS and ACLS classes are listed on the hospital's calendar. Nurses on 2K, 4D, 8D/3C should schedule themselves for this important education.
- Chart reviews – we have heard that nurses are being asked to identify the nurses whose charts they are reviewing. This is a violation of contract section 3.09 which reads '*nurses will not identify the other nurse whose chart is being reviewed*'. **However**, there should be a nurse to nurse discussion of the findings in order to foster a collegial environment.
- Pension deductions – we have learned that the hospital stopped withholdings and matching contributions to several members' 403(b) accounts. The Union sent the membership an email on this situation at the end of November. We asked that you take a look at your last few paystubs to make sure all of your retirement money is being deducted and matched properly. In the event there is an issue, please let us know right away. We have been in touch with Human Resources and they intend to make members who were affected whole.
- Clocking out – The Union has learned that nurses' are being pressured to not put in for overtime to complete their assignments. Therefore, a practice has developed, wherein nurses are clocking out and returning to complete their assignment. This practice can have dire consequences:
 - it is a violation of the Fair Labor Standards Act (FLSA)
 - it is illegal
 - most nursing liability insurance policies do not cover nurses for any work performed while not clocked in
 - it could be considered a HIPPA violation
 - if you are injured while off the clock, you may not be covered under worker's compensation
 - working off the clock allows short staffing to continue because the hospital is saving money through unpaid work.
 - Working off the clock is a TERMINABLE offense – it could cost you your job

DO NOT WORK OFF THE CLOCK!!!!



A Newsletter for the members of
Local 5004 at Englewood Hospital

110 Kinderkamack Road
Emerson, NJ 07630
Phone: 201-262-5005
www.hpae.org

 facebook.com/hpaeaft

Address Service Requested

HPAE Retiree Medical Trust



Being part of HPAE allows you to be enrolled in the HPAE Retiree Medical Trust (RMT). Currently, you are contributing 20 cents per hour. This money is sent each month by the employer to the Third Party Administrator of the RMT, Zenith-American, whose office is in

Englewood Cliffs, NJ. Your contributions and the contributions of all other HPAE members who are participating in the RMT are placed in a collective fund, which earns interest based on the current economic market .

You will be able to use this money to get reimbursed for medical costs once you meet the retirement criteria. For HPAE members who are full-time and have five or more years of contributions to the plan, the age eligibility is 55 years old. You must also have ceased employment with a participating employer to receive reimbursement benefits.

If you have less than five years of contributions to the RMT, you are eligible for reimbursement benefits as early as 40 years old, assuming no contributions are made for two years and you have ceased employment with a participating employer.

For those HPAE members who have five or more years of contributions and are eligible for benefits, you will be able to submit medical expenses based on a monthly reimbursement benefit. The exact amount of the monthly benefit is determined by your length of years contributing and the contribution rate. Any benefits not used in one month are "rolled over" to the next month.

To keep yourself updated on this important trust that you contribute to, please keep the following information filed for future reference:

1. The annual participant statement - this is mailed once a year and will give you an estimate of the amount of monthly reimbursement you will get based on the contributions made as of December 31st of the previous year. As you continue to work and make contributions that amount will continue to go up.
2. The participant information form - this is mailed once a year and it is encouraged that you fill this out to keep your contact information and the names of your beneficiary up to date.
3. If you move PLEASE remember to contact the RMT so you can put in a change of address. If a participant moves and needs to submit a change of address, they have to do so in writing. The easiest way to provide this information is to complete a fillable form on Zenith-American's website - <https://hpae.zenith-american.com>. After printing out the form, mail, fax (201-947-9192), or email the completed form. The participant can also contact the HPAE office and we will advise them of the process.
4. If you have questions regarding the RMT you can go to our union website at www.hpae.org or contact Zenith-American representatives at (201)947-8000.

If you leave employment with a participating employer and are still working, also remember to contact the RMT when you are eligible to retire.