



HPAE LOCAL 5138 SOUTHERN OCEAN NURSES UNION

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FROM HPAE'S POSITION PAPER, MARCH 2023 CODE RED

Excerpt from Letter from HPAE President Debbie White, RN.

Understaffing is driving our healthcare system to the brink of collapse. That is why HPAE, New Jersey's largest union of healthcare workers, is pushing the state legislature to pass a law in Trenton this year mandating enforceable staffing ratios.

In 2022, HPAE released the results of a multi-phase statewide survey we undertook to better understand the experiences, challenges, and needs of hospital nurses in these unprecedented times.

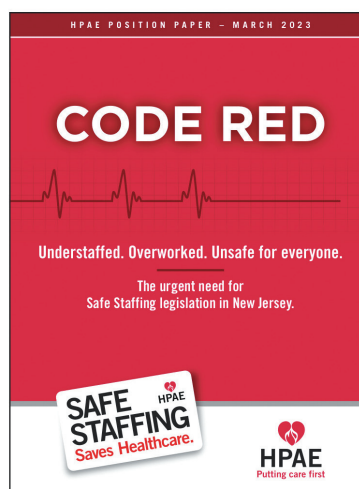
We confirmed overworked and poorly compensated New Jersey nurses are leaving the profession in droves, saying hospital safety is on the decline. Some of the staggering findings in this statewide survey on the staffing crisis include:

- Nearly a third of nurses have left the bedside (hospitals) in the past three years.
- Of those nurses that remain at the bedside, 72% have considered leaving recently.
- Newer nurses are the most likely to consider leaving the bedside (95% of those with five years of experience or less).
- The number one reason nurses are leaving hospitals is poor staffing. The second is related to the first: burnout and stress.

Link to download a white paper

<https://www.hpae.org/resources/code-red-understaffed-overworked-unsafe-for-everyone/>.

2024	Unit Rep Meetings* 775 Bay Avenue Community Center	Unit Rep Meetings* Stafford Library	Local Executive Board* Pine St	General Membership Meetings
	2nd Monday scheduled*	1st Wednesday scheduled*	3rd Wednesday	
	4:30pm-7pm	4:30pm-7pm	4:30pm-6pm	
January	8th	N/A	17th	
February	12th	N/A	21st	
March	11th	N/A	20th	15th Mixer @ Calloway's
April	8th	N/A	17th	
May	13th	N/A	15th	
June	10th	N/A	19th	
July	N/A	3rd	17th	
August	N/A	7th	21st	
September	N/A	4th	18th	
October	N/A	2nd	16th	
November	N/A	6th	20th	
December	N/A	4th	18th	



Why New Jersey Needs Better Staffing Ratios: Saving Lives, Reducing Errors

Currently New Jersey has few staffing regulations and only for critical care units (CCU) and intensive care units (ICU) that have been in effect since 1987. Most are woefully inadequate and outdated given present healthcare needs and services. For example, the industry recommendation for ICU/CCU is 1 nurse to 2

patients, but New Jersey's regulations post 1 nurse to 3 patients. All other units not covered by any staffing ratios force nurses to work under unsustainable conditions, involuntarily placing their patients at risk. Compared to California's mandated staffing ratios, New Jersey has next to no regulation limiting the number of patients per nurse.

Continued on page 4

KNOW YOUR CONTRACT

Who may serve as an employee Weingarten representative ("Union Rep")?

An employee may choose their own representative, who may be a representative of the union or a fellow employee.

Employers are required to honor that request, so long as that choice does not unduly interfere with the employer's ability to conduct its investigation. Employees may not request a non-employee representative unless that individual is an officer or business agent of the employee's union. For example, an employee may not request a private attorney or a family member as their Weingarten representative if that individual has no affiliation with the employee's union.

How should an employer respond to an employee's request for representation?

When an employee requests a representative during an investigatory interview, an employer may lawfully take one of three courses of action:

The employer may grant the employee's request and delay the interview until a representative is available.

The employer may deny the request and immediately end the interview, or

The employer may allow the employee to choose whether to proceed with the meeting w/o a representative or to end the interview.

If the employer denies the request and continues to ask questions, this could constitute an unfair labor practice. Also, it is an unfair labor practice for an employer to discipline an employee for refusing to answer questions without their union representative present.

What may a union representative do during an employee interview?

Union representatives serve as advisors and witnesses during employee interviews. Employers are required to inform union representatives as to the subject matter of the interview and allow time for that representative to meet with the employee prior to questioning.

During the interview, a union representative may ask the employer to clarify questions, give the employee advice on how to answer questions (within limits), and provide additional information to the employer after the questioning. A union representative may also object to questions if they are badgering, intimidating, or offensive.

What are the limitations on union representation during an employee interview?

When representing an employee during an investigatory interview, a union representative must remain civil and may not interfere with an employer's legitimate efforts to conduct an investigation. An employer may lawfully remove a union representative from a meeting if they engage in disruptive or hostile behavior.

A union representative may not tell an employee what to say and may not advise employees to give false answers.

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may be rendered unreliable without prior notice by changes in the law.

PLEASE, ALWAYS REQUEST AN UNION REPRESENTATIVE WHEN MEETING WITH A MANAGER/SUPERVISOR

Contact **Sherill Alteros-Smith** to learn how to be a Union Representative for your colleagues.

You never know when YOU will need someone to represent you.

We need YOU to represent your Nursing Unit. The LEB want to know what is happening on your units!!

What is the Role of a Unit Representative?

As Organizer & Communicator:

Welcomes and orients new union members to HPAE

Encourages union members to participate in Union events, including membership meetings & rallies

Distributes flyers, newsletters, and other Union material to union members

Maintains an accurate list of union members in their designated department

Communicates the concerns of union members in their department to the LEB

Attends General Membership and Rep meetings

Is part of the Contract Action Team Committee during Negotiation preparation

As Problem Solver & Contract Enforcer:

Enforces and provisions of the contract effectively & fairly

Acts as an advocate, advisor, and witness for members who are attending a disciplinary conference (**Weingarten Rights**)

With the assistance of Local officers, other Reps, and/or the HPAE Staff Rep, identifies which problems are grievances and files a grievance

Investigates grievances and prepares for grievance hearings if a problem is NOT a grievance, determines what other methods can be used to solve the problem (e.g. petition, meeting with manager/supervisor, etc.)

Uses grievances and problems to educate and organize the membership.

Article 7. PROFESSIONAL PRACTICE

7.01 Non-Nursing Duties

The parties (HMH & HPAE) recognize that RNs are highly educated professionals whose chief responsibility is patient care. The employer recognizes the importance of minimizing performing **non-nursing duties** and that the duties normally performed by clerical, housekeeping, transport or maintenance employees be performed by those employees and not RNs.

Article 10. SCHEDULING

10.03 Bargaining Unit Work Preference

B. The HMH Scheduling Program (Currently Smart Square) see your Contract

KNOW YOUR CONTRACT

C. "Open Shift" Program (See your Contract)

E. Cancellation of Extra Shifts by the Hospital

Hospital cancellation of scheduled extra shifts for all bargaining unit employees (including all shifts for per diems) shall require notification of a minimum of 1 1/2 hours in advance of the scheduled shift or payment to said employee for the full shift. *(If you are notified less than 1 1/5 hours prior to the starting of your extra shift that you're cancelled, you get paid for the entire shift.)*

Cancellation on the particular unit will be in the following order:

1. All non-bargaining unit employees, including non-contracted agency, and all extra shifts for contracted agency.
2. All bargaining unit overtime shifts in order of reverse seniority.
3. All bargaining unit extra shifts in order of reverse seniority.
4. Per Diem shifts in order of reverse seniority.
5. PTO request previously denied shall be offered and may be taken upon mutual agreement.
6. Volunteer (by seniority)

*Per Diems holding temporary positions (4.4) will be treated as Core Staff

F. Cancellation of Extra Shifts by the Employee

Regular employees, full-time, part-time benefit-eligible and part-time non-benefit-eligible, who call out less than forty-eight (48) hours in cancelling extra shifts shall receive a Level I disciplinary notice for more than one (1) cancellation per quarter, except in cases where they secure their own coverage. Cancellations of extra shifts shall not be considered unscheduled absence.

G. Cancellation of Regular Shift by Employer

The Hospital agrees that there will be no cancellation of regular shifts by the Employer.

YOU CANNOT BE CANCELLED BY HMH ON YOUR REGULAR SCHEDULED SHIFT.

This applies to Full Time and Part Time Staff only, not Per Diem Staff Members

(It is your responsibility to confirm HR has your correct contact information.)

Want to be more involved and keep abreast of Local 5138's activities?

Join the Staffing Committee-

Article 7.06 E. Staffing Committee-shall be made of 4 members appointed by the Union and 4 members appointed by the Hospital.

The Committee will be charged with:

1. Making recommendations to the Hospital Administration on proper staffing levels, nurse to patient staffing guidelines and staffing mixes in different units & departments
2. Assessing the value of the acuity system.

3. Reviewing data about short staffing, patient care assignments, caseload, work assignments, and other staffing issues & develop recommendations for improvement.
4. Monitoring data of patient outcomes & satisfaction
5. Making recommendations to improve patient satisfaction.
6. Making recommendations to improve hospital functioning.

Also see Side Letter 12-Staffing Committee

For wage raises via the Merit Program, see Article 9.06 Wage Scale.

New Five (5) Point Nurse Performance Self-Evaluation Tool

See **Side Letter 18-Performance Evaluation Tool & Appendix A-Performance Evaluation Tool**

As a Professional Registered Nurse and employee of SOMC, you are expected to complete this Self-Evaluation Tool of your personal nursing practice. If you don't complete the self-evaluation tool, you will not be able argue your score given to you by your manager.

Article 12. Seniority, A, B, C & D as well as Side Letter 6: Maintain Bargaining Unit Seniority

See for definitions of Hospital Seniority, Bargaining Unit Seniority, Accrual of Seniority and Loss of Seniority

IMPORTANT DATES

Requesting PTO: Article 10.02 PTO/Benefit Time Scheduling

- B. The Hospital shall be reasonable in granting PTO requests and will not assign vacations without the approval of the employee.
- C. PTO Submission
 1. March 1st for the same year for dates: June 1st through September 30th.
 2. July 1st for dates: October 1st through January 31st.
 3. November 1st for dates: February 1st through May 31st.

See your contract for further instructions & qualifications

Just because you request off time for the designated period prior to the cut off date does not mean you get the time off. Requests are granted by seniority. Your manager should not be granting PTO until after the PTO submission dates.

**RN CAP
(Registered Nurse Clinical Advancement Program)**

RN can submit a CAP application anytime prior to MARCH 31st.

Once approved, the RN will receive the RN CAP bonus annually In JULY for THREE YEARS.

Pay out amount is based on which level you apply for and our FTE.

(Ex. Payout for a Full Time Level IV is \$4,000)

The directions are in **The RN CAP reference binders** that were placed on every unit.



A Newsletter for the
members of HPAE Local 5138

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UNION STRONG

Since 2003 the registered nurses of Southern Ocean Medical Center joined together to become agents of change by organizing and joining Health Professional and Allied Employees (HPAE). Joining HPAE enabled us to negotiate for higher wages, upgraded benefits and improved working conditions in our workplace. It was a very tough battle for us since our administration spent thousands of dollars hiring union busting companies to prevent this from coming to fruition. Since our victory vote, like most hospitals, we have had a huge turnover of RNs. Many of the nurses at SOMC today do not realize or appreciate the gains we have celebrated. First and foremost, we are no longer "at will" employees which means the administration could fire us for any reason they saw fit. Now we have job protections in place where administration must have "just cause" for suspension or termination. We now have contract language in place for grievance and arbitration. Unionizing gave us a voice. It gave us collaboration with management but most importantly it gave us respect.

Many of the newer RNs asked why did we needed to unionize. In 2002-2003 administration took it upon themselves to "make some tough decisions". Management assured us that "changes were made with a great deal of thought and consideration." What they decided on were some clever ways to cut benefits for part-timers, arbitrarily end a fourteen-year salary agreement for some of the senior critical care nurses, take away sleep time and travel time for those nurses who were required to be on call, and take away the twenty-five percent differentials for the most senior night shift employees. Another cost saving technique that administration subjected us to was "flexing." This was a procedure used when acuity dropped and census was low. An RN was told it was his or

her turn to stay home but be near a phone in case they needed to call you in. This was before cellphones existed so we were stuck home. The nurses were paid \$2 an hour for doing this service for the hospital. This was not optional. This practice depleted your personal leave bank and many times limited your take home pay. Floating was another process that became a safety issue for RNs. When faced with staff shortages management would "pull" an RN to another department even if that RN had no orientation or expertise in that area. Thank goodness we now have language to protect our licenses and make sure we are qualified to work in certain departments. Thanks to our contract negotiations the float pool was born to help address these staffing shortages. These examples are just a few of our issues that we have addressed. There are so many issues we are still fighting for. Through several contract negotiations we have made significant progress. Most importantly we have a voice. We now have a legal, binding contract that holds administration to a higher standard. It is each RN's at SOMC responsibility to know your contract language and make sure it is enforced.

Our union is only as strong, effective and powerful as the members who participate in its operation and activities. You can best exercise that power by being informed, involved and active in our union. Get active RNs, in Local 5138!

In Unity,
Julie George RN, BSN, BSW, CCRN
Former Grievance Chair for Local 5138
Current Union Representative for PACU and SDS
Employee at SOMC for 43 years

CODE RED *(continued from page 1)*

With too many patients at higher acuity levels due to patients deferring care and the ongoing COVID-19 pandemic contributing to the severity of patient conditions, nurses are overworked and understaffed. The increased level of stress has led to nurse burnout, with more nurses leaving the bedside or considering leaving the profession.

Studies show repeatedly that understaffing compromises patient care and safety:

- A one-patient increase in a nurse's workload increases the likelihood of an in-patient death within 30 days of admission by 7 percent.
- Mortality risk decreases by 9 percent for ICU patients and 16 percent for surgery patients with the increase of one full time RN per patient day.
- Nurse staffing shortages are a factor in one out of every four unexpected hospital deaths or injuries caused by errors.

(to read the full paper, go to www.HPAE.org)