

Securing our future

HPAE LOCAL 5004

MESSAGE FROM THE PRESIDENT



Happy holidays all!! So much going on at the Medical Center it is so hard to know where to start. So, I'm going to chime right in with my most serious concern now. And it is something that concerns me on so many levels...from Nursing Practice to what is happening within the MC to the future of the Medical Center.

We have been open about the MC "affiliation" with Hackensack. We have seen this at several other HPAE locals & it usually is the first step in a journey towards a merger/acquisition. Who knows what EHMC's next steps are, but we are keeping a watchful eye on this.

There is a new group called the "staff nurse advisory council." We are concerned that this may be undermining our Collective Bargaining Rights. Information is being shared in that forum that may not & probably has not been shared with the elected officers. In the Collective Bargaining Agreement, section 2.01 Recognition it states: **The employer recognizes the Union as the exclusive collective bargaining representative of every employee covered by this Agreement.** Despite asking directly to have a union officer as part of this new council, it has not happened. What's the secret??

And even though all the Councils are not up & running effectively, there doesn't seem to be an urgency to regroup. Do you believe that all our protocols & policies are based on best practice? And when new protocols come out like Massive Hemorrhage, and all the Insulin Protocols & Order Sets, our education is to read a folder? And that we must sign off on all the procedures whether they apply to us or not.

Many of you recently attended the seminar offered by HPAE Local 5004 on *Legal Hot Topics for Nurses* which identified many pitfalls for nurses. This tops the list: practicing without a full understanding of the standards, policies, and procedures.

I personally sent an email & wrote on the folder that I would need education on the procedures that are not routinely done in my unit. As your president, on behalf of the members, I brought the issue to JNPC & there has been no remedy. Please don't just sign your name to anything; assure that you have a full understanding...if an error is made, these sign offs are used to show that you signed off that you were "educated." Your license is at stake!!

We have been open about the MC not sharing information with us voluntarily & negotiating issues that require notification & negotiation. You can't assume your officers know even if the MC is telling you we know. **So, if you hear something or are asked to participate in or are participating in a forum that could impact our working conditions...reach out to one of the officers & be sure we are aware!!** Most importantly: Stay informed & keep us informed!!

Our membership meeting is coming up **January 18th** & we would like to see everyone there.

Michele McLaughlin

HPAE LOCAL 5004 EXECUTIVE BOARD WISHES YOU HAPPY HOLIDAYS



*Michele McLaughlin, President
Becky Esquivel, Vice President
Alice Barden, Secretary/Treasurer
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Karen DiNapoli, Professional Practice Chair
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Jane DiMasso, Communicators Co-Chair*

LOCAL UPDATES

Important News

In 2015 Arbitrator Restaino found the Medical Center (MC) in violation of Contract Section 4.11 - Positions. This section states that the MC will be required to create and post positions on units when the need is established through the regular use of per diems and overtime.

Arbitrator Restaino called upon the MC to “re-evaluate the staffing structure and create staffing that more realistically reflects the nursing needs that exist on at least a monthly basis and consider patient census; patient acuity; movement of patients from unit to unit; contractual leave time; sick leave and training. The MC shall document efforts to create new positions based upon established need.” As of this date, the MC has not complied with the arbitration award.

Since the arbitrator retains jurisdiction, HPAE and MC met on October 17th. *The MC claimed they have hired sixty (60) nurses into never before posted positions. The Union countered that thirteen (13) of those positions were eliminated due to the layoff of 2012.* The Union was similarly skeptical of the MC claim to the remaining forty-seven (47) positions. The arbitrator ruled that both sides provide requested information and data. A review of the status of the arbitration award will take place at the end of a two month period.

In addition....

On October 11th, the Union and the Medical Center (MC) settled the Layoff Arbitration which was filed in 2012. Due to the passage of time the Union determined that clarifying the process for the future was the most important thing to gain -- which we did.

It was not the intent, if the Union prevailed, to have misplaced nurses placed in their proper position according to the layoff process. This would have caused extreme disruption to the members. The Union decided it was in the best interest of the membership to clarify the layoff process.

The Union entered into a settlement agreement with the MC which is intended to provide a clear process for implementing the provisions of 5.04 (C) 2 and (D) 6. All terms of the existing collective bargaining agreement layoff language shall remain in effect. Existing contract language as well as the clarified portion of the layoff process remains subject to the grievance and arbitration provisions of the contract.

EHMC CITED BY DEPARTMENT OF HEALTH

An investigation by a NJ Department of Health representative after a complaint was received by a patient concluded that EHMC violated HIPPA standards as it relates to the use of “whiteboard communications”.

The Department of Health found that placing the following information on the whiteboard is a violation of patient’s rights:

- activities/plan of care
- activity level
- diet
- fall risk
- pain assessment/goal/and documented interventions
- assistance required
- anticipated diagnostics and reminders
- family contact and phone number

EHMC must put in place a correction plan and revise the guidelines for the use of whiteboards and educate all staff to same. The corrective plan is to include an ‘opt out’ for patients not to have information posted on his/her whiteboard. For now just list room number, date, and care team information until you’re educated on changes.

Nurses should take solace in the fact that we were right in questioning the violation of patient confidentiality regarding the use of whiteboards.

MEMBERSHIP ENGAGEMENT PLAN

Many of you have filled out the *Connecting With My Union cards*. However, there are still some members that have not completed the cards. Please contact your unit communicator (union rep) for a card. Again, the purpose is to enter your information into the new HPAE data system, as well as provide you with instant communication through e mail, social media, etc.

Those of you who have indicated a willingness to participate in an activity will be notified very soon of the upcoming *Build a Committee* meeting to take place.

SURVEY RESULTS!



The Local 5004 Executive Board created a survey to help us assess the members’ knowledge about our union, the level of membership involvement, and members’ views about Local 5004. The survey results will enable us to develop the strategies, programs, and goals which will make our union a stronger advocate for our profession and our patients.

We would like to thank all of you who participated in this survey. We will incorporate your input into our Local’s Strategic Plan.

The recipient of the \$250 gift card is *Elma Pineda an 11-7 float nurse. Congratulations Elma!*



LEGAL HOT TOPICS FOR NURSES

On October 19th, HPAE Local 5004 provided the membership with a conference, for which participants were awarded 4 CEUs. Here is some of what we learned:

- Don't ignore mediocre job performance evaluations. Under the Cullen Law, if you are reported to the Board of Nursing, the MC is mandated to disclose the content of these evaluations. You have the right to write a rebuttal and/or under your contract you can grieve evaluations. All evaluations received should have your signature and dates received and always request *a copy*.
- If you are reported to the Board of Nursing, you are entitled to a simultaneous copy of the report made to the Board and any documents sent to the Board.
- *Nursing Delegation NJAC 13:37-6.2 revised 3/7/2016*. You need to know it – review this regulation and incorporate it in your practice. Ignorance is not a defense!
- *Proper EHR Documentation protects the patient and your practice!* EHR is used to:
 - monitor whether the RN is meeting legal standards of practice
 - identify errors and omissions which can result in discipline by MC and professional boards

This was the second event this year, wherein members were afforded the opportunity to attend a CE event free of charge. Planning for 2017 CE conferences is underway.

MERGER UPDATE

Hospital Merger Boosts Credit Rating

The merger of Hackensack University Medical Center's network of four hospitals with Meridian Health, a large health system on the Jersey Shore, has strengthened both financially, according to recent credit reports. The system formed on July 1 – Hackensack Meridian Health- has the size and scope to cushion it for some of the riskier ventures to come. Besides the medical center in Hackensack, the new Hackensack Meridian Health system includes Hackensack UMC Palisades (HPAE Local), Jersey Shore University Medical Center in Neptune, (HPAE Local), Raritan Bay Medical Center in Old Bridge and Perth Amboy, Riverview Medical Center in Red Bank, Ocean Medical Center in Brick, Bayshore Community Hospital in Holmdel, and Southern Ocean Medical Center (HPAE Local) in Manahawkin, Hackensack UMC at Pascack Valley in Westwood and Hackensack UMC Mountainside in Montclair.

Englewood Hospital and Medical Center has an affiliation with Hackensack Medical Center.

Bergen Regional Medical Center

As you may be aware, the 19-year contract between the Bergen County Improvement Authority and a for profit manager, Bergen Regional Medical Center LP, is set to expire March 2017. This contract affects Bergen Regional Medical Center one of HPAE's Locals.

A consortium of hospitals – Hackensack University Medical Center, Holy Name Medical Center, Christian Health Care Center in Wyckoff, Englewood Hospital and Medical Center and The Valley Hospital – submitted a proposal to manage Bergen Regional Medical Center. Other facilities have also submitted a proposal.

The decision will affect regional health care for decades and thousands of patients who seek care annually at the facility, not to mention county taxpayers.

GRIEVANCES/ARBITRATION REPORT

Many nurses continue to face being disciplined, including severe disciplines such as suspension for professional practice issues. You are obligated to practice nursing according to nursing standards, policies, procedures, protocols and the *Nurse Practice Act*.


Settlements:

HPAE and the Medical Center have settled several grievances scheduled for arbitration. See below:

- ✓ Work Availability – contract section 6.10. An agency nurse worked in place of a nurse who signed up for core staffing and non-core staffing sheet. The grievant was awarded pay as if she had worked the shift; the rate was time and one-half.
- ✓ Floating – contract section 5.10. There were several grievances on this issue. Floating with greater than 8 years seniority, floating without core clinical competencies to care for the patient population, non-payment of float differential. MC agreed to abide by the float clause and paid the float differential to employees.
- ✓ Holiday: Entitlement – contract section 8.02. Grievant was denied a vacation request due to a holiday being scheduled earlier than thirty calendar days before the actual holiday date. MC agreed to abide by the contract.
- ✓ Vacation: Scheduling – contract section 8.07. Grievant was denied vacation during Christmas week because that week had already been approved for another member prior to the schedule of Christmas week being prepared by PCD. MC agreed to abide by the contract.



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Address Service Requested

JNPC Updates

Parking: The medical center has decided that they will leave the gate to the Glenwood garage open from 11p to 3a. This will allow off-shift employees to park in the Glenwood garage and not have to press the button for security to grant release

Per Diems: Leaving FT or PT & wanting to stay on as a PD is the issue. This conversation is ongoing & we will file a grievance once we have a definitive answer from the MC.

NOTE: at this time if you are leaving & would like to stay PD, notify your Manager. If they do not post a position, please let us know & we will file a grievance immediately.

CE Forms: The CBA has a Side Letter which states: *The parties agree to implement a system of monitoring the approval, denial, and non-attendance at CE programs in an effort to ensure that all employees are able to maximize their participation in such programs. Monitoring will begin no later than September 1, 2015 and will be reviewed at least quarterly in JNPC.*

To date that monitoring has not started. We want to know why people aren't attending CE.

At this point the MC's response is: Request attendance for a program in the usual manner on the correct document. Then if you are denied, or approved but not able to attend the program, fill out an Inter Office Communication (IOC), keep a copy and send a copy to HR with the reason you were denied or unable to attend. We would also like you to send a copy to the Union, by placing it in the Union Mailbox in the Staffing office, or faxing it to the office to the attention of Local 5004 at 201 262 4335.

Specialty Units

Endo: The concern here was with additional techs coming in & the staff not clear on what training or skills they had. It goes to the heart of delegation. We advocated for clarity on the role of the tech & education & training information so that nurses could safely delegate. We asked the BON for clarification re: delegation as the MC managers were not allowing the staff to change the assignment. The BON supported our position that: **In order to delegate the nurse must know the education, training, & competency of the person being delegated to. The institution does not have**

the right to do what it was doing as only the RN has the right to delegate.

The MC brought in a consultant to assess the situation in Endoscopy and she and her team are currently educating the techs. We have requested a copy of the education given & for a clear role definition for the techs.

Cardiac Cath: There were several concerns in this unit, many stemming from staffing issues. We approached the concerns on many levels & the MC opened several positions which are in the process of being filled. We continue to watch & request information related to this unit & the progress being made.

ED: This unit brought its issues forward & the concerns were shared with the CNO MaryAnn Donohue Ryan. As opposed to meeting with the staff as requested, she sent the document to the ED MD & RN leadership. The Ed staff have not seen any changes & the MC JNPC team has suggested that the issues be dealt with through the ED Unit Council. Still working on resolution.

2 South: We are told renovations are under way and the unit should be ready for opening in the upcoming weeks. However, we know that it is open often as a Med-Surg overflow unit.

OptiLink: The MC continues to stall in regards to our staffing acuity system. The MC claims they need to find out more information regarding the acuity system that is linked with Epic and that they are not sure if Optilink will soon be obsolete.

Upcoming Membership Meetings



Clinton Inn

January 18, 2017

7:30AM-1PM-4PM-7:30PM