

Local 5138 News

Letter from the President

Dear members,

We continue to work very hard to protect the rights that we are afforded by having a union contract. We also work hard to negotiate our issues and concerns, but we have to know and use the language in our contract for it to take on meaning and the intended results in our workplace.

Staffing issues continue to challenge us, especially during our busiest season. Thanks to all of you who participated in the recent flyer campaign to make our nurses, fellow employees at SOMC and the community aware of the unsafe and short staffing that exists on the patient units at SOMC. We all realize that safe, quality and reliable patient care largely depends on safe staffing levels. We have language in our contract to protect us from having to work short or work without a break or enough ancillary help.

In order to continue to address this persistent breach of our contract, we are continually filing grievances based on the short staffing forms that you have been filing. We need your conscious effort to bring these unsafe and unacceptable conditions to our attention and to make management accountable.

The staffing language in our contract is clear. We agreed on staffing grids of 1 RN to 6 patients for the Medical surgical units; this has been in our contract since 2013. It is imperative that we hold administration to that number. I encourage all of you to contact your representative or any member of the executive board with any breach of contract and continue to file short staffing forms at the beginning of your shift if possible via the Meridian intranet. We have the right to file grievances when staffing and patient safety is compromised, when our contract is violated.

For the last year, we have discussed and offered possible solutions every month at labor management meetings; these solutions have been heard but not acted on. Management hired some nurses, but twice as many left. Our discussions and suggestions were for voluntary on call lists, critical shift bonus triggers for RNs and ancillary help, a Baylor program for summer help, no flexing and making sure all open shifts in Smart square are filled prior to each day. We need to make sure that all RN vacancy positions are filled in a timely manner, while agency and travelling nurses are in place to fill anticipated needs.

We are making your needs known through labor management meetings, staffing committee meetings, short staffing forms and grievances. We have had a flyer campaign, we're planning a sticker day, and we're working with community organizations to make known our presence in the community. We work hard to meet the initiatives and standards set by Meridian and quite honestly by us. Our administration has the responsibility to provide the resources for you to provide care to the patients in a safe quality driven environment. Everyone needs to be involved in this effort.

Here is an update on several other issues:

We have sent our healthcare grievance to arbitration and have a meeting scheduled with Senator Connors regarding related issues and concerns that could possibly be rectified at the state level through legislation.

We have also reached an agreement for our medication error grievances and hope through endless discussion with management regarding the merits of education versus punitive measures (while still holding one accountable) that we will take a new direction.

Our goal as a union local is to personally meet with every member throughout the year and increase your involvement and participation. Again, our union is all of us fighting for all of us, for what is right when we strive to provide the best possible care for our patients

It is hard to believe that we are less than a year away from negotiations. I challenge all of you to get involved now, so we can address all our concerns and achieve the best possible outcomes. Don't forget to sign up for HPAE convention in Atlantic City in October 2016. Have a fun and safe Summer!

In unity,
Sally Fessler
President HPAE local 5138 SOMC RN Union

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Upcoming events:

5138 Rep meeting:

Next Rep meeting will be in September 2016. Have a great summer.

Safe Staffing Community Outreach

July 9th 11am- 2pm

Tuckerton Seaport Bacon Fest

Local 5138 will pay entry fee. please contact Sue Kaszuba on MS 2 to RSVP

July 25th at 6:30pm

Visitation Relief Center

Brick NJ

3.5 years since Superstorm Sandy more than 5,000 families are still struggling to get home and thousands are waiting on a fair settlement from their flood insurance. Even when families are home they face piles of debt, threats of foreclosure, no retirement savings, and health issues and expenses from the storm. HPAE is working with the New Jersey Organizing Project and we need members to represent HPAE at the upcoming community meeting.

Update from Local 5138's VP

The e-board would like to thank all of the nurses who flyered on June 20th. Your continued efforts are much appreciated by us as we continue our struggle with administration in dealing with the sad state of staffing at our hospital.

Although the hospital has hired quite a few nurses over the past year we continue to ask: Where are they? Probably filling the positions of those who resigned, on medical leave, or who were terminated. Shouldn't a hospital always have a process in place for this? One would think so. We have a stipulation in our contract for the use of Temporary Employees to cover such leaves. Why is administration not using it??

Once again the summer is upon us and once again the hospital is playing "catch-up". Your e-board is pushing ahead aggressively to ensure that all nurses at our facility have the tools they need to do their jobs; staffing is an essential one.

Continue to file staffing forms at the beginning of the shift, whenever staffing changes during the shift, or when there's not enough aides, secretaries, monitor techs, and patient observers.

In Unity,
Barbara Bosch
VP Local 5138

Grievance Update

Grievances and disciplines are at an all time high. We have had more in the past three years than we had in the first 10 years of our contract.

We did reach a settlement in the grievance regarding medication errors. However, another grievance involving "whistleblower protection" and transparency is going forward to arbitration.

Please note that Meridian policy dictates that Level II infractions are kept in your file forever. This prevents one from one being eligible for scholarships, awards, promotions, etc. Kim worked tirelessly to achieve a five year limit on this. Everyone makes mistakes .Please read your contract and be aware of the contract's provisions. One must be cognizant of Meridian policy. Management is intolerant of any ignorance on your part.

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When Hospitals Are Also Corporations



U.S. Hospitals started as charitable institutions in the late 1800s, funded by wealthy donors and religious organizations. The mission was focused on health care and care for the poor. It was clear where the money came from, clear where it went.

Much has changed. More and more, our community hospitals are disappearing, and in their place large corporate systems are emerging. Hospital revenues now also come not just from patient care, but from for-profit subsidiaries, investments, ambulatory surgical-centers, and income from hospital-controlled physician practices.

One Bergen County hospital that started in 1880 with 12 beds is now part of a system with 28 hospitals. A recently merged hospital system will employ nearly 50,000 people, with revenues of \$8 billion dollars.

As hospital systems grow, they often begin to act more like for-profit institutions, even while maintaining not-for-profit status. The source and use of their funds becomes both more complicated and less transparent. So does their mission, their relationship to local communities, and their relationship to their employees and physicians.

It's now common for not-for-profit hospitals to own and provide financing to for-profit subsidiaries, to have for-profit entities operating from their tax-exempt property, to engage in profit-sharing with their physicians; and for hospital CEO compensation to reach into the millions.

In Trenton, elected officials are scrutinizing whether not-for-profit hospitals that own for-profit entities and permit for-profit physicians to use their hospitals with minimal control (especially over billing practices) are solely focused on a "charitable" mission of health care service to the community, or are part of a profit-making corporate structure that is not paying their fair share of property taxes.

This debate is happening not only because of the growth of hospital systems, but because many of our towns and cities are facing fiscal problems, and having difficulty absorbing the costs of critical public services. Hospitals, like other corporations, are large employers and large users of local services such as police, fire, infrastructure, and public safety.

Both not-for-profit and for-profit hospitals have an obligation to be good corporate neighbors, reinvesting in healthcare, listening to the needs of the community, and sharing in the costs of local services, whether through community contribution fees or property taxes.

In New Jersey, the average nonprofit hospital receives a \$1.6-million benefit annually as a result of exemption from property taxes. While much of this tax benefit supports charitable activities, profit-making entities and activities at not-for-profit hospitals are benefitting from loopholes in existing law.

In return for exemption, the government requires nonprofit hospitals to provide community benefits, which includes research, health professions training, and community health education programs. It also includes charity care provided to patients who cannot pay, which all hospitals must provide, regardless of their tax status.

Hospitals are anchors in our community, providing essential services and employing large numbers of our citizens. Both for-profit and not-for-profit hospitals have moral, as well as legal, responsibilities to the hospital's patients and our communities, to focus on promoting health as well as treating illness. Hospitals should continue to be driven primarily by these obligations, rather than profit or competition.

That means doing more than charity care. It means ensuring that 'community benefits' are based on true community need, and will improve health outcomes for our residents. It means using surpluses to re-invest in the hospital, in public health measures, and other activities that are the hallmark of charitable institutions.

I know that many hospitals take that mission seriously. Paying property taxes commensurate with the value of the property used by for-profit subsidiaries or by physicians engaged in for-profit activity independent from the hospital's jurisdiction should be part of that mission. As the NJ legislature debates new legislation and the establishment of a study commission, we urge the inclusion of community residents, municipal officials, healthcare workers and advocates in the process. Solutions must account for and protect the services of community, urban and safety net hospitals, and include financial transparency, since the size and speed of hospital mergers and subsequent mingling of funds makes it increasingly difficult to 'follow the money.'

We should expect all of our hospitals to be good corporate citizens and neighbors, and responsible stewards of our healthcare.

Ann Twomey, President
HPAE



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A Union of Professionals

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Member Benefits

MMFD-05-13-16

How to Use the SOMC Short Staffing Form

To access the short staffing form on a computer, follow these steps:

- 1 Meridian Health Dashboard
- 2 Meridian Intranet
- 3 Resources
- 4 Nursing
- 5 SOMC Staffing Form

SAVE THE DATES

HPAE Convention

October 6 - 7, 2016

More information to follow