



The Frontline Newsletter

A newsletter for the members of HPAE Local 5106

March 2016

President's Message



As health care professionals we document on our patients' records every day. Unfortunately, recent disciplines & litigations involving our members demonstrate a serious deficiency in nursing and

tech documentation. It is our responsibility to accurately record information/data on the patients in our care. When management presents the Union with evidence in a disciplinary case, it is our job to investigate and respond in accordance with the grievance procedure.

When there is no documentation or deficient documentation it is extremely difficult to build a case in support of the nurse or tech involved. Recent examples include no documentation by nursing/techs of assessments, conversations with MDs regarding changes in patient condition/assessment, and verbal orders. These are serious deficiencies which can seriously impact the outcome of patient care and reimbursement for care. When nurses/techs are called to testify or give depositions, it is sometimes three to four years after the patient was in their care. Certainly, no one can recall the events of a patient's care without reviewing the patient record. If the documentation is missing or pertinent information is lacking, there can be serious legal and financial implications for the Hospital and employee involved.

Good documentation is essential to protect your patients and yourself. As we get ready to start training on a new documentation system, it will be a challenge for all of us, but we will still be expected to provide complete and accurate documentation.

Remember the adage -- if it was not documented, it was not done.

Elizabeth Nulty
Local 5106 President

Grievance Update

On February 10, 2016 an arbitration hearing was held to determine if the termination of one of our members was justified. Our lawyer argued unequal treatment, as other workers were also responsible for the incident, but only one was terminated. Following the hearing, the lawyers have a month to provide the hearing officer with a summary of their arguments in the case. The hearing officer then has a month to rule on the case. We expect a decision at the end of April, almost a year after the incident and discipline occurred.

At the HPAE State Executive Council (SEC) meeting, the ruling body of our union, we presented two cases for consideration. Both cases were approved for arbitration.

The first was for a long-time ER nurse who was charged with false documentation for entering information into the computer that was provided by another nurse and for failure to document restraints. The investigation into the incident occurred because the nurse in question filed an incident report when the patient injured his arm while in the ER. Had the nurse been alerted to her documentation deficiency at the onset of the investigation on the day following the incident, she could have added a late entry. However, the nurse was not questioned about the incident until eleven days later, making a late entry impossible. The Union is pursuing arbitration due to the lack of a fair and sufficient investigation and the level of discipline, which based on the nurse's years of service and good work record, makes it too harsh a penalty.

The second case was the termination of a nurse who allegedly gave a medication without a proper order. In this case the nurse believed that the resident on call had approved the medication before it was given. After the medication was given, the doctor refused to enter the order into the computer. While investigating the incident it seemed that there was a miscommunication between the nurse and the doctor. Unfortunately, a lack of documentation on the patient's chart and an incomplete investigation by management resulted in the termination. The patient was not negatively impacted and, in fact, had relief of symptoms after he was medicated. The Union is moving forward to arbitration based on the lack of a fair investigation and the fact that there was an order for the medication.



Welcome New Members

We are pleased to welcome the following new members to the hospital and our local:

Madison Buck, RN (P5), **Alisha McKelvy**, RN (ER), **Megan Smith**, RN (ER), **Amanda Prem**, RN (ER), **Madeline Hotz**, MSW (CRC)

We hope you will become active union members and volunteer your time and talent to making us the best local we can be!



RN TECH PROFESSIONAL PRACTICE COMMITTEE

February 26, 2016

Minutes

Attendance: Barbara Gennello, Doris Quiles, Betsy Nulty, Richelle Kozak, and Sue Clements

In preparation for the meeting the Union asked management to provide information on “just culture” which is the disciplinary model now being used in the Temple System. We have concerns that our members are being more severely disciplined than is warranted

1. Just culture (Barbara)

A systemic approach to discipline which was developed by the airline industry with a goal of correcting a problem before it escalates to a serious issue. Includes training for all managers and an algorithm to determine the appropriate discipline. All Episcopal nurse managers have attended a two days training. If there is a question of appropriate discipline, Temple will review and make a recommendation.

Management offered us the opportunity to attend a just culture training, which we declined. A copy of an algorithm which was provided to us did include an investigation, which we believe has been lacking in the disciplinary process.

2. Elements of just cause for discipline (Union)

The Union reviewed the elements of just cause. We have an issue with the lack of fair and complete investigation since the accused person has frequently not been given a chance to explain or even make a statement prior to the discipline. This has resulted in more than one serious discipline.

3. Policy for late entries or addendums

Barbara was unable to find a policy that addresses late entries, but it was agreed that staff have been requested to make an addendum on the following day of information that did not get entered into the chart at the time it actually happened. If

documentation is the issue in a case of discipline, a prompt investigation would shed light on the deficiency and a late entry could resolve the problem

4. Follow up:

Registration issues in ER impacting patient care
Betsy explained that the night admission clerk seems to get overwhelmed or bogged down trying to obtain all the necessary information before he fully registers the patient. Issue will be addressed to the Director of Patient Access.

5. Storage area for clothes for patients

We have been waiting over a year for somewhere to store clothing that our local purchased for patients in need of something to wear when they are discharged.
Doris suggested that three file cabinets which were recently given to the environmental supervisors could be provided to us for storage on C6 (room 621) and in the ER supply room. Facilities could provide a lock and keys for designated union officers and reps.

6. Magnet –Barbara provided information/booklet on the Magnet process. There was some discussion of unit based councils and research projects for the various units.

7. Epic training

- Betsy noted that scheduling has been a problem. 300 classes are scheduled before 100 or 200 classes.
Doris noted that managers should be scheduling their staff. It is the understanding of the C6 staff that we can schedule ourselves and the schedule will then be sent to our managers for final approval.
- All training must be completed by the end of July as Epic will go live on August 5.

VACATION REQUESTS

In terms of vacations, it is the Union’s position that our members *cannot* be denied vacation in the month of August simply because the rollout for Epic is August 5, 2016. Contractually, the only vacation restriction is from December 20 to Jan 3. Article 14, Section 8 states: “*The granting of vacation requests are subject to patient care and operational needs*” means that there must be sufficient people available to staff every unit and department. Understandably, only a given number of staff from a unit/department can be granted vacation at a given time. Per contract language, Article 14, section 4, “*All requests for summer vacation (Memorial Day thru Labor Day must be submitted by April 1st of each year.*” Preference will be granted on the basis of bargaining unit seniority.

PAY RAISE

Our next pay raise and the final one of this contract will be in your paycheck on April 1st. We mistakenly thought that the raise was coming on March 18th, but contractually the increase takes effect in *the first full pay period of March*. The increase will be **2.5%**. Check that you are receiving the correct rate of pay. If you need a contract, you can obtain one from Pat Meyer in HR. Also, there is an HP AE binder on every unit with a contract. Finally, you can view our contracts online. Go to www.hpae.org, click on *Locals*, click on Temple/Episcopal. On the right hand side of the page, you can click on contract and scroll down to the end of the contract for the salary scale.

HPAE. Putting care first.

10 Ways to Protect Privatization Mistakes at Bergen Regional Medical Center



Over and over, privatization schemes in New Jersey have failed consumers, workers, and taxpayers alike, often raising costs and diminishing services for the public. It is particularly concerning when the costs can be in the lives of our most vulnerable, elderly and residents with mental illnesses. The lease of Bergen Pines, NJ's largest hospital, to a private company nineteen years ago was a particularly egregious example of a lopsided contract that gave millions in profits to a private company with little accountability to the taxpayer.

The contract between the Bergen County Improvement Authority (BCIA), and Solomon Health Group to operate Bergen Regional Medical Center (BRMC) is coming to a close in a year. Bergen County Executive Tedesco has established a task force to review the history and develop recommendations for the future of the hospital. We have a chance to do it right this time, and cannot repeat the mistakes of the past.

Health professionals and community advocates opposed the privatization back in 1997, raising numerous objections to the sweetheart contract. Some of our worst projections came true at a hospital critical to providing mental health, long-term care, and addiction services for all of New Jersey.

While the privatization plan left the Bergen County Improvement Authority (BCIA) with the operating license for the hospital, the private operator had the controls, with little accountability. Secret loans, a lack of financial transparency, insider-dealing, staff and service cuts, lawsuits, compromised patient care, and labor disputes all plagued the earlier days of the privatization contract.

The County and hospital managers have been embroiled in years-long lawsuits over investments to improve the aging buildings and infrastructure, over cuts in services, loans and financial transparency. No one has yet to really add up the real cost of the contract, in lawsuits or millions in affiliate fees and owner profits. While Solomon paid for maintenance, the County paid for capital improvements: it seemed that everything became a capital improvement. While the BCIA was technically responsible for upholding patient safety laws and regulations, they often were not even informed of violations. When services were cut, the BCIA was essentially powerless to force a reinstatement of services. A bottom-line standard for nurse staffing levels was too often skirted by the hospital, with no consequences.

Over the years, County administrations have come and gone, but the failures of the original contract made accountability and oversight nearly impossible. Whoever the hospital partner is in the future, the contract has to maintain County authority and responsibility for access to quality care and essential mental health services, and ensure a safe and secure work environment for dedicated nurses, social workers and staff.

HPAE, with 500 nurses and health professionals at BRMC, has witnessed and challenged both Solomon Health Group and the County administration when privatization and cost-cutting threatened the health and safety of patients and workers. That's why we've drafted a set of standards that we are asking the County Task Force, the County Executive, and our local elected officials to make sure is

part of any agreement with outside companies or partners.

- Improved Oversight & Authority: The BCIA must retain the license to operate the hospital and the authority to ensure full compliance with patient safety, financial reporting, governance and labor laws and regulations.
- Protection of the Hospital's Mission for Patients: Preference should be given to not-for-profit partnerships that focus on the mission of the hospital.
- Effective Enforcement: Strengthen remedies for contract violations, such as financial penalties and appointment of on-site monitor.
- Safe Staffing Requirement. Set safe standards for nurse and caregiver staffing for all hospital units.
- Service Protections and Enhancements. Determine services based on community need and protect and expand services, with BCIA approval for any change or reduction in health services.
- Workers' Rights Protections. Recognize existing unions, collective bargaining agreements, and rights of the workforce.
- A Proven Track Record Review every applicant's track record for patient/resident safety, employee safety, labor relations and financial transparency.
- Investment in A Safe Facility for Patients and Workers: Make needed capital improvements, with shared financial responsibility for maintenance and improvements.
- Accountability to Taxpayers & Financial Transparency. Require annual audited financial statements for BRMC and any affiliates with business or financial relationship, and provide financial information to the public through the NJ Open Public Records Act.
- Public disclosure of Self-dealing and a ban on conflicts of interest. Require disclosure and prior review and approval by the County of all transactions between a partner or manager and any of its related or affiliated entities.

For the first time in years, nurses, health professionals, and patient advocates have reason to be encouraged by the actions of our County Executive. Bergen County Executive Tedesco's had made a commitment to protect our hospital and its patients, to enhance services and provide accountability. The future of Bergen Regional Medical Center and the fragile population we serve are depending on us to do it right this time.

Ann Twomey
President HPAE

HPAE LOCAL 5106
General Membership Meeting
Wednesday, April 20, 2016
Meeting room to be determined

6:30am	7:30am	9am	11:00am
12noon	1:00pm	2:00pm	3:30pm
4:30p	7:00pm		

All members encouraged to attend!

HPAE LOCAL 5106
Labor Management Meeting
Monday 2/1/16

In order to address the concerns of our members in the imaging department, the Union requested a meeting with management to discuss changes in the department.

Attendance: Clarie Strand, Tim Loftus, Sheri, Joanne Hurley, Joe Dolan, Felix Fernandez, Vlad Basarab, and Sue Clements

Claire Strand, Director of Imaging Department presented the following information.

- TUH signed an alliance with GE that will help us become more efficient and profitable in the imaging department
- Reimbursement is shrinking
- Prefer to evaluate for efficiency when there is an open position than to reduce existing staff.
- Not enough work to continue 9pm to 3am shift.
- 12am to 3am—too busy for one tech doing both modalities.

Plan:

- We are providing GE with time flow studies so they can monitor efficiency
- 9p to 3a overlapping position is not being filled at present, but the position is not being eliminated
- Evening tech's new hours - 6pm to 2:30am - will start on Mon. 2/8/16. When work flow allows, tech can leave at 2am.
- Part time tech will return to 24 hours per week, working every weekend. Whenever possible he will be given the option of working weekday shifts (in the event of benefit time use) instead of the weekend and pool staff will be scheduled on the weekend.

Staff concerns:

- Safety—Tech is alone in the department and there has been a history of delayed response to State 13 button by security.
- ER staff does not always respond to CT call button at the nurses' station
- Patients on stretchers or uncooperative patients pose safety threat when there is no one available to help move the patient.
- Need for more security presence/rounding
- Need for ER staff to be available to move patients

Union Concern:

Part-time tech has been working 48-54 hours per pay period for the past several years, but has been accruing benefit time (sick time, vacation time) based on 20 hrs/week for which he was hired. The Union requests that if there is a need for that number of hours, that his position be upgraded to 24 hrs/week.

Plan: Staff is to contact Claire by phone or email re: a lack of necessary assistance from ED staff.

Claire will address security concerns to Steve Buckley, Director of Security. Issues with help with transport and moving patients

will be addressed to Tim Ward, Nursing Administration.

Labor Management—Imaging Dept

On 2/26/16 Union representatives Betsy Nulty, Sue Clements and Bindu Joseph met with Luann Kline, Clara Galati and Claire Strand to discuss proposed changes in the ultrasound department.

Luann provided the following information:

- Recent changes in Maternal Fetal Medicine (MFM) at Temple Main have precipitated a goal of increased training for techs performing fetal ultrasounds
- Initial plan was to have all fetal ultrasounds done at the MFM dept at Temple.
- Projected that the impact on our Ultrasound dept would be a 20% drop in studies.
- After discussion with Episcopal management, MFM offered to set up a training opportunity for one Episcopal tech which would enable fetal ultrasound to continue to be performed at Episcopal.
- One of our techs has indicated an interest in the position; awaiting approval from MFM.

Rep Training

On Saturday, Feb 13th with the sun shining but a real chill in the air, four unit reps (Mike Wilson, Cam Truong, Bindu Joseph and Chris Lewis) attended a training—"Nuts and Bolts of Grievance Handling." The training was geared to teaching our reps how to effectively represent their units/departments and the local at large.

Terry Leone, our senior staff rep and an HPAE educational specialist, provided information on the history of HPAE and our status today, as well as the role of unions and the legal right of union members and union reps. Terry stressed that reps are the crucial link between the members and the local officers. She also reviewed "**Weingarten Rights**" which provides an employee who is represented by a union "the legal right to have a union rep present to act on his behalf at any meeting with management whenever the meeting is an investigatory interview involving a discipline or leading to a discipline."

Sue Clements assisted with the second part of the training, which involved how to identify a grievance and the step by step process of filing a grievance, requesting information from management, investigating/questioning any witnesses and then representing a member at the grievance meeting. There was a discussion of the **Duty of Fair Representation**, which is the legal obligation to represent all bargaining unit employees fairly without regard to "their membership status, political viewpoint, race, religion, nationality, etc." and the importance of time limits in filing grievances (within 5 working days of the incident) and filing for an arbitration (within thirty days from the receipt of the written response to the grievance.)