HPAE

LOCAL 5106 Newsletter

A NEWSLETTER FOR THE MEMBERS OF HPAE LOCAL 5106 TEMPLE UNIVERSITY HOSPITAL

THE FRONTLINE NEWSLETTER

March 2019

Message from the President

In less than a year we will be back at the barging table to negotiate a new contract. Our present contract expires on February 28, 2020. It may seem like a long way off, but we have much to do to prepare. First and foremost is to strengthen our internal structure: officers, unit reps, work area leaders, members. The stronger we are as a local the more successful we will be. Our officers are seasoned and experienced, but they will need to be replaced as they retire or decide to step down. Some of our reps have already stepped up, representing members in investigatory and discipline meetings and learning about the grievance process. As we move forward in this preparation year we need more members to take an active role as a unit reps or work area leader.
They help to maintain a strong line of communication between the members on their units and the officers or Local Executive Board

Every member can be actively involved by attending general membership meetings and later this year completing a contract survey. We also encourage everyone to check out the HPAE website and our own web page www.hpae.org, click on Local 5106. We will do our best to keep it updated with relevant information.

Our campaign kick-off will be the April 17, 2019 General Membership Meeting. At that time we will lay out our plans for the campaign and recruit a contract action team.

We cannot ignore the challenges that we face in the anti-union climate that exists in many places and the threat that a very conservative Supreme Court poses to our collective bargaining rights. We cannot take for granted what we have. We must stay committed, stay strong, stay united.

In solidarity,
Betsy Nulty

HPAE LOCAL 5106

General Membership Meeting
Wednesday April 17, 2019

6:30am	*7:30am*
9am	*10:30am*
12noon	*1:30pm*
3pm	*430pm*
6:30pm	

Fox Conference Room
Refreshments/Lunch

Welcome New Members
Local 5106 extends a warm welcome to our new members. We hope that you will contribute your time and talents to help grow and improve our local.

PM6: **Faridatu Toffa**
C5: **Kanesha Tisdale**
C6: Amanda Wisniewski
C5: **Rejana Waters**
CRC: **Terrence Wilder, Kimberly Bradford**
ER: **Errol Ismael, Yusan Li, Steven Bezpalko, Virginia Sprague**

HPAE Local 5106
Labor-Management/Safety Meeting
January 22, 2018
Episcopal Campus, MAB 213

Attendance: Betsy Nulty, Sue Clements, Richelle Kozak, Yasser El-Khatib, Jeanine Penn, Joan Schiavo

Minutes

Review of minutes/outstanding issues

- Kronos training for management has started; RNs will only be affected by self scheduling which will not be complicated or difficult to learn
- Triage course is being developed by Sue Murphy, nurse educator. ESI will be part of the training.
- Uniforms—agreement for two new uniforms per year. Continued problems contacting the company. Yasser will address.

ER Issues

- Security needs to enforce waiting room rules. Patients are sometimes lying on 3-4 chairs with their feet up on the back of someone else's chair (fall risk). Nurse should not need to address the issues: it should be security. This will be sent to Luann.
- Karen, ANM, has applied for the NM in ED. Internal candidates will be interviewed.
- No heat in the waiting room, foyer and triage. Human excrement in parking lot and vending machine area in parking lot. Yasser will address to Luann.
- Reminder to staff that last name of ER staff should not be given to any patients as it causes a very real safety concern.
- CRC patients in ER waiting room with no identifying label or ID. This causes confusion when rounding. At times patient(s) sit in WR for extended period and are forgotten. Per Yasser, there is no real reason to hold CRC patients in ER waiting room except a Stat 13 or rover not available to escort.
- Rapid Response team will respond to all calls in the hospital, contiguous buildings, and all grounds inside the fence which will include new services on T6 HIV clinic, Tele medicine. Beacon House is private-it will be a 911 call.
- Patients are coming from Kensington without a nurse to nurse report and no contact number for returning the patient. Yasser will investigate.
- All units need to call report when a patient is sent to ER.
- Need clear process on laminated board for facilitating a patient being admitted to TUH from Behavioral unit.

ER Staffing

- Need to change culture; create a more positive environment
- Bonus sign on increased from $3,000 to $5,000; referral bonus of $1500
- Agency contract to provide permanent placement of experienced ER nurses
- Revamp advertising to target ER nurses
- Utilize Linked-in to target ER nurses

The Potentially Dangerous Trend of Using Less Medication for Aggressive Patients

Recently a staff member at our hospital was violently attacked by an aggressive patient who has a well-known history of aggression towards hospital staff. The staff member is a petite young woman who was punched in her head by this patient so hard that she was knocked unconscious for several minutes before she was able to re-gain consciousness. Co-workers who were there said "she could have been killed". There has been a well-documented trend in Behavioral Health that started several years ago with doctors and clinicians publishing articles about Psychiatrist "over medicating patients" and as a result exposing those patients to harmful and sometimes irreversible side effects from the medication. So psychiatrists began to explore and use treatment options that did not focus on using medication as the primary tool to decrease agitation and aggression. 15 years ago patients who had a high probability for violent behavior would be sedated the first time they showed behavior that could get dangerous, after that those patients were often calmer, less agitated and less dangerous. However, that practice of using medications that can be sedating to decrease aggression is not used nearly as much now as it was in the past, which raises several important questions for our work place and Behavioral Health hospitals in general.

We are health care providers and because we are in that role we take patient care very seriously and we want to avoid things that are harmful to our patients like being "over medicated". However, we also work in a hospital setting and understand that keeping the hospital safe for everyone is a very high priority. This recent assault clearly highlights a problem.

And because this patient has violently attacked other staff members we know a dangerous pattern has already been established. The really important question is what's the right solution and how should we go about advocating for it. Maybe this problem could produce a positive change. That change could be a labor and management agreement to use a simple 1-10 scale, at the time of admission to measure potential patient violence. Any patient above a certain score would be able to receive safe but sedating or calming medication the first time their behavior becomes overly aggressive and maybe that would create a safer more productive workplace for everyone.

Charles Bowen
Vice President, Professionals

Protect Yourselves

We know that most of our members are conscientious, hard working employees. But even the best worker can find themselves in a difficult situation due to a mistake or a lapse in judgment.

That is why it is important that members know their rights under a union contract, specifically Weingarten rights, grievance process and arbitration.

Weingarten Rights

An employee who reasonably believes that an investigatory interview could lead to discipline is entitled to ask for union representation. An investigatory interview is a meeting with management at which the employee will be questioned or asked to explain his or her conduct, and which could lead to disciplinary action against the employee.

The employer is not obligated to inform employees of their *Weingarten* rights, but Episcopal management has been in the habit of suggesting that a union member bring a union rep with them to an investigatory meeting. Anytime you are called to meet with management you should ask if the meeting could lead to discipline. Once you request union representation the employer may not proceed with the interview without the union representative. *Weingarten* clearly gives employees the right to assistance from the rep. In addition to serving as a witness to the proceedings, a union rep may also call for a caucus, or private time to talk with the member. This can help the person being investigated to gather their thoughts and avoid making incriminating statements Non union employees are usually not given an option to have someone with them, but union members are guaranteed this right under law.

Arbitration

Arbitration allows a case to be decided by a neutral individual who is not affiliated with either the employer or the union. The arbitrator is appointed through the American Arbitration Association with the Union and the Employer both having a say as to who is chosen. Arbitration is a lengthy process and it could take as long as a year to get a final decision. In this process lawyers represent the Hospital and the grievant/Union. It is a very formal process where witnesses are sworn in and a court reporter records all of the proceedings. After all of the testimony is presented, a transcript is provided to the lawyers for review and they prepare a brief or summary. Once the arbitrator receives the briefs he has sixty days to render a decision in the case. **Once there is a ruling***, the decision of the arbitrator shall be final and binding on both parties.*

Grievance Procedure

Our collective bargaining agreement defines a grievance *as any dispute or difference concerning the application, interpretation or a claimed violation of an express provision of the Agreement.*

A grievance can be filed for a contract violation, e.g. being scheduled to work two consecutive Christmases or a disciplinary action. Contract violations can often be resolved without a grievance, provided management corrects the violation.

When a member of our bargaining unit receives a discipline which they believe is not warranted or justified, they have the right to "grieve" the discipline. This is done by contacting a unit rep who will pass on the information to the Co-Grievance chairs, Gary Peoples and Sue Clements. An official grievance is then filed either at Step 1 with the nurse manager or department head or at Step 2 with Human Resources. The grievance process and time limits are explained in Article 23 of our contract. The grievance chairs and reps will then investigate the allegations, get witness statements, view video tapes and prepare a case for the grievant. The Human Resources Director, Clara Galati, hears the case. The manager who issues the discipline explains why it was warranted. The union argues for the discipline to be overturned or in some cases to be decreased.

Following the grievance HR has 5 business days to respond. A formal response will be sent to the grievance chair who will then inform the grievant. If the grievance is upheld, the discipline is removed from the grievant's file and they are made "whole" meaning that they would be paid for any lost time. If the grievance is denied, the grievant has the right to submit for arbitration review.

HAPPY RETIREMENT

Two of our original behavioral health nurses are moving off to retirement after years of faithful service at Episcopal. Both of them helped to establish the new units back in the summer 2002, Joyce Windfelder in the CRC and Sharon Hayes on C5.

Joyce and Laura Broious

When they arrived at Episcopal **Joyce Windfelder** was a bit taken back by the new facilities, especially the large open waiting room with no privacy to triage patients. As a joke, she brought an old rickety table from home for her "desk" Joyce had a great sense of humor, a necessary element when working in a high stress area. She joked that when her grandchildren arrived she was back in style because she was an available babysitter. She was devoted to both nursing and her family.

Joyce was no nonsense, but very caring and supportive of patients and her co-workers. She was never afraid to state her opinion or position on an issue, but she was also able to consider other points of view or change her position without being compromised.

One of Joyce's unique qualities was her patriotism. She had great respect for veterans and those who died in service to our country and she never missed a Memorial Day Parade.

Sharon Hayes was a strong, experienced psychiatric nurse who worked on the acute units, C5 and PM5. She was no nonsense. She did her job and did it well. She was in the habit of meeting all of the patients on the units before starting the duties of her shift. Kathy Smith, RN recalled how helpful Sharon was when Kathy was a brand new nurse on the unit, helping her learn how to give a good change of shift report.

Sharon came out to union meetings and shared her concerns about safety and staffing. At a general membership meeting last year in response to the Janus decision and the attempts of powers that be to destroy union, she proudly held up a sign saying, "I'm sticking with my union."

It is bittersweet to say good-bye to two such dedicated nurses.
We wish you both many happy years in this new phase of your life!

Stat 13's

There has been an increase in the number of Stat 13 at a Episcopal over the last three months on a daily basis. Sometimes two Stat 13 at the same time, in different area. On a daily basis we handle violent, threatening, aggressive patients. This has become the norm for the unique population that we serve. There has also been an increase in the number of Stat 13 called for patients that are discharged and refuse to leave the hospital. Sometimes we are in standoffs with these patients for extended periods of time inside and outside the building. The main reason for most of these situations is that there is not a clear understanding of when the Stat 13 ends and it becomes a security issue. In a recent meeting with management it was made clear to me that a process has already been established.

1. The STAT 13 team is responsible for getting patient to the exit and hand them off to security
2. We should not go outside the building unless security needs back up.
3. We need to return to our units as soon possible so we can care for our patients.

We must remember our training during these discharges. Patients can become aggressive and violent. If you become the target of the patient you must remove yourself immediately.

Sometimes it is hard for the target to recognize that the patient is focused on them. It then becomes the team's responsibility to remove the person who is targeted. I have been guilty of this many times. We must follow this procedure to protect the patients, ourselves and our jobs.

Gary Peoples
Vice President of Tech Unit