



Message from the President



These past several months have been probably the most stressful we have ever experienced in our professional lives. Members have had to cope with the impact of the Corona Virus on so many different levels. It certainly has taken its toll on us, mentally, physically, emotionally, financially just to highlight a few. Our thoughts and prayers are with those of you who have contracted COVID or who have family or friends that were ill or succumbed to the virus.

Local leadership has continued to meet with management with our primary goal being to keep our members safe as we continue to navigate in these murky COVID-19 waters. We are doing our best to hold management accountable and to be transparent. The almost daily policy revisions, fluctuating PPE supply levels etc, continue to challenge us.

Another critical challenge our local is facing is the loss of two of our local officers: **Richelle Kozak** in April; and in July, **Sue Clements**. Our Local is in a period of transition and we are actively recruiting candidates to replace Richelle and working to get Jamie Barge who has already proven herself to be a leader into an official role as a vice president of the local.

This is your opportunity to be an advocate for change and improvement in our working conditions, for the safety of our patients and ourselves, and to make a difference here at Episcopal. Nothing stays the same. Everything changes. If you are interested in being an advocate for change and would like to become a force in helping to guide our local into the future, please do not hesitate to step up and contact one of our Reps or Officers.

Betsy Nulty, President

Corona Challenges is the Crisis Center

Working in CRC during the Coronavirus has been one of the most difficult and stressful times in my twenty five years at Temple Episcopal and I think my coworkers would agree. First is the fear of going to work everyday with the possibility of being infected with a disease that there is no cure for. Also the possibility of infecting your family members who could become very sick and die. The pressure, stress and anxiety has been overwhelming.

We were also concerned about social distancing, as well as some of the patients who complained and demanded distancing. Coming to work in mask, shields, goggles has become the new normal. Everyday is a battle to educate our patients about the importance of keeping their masks pulled up at all times. Due to this pandemic the admission process has slowed down and at times come to a complete stop, causing patients to back up In the CRC at dangerous levels. When patients are held too long in close quarters problem arise. We as a unit and a team, doctors, nurses and techs have provided the highest level of care and safety for our patients. Going to work everyday now does not seem as overwhelming even though the same threat is there because we have mastered our fear. This is our job and I am proud of my coworkers.

Gary Peoples, CRT

On Being a Behavioral Health Therapist during COVID 19

Everyone knows that nurses care for every type of patient regardless of their diagnosis, but what about other disciplines. How have they managed to provide essential care to our behavioral patients during the pandemic?

Having faced the fears of possibly contracting the virus ourselves, the BHTS have to dress in various levels of PPE and have been thankful to be provided with this equipment in order to complete their duties. As we continue to move forward and are far from any cures for Covid - 19, here are a few of responses of BHT staff who continue to perform their duties while enduring this Pandemic.

I was anxious and scared at first. I was worried that I might catch it and bring it home to my wife and kids. I struggled to fulfill my job as a therapist; paranoid of my surroundings. I started to self talk myself into believing it will be okay, started to comfort my family, started to take all the precautions necessary as I perform my duties to the fullest extent. Day by day passed and I started to be more comfortable working as a front liner. I knew the risk that comes with the job. All I could do was breathe, smile under that mask and move on slowly yet cautiously. Phong Le

I am still afraid because I can still test positive again. Working as a front liner can be overwhelming for me, especially during the day that I have to conduct small groups on the unit. However it is getting better. I am not the only one worrying. This is a new part of our job, I guess. Francio

Thoughts on being a frontline worker: there are a multitude of feelings, deep empathy for my patients and the circumstances and challenges they face, especially now in this pandemic. There is also the personal anxiety of the risk I find myself tacking. On top of all of that there is a sense of duty to my community that I am proud to carry. Zein

The Coronavirus has touched nearly every aspect of life as we know it. These saddened and dramatic shifts have understandably taken a toll on many people's mental health. While imposing measures to keep people physically safe from the effects of the Coronavirus, more needed to be done to make sure people's mental health stays strong during these uncertain times.

Therapists in the BHT Department have been presented with many changes with how to address treatment to patients on acute and extended acute units. The therapists had to move into a Coronavirus Module Treatment of Care. We continued to work through these issues as some staff have been + for Covid -19 and others have been mild/ asymptomatic or Covid -19 Free.

Fire in the ER is under investigation

- Management concerns that staff did not turn off the oxygen
- Union concern that proper safety search was not done

Another Farewell

It is with a tinge of sadness and a hope for a successful future that we bid farewell to one of our great unionists and long time secretary treasurer, Richelle Kozak, RN. Richelle was a graduate of the Episcopal School of Nursing and she worked at Episcopal for many years before leaving to broaden her nursing career. She found her way back to Episcopal about fifteen years ago when she took a position on C6. Richelle immediately became involved in union work, serving first as a unit rep and moving into the Secretary-Treasurer position when Carol Harrison retired. She did not miss a beat and the transition from one excellent officer to another was seamless. But Richelle's biggest asset was her attention to anyone in need. There has rarely been another person who could organize a gift-giving drive, collect clothing for patients, plan a splendid party or bring coffee and bagels to co-workers and her "special patients" with such dedication and caring. Richelle never forgot to send cards to people who were out of work and to remember birthdays and special occasions. She is a rare gem who will be greatly missed. So we wish her great happiness in her new endeavors and

Retirement News

Happy trails to two of our long time nurses as they ride off in the sunset: **Mike Corcoran, C4** and **Diane Minch, PM5**

Mike Corcoran, RNC, has been with Temple Health since 1986! He has been a reliably knowledgeable curmudgeon, able to navigate the numerous changes in the psychiatric inpatient units from his beginnings on the involuntary acute care psych unit at Temple Main. Now that he is retiring from the extended acute care unit (C-4), he leaves having established a well anchored high standard of nursing care. Thorough with attention to detail and regulations. On the other hand, yes, there is usually a bag of chocolate in his locker from which he sneaks a Milky Way for the one patient whose sweet tooth needs a treat. He can quickly and safely wrangle those combative little old ladies whose appearance fools the eye -- they are quick and wily, but he is quicker and not one give up on getting the task done before they know it's over. Meeting the male patients with a level eye and steady stance, he can find that sweet spot of avoiding loud confrontation while the patient (usually, not always) is able to save face. Mike keeps high medical standards with attention to emerging new information while being aware of deeper historical roots of practice that shed light on ways to question and learn new work. Oh, a shift of work with Mike includes mini-lectures on (1) the history of Philadelphia neighborhoods (2) principles of building, be it a deck or a stone walkway (3) Japanese martial arts (4) whatever you just said. He has been generous in supplying birthday cakes for staff, and objections to bureaucratic red tape. He is one of a kind and we are sad to see him go. Happy retirement, Mike! "As you slide down the banisters of life, may the splinters never point in the wrong direction."

Sally Benzon, RN

Diane Minch, RN is a nurse who has "been around the Temple System" Diane worked at Northeastern Hospital for many years and transferred to Temple main when Northeastern closed their doors. She worked as a manager for a period of time at Temple before coming to Episcopal several years ago to try her hand at psychiatric nursing. Because of her caring nature and nursing competence she made a successful transition to the very different world of behavioral health.

Co-workers agreed that Diane was a very humble woman. She always empathized with her patients and co-workers. She rarely complained and if she had an issue her even temperament always helped her get through the matter. Diane always supported her co-workers--George Patouhas said they were "a great team." Diane always displayed self-control despite the challenges of working on a very busy unit with high acuity patients. Diane showed a quiet courage when she returned to work after being assaulted by a patient. Her co-worker, Jamie Barge, said, "There are many wonderful things I could say about Mrs. Diane, but the best is that she has a beautiful soul. I will miss her saying 'Hey Jamie.'

Understanding

The first six months of 2020 have just ended and they have left us thinking about what we have experienced and why. We have seen a pandemic the size of which has not been equaled in 100 years, giving us the challenges of COVID-19. Which made us feel so mortal and at times helpless in the presence of this illness that has the smartest doctors and scientists all over the world desperately seeking a good understanding of how to effectively deal with and slow the spread of this illness. In a time when technology, communication and resources seemingly have never been greater, the most advanced response that all the countries in the world could develop was "stay at home". It has felt like the whole world was on punishment and made to stay at home preventing the spread of this virus that no one could be blamed for. We watched as our President show a lack of understanding for the importance of the Pandemic department he discontinued and closed, lack of understanding about issuing the stay at home order earlier to save more lives and a lack of understanding about how to supply the nation with PPE and accurate information on the pandemic.

The stay at home order shut down a huge number of businesses causing an economic crisis which left millions of people without money to pay bills and buy food. So again the government and individual citizens were forced to search for understanding about how to make their way through this new and very difficult time. Some businesses were able to adjust on the fly and continue to operate at a lesser capacity employing less people and making less money but able to remain open and continue to function. Other businesses were not so fortunate and we are told that many businesses will never be able to come back and survive. The loss of these businesses and their income will impact us all. Hopefully that impact will only be temporary. The smartest business minds in the world have been focused on understanding how to guide economies out of the financial crisis.

Then there was May 25th and the killing of George Floyd by police officers, which sent the world searching for an understanding of how this could happen again an African American killed by police. People began searching for an understanding of how to end police violence, racism and social injustice. People talked all over the world about coming to an understanding on justice, what is right and why. People began re-defining their understanding of humanity and how we should treat each other and why. And finally people have begun to talk about coming to an understanding of what our communities should look like and feel like to live in, what we should celebrate as examples good, righteous, acceptable behavior and what should not be tolerated.

HPAE Local 5106
Labor Management/Safety Committee Meeting
5/26/20 - Minutes

Attendance: Betsy Nulty, Richelle Kozak, Sue Clements, Yasser Al-Khatib, Jeanine Penn, Luann Kline, Clara Galati

Review of Minutes

- Question of how night shift employees will be paid holiday: should have answer by next meeting
- Yasser to check on posting of float nurse position
- Communication between EVS and ER nurses regarding beds that are ready for use still a problem. Luann will address.
- Luann/Temple still trying to get large gowns (PPE)
- Still having problems giving report to Covid unit at Temple; Per Yasser, Temple is working on a policy to transfer patients within a certain time frame if unable to give a report.
- C6—when there is a hole in the shift, calls not being made to all staff leaving the unit short staffer. Yasser directs to follow with nurse manager, Dawn Palmer.
- ER Issues

Problems with Healthfleet

- Patient taken off bipap and transported on non-rebreather; Insulin drip d/c for transport. ER manager has emailed Healthfleet about issues and she will have ongoing communications with HF. Should not happen again
- Delays in transport-sitting outside the ER; ETA off by about 2 hours. ER manager will direct to Temple Transport and Healthfleet
- Registration not placing ID bands
- ER manager aware of the issues
- Yasser will notify Admission Director and develop a plan to assure patient have ID band placed or that the ID band is given to the assigned nurse or charge nurse.
- Safety searches by security
- Recent patient in treatment room with lighters and cocaine
- Betsy has been emailing security issues to Luann as they occur.
- Union position is that security needs to be proactive in wandering and safety search of patients who come in through fire rescue. The nurse should not need to direct the security staff to do the search.
- Occupational health is keeping a log of incidents

Defective blue top tubes

- ER staff report need for repeat coag specimen to be sent due to clotting issues.
- Lab manager has conducted a study and determined that the problem is in the ER only, possibly due to wrong equipment.

Temperature in PAT and Minor Care

- Per Luann, chillers turned on this weekend which should alleviate the heat in PAT

Patients without masks:

- Security should be providing masks to everyone entering the hospital
- All staff should be reminding patient to wear a mask, in or outside the hospital

General

- How many HPAE members COVID positive?
- How many Episcopal employees COVID positive?
- Have they been apprised of worker's comp rights?
- OSHA 300 logs
- Clara Galati has agreed to send us this information
- Reduction of work hours in BU areas
- Techs in ultrasound are working 40 hours a pay period and using their benefit time
- Per Clara, they cannot use sick time
- Per Luann, outpatient studies are available, but patients are not coming in

C6

- Covid or not; rule outs or not
- Updates come out from the ER Director to address day by day scenario
- At present C6 will only accept covid positive behavioral health patients
- Patients being admitted to behavioral health are tested and quarantined until the result are back; If positive the patient are referred to C6 hospitalist.
- Monitoring one to one's and where possible cohorting patients
- Quarantined behavioral patients getting no psychiatric care. Per Yasser, Dr Dubin and Dr. Miazzo are following the psychiatric patient on C6 over the phone

CRC

- Patient refusing to wear masks
- Patient concerned about social distancing; per Yasser the CRC staff need to use the new 23hr. bed area to provide better social distancing.
- Bed control—need central management; Per Yasser, Social work supervisors keep track of beds. Difficult to determine bed availability due to unexpected discharges or cancelled discharges.
- Delay in admission due to new policies on the inpatient units—quarantine for new patients?