



THE PATIENT ADVOCATE

HPAE

LOCAL 5105 Newsletter

THE PATIENT ADVOCATE
A NEWSLETTER FOR THE MEMBERS
OF HPAE LOCAL 5105 AT VIRTUA
MEMORIAL/CNS

February 2020

Message from the President

It's TIME!! NEGOTIATIONS 2020 is HERE!!

After months of work, the Local Executive Board of 5105 has compiled surveys, met with units, held contract proposal suggestion meetings in the cafeteria and recruited many new unit representatives! These unit/department reps have updated unit charts in order to make sure we can keep ALL MEMBERS updated on important negotiation events and quickly mobile members in times of need. If you are new to your unit, transferred to a different unit or have changed your contact information, please see your unit rep to update your contact information so you can be kept informed during negotiations!!

Even though our local has a very active Facebook page it is very important to make sure that everyone gets involved with this contract campaign by showing up to meetings, negotiations and any other event used during the escalation of our contract campaign! Believe me!! Our employer is watching and somehow, they find out how many members attend meetings and events!! Even the simple act of wearing a Union button helps! Our local has a long history of our members being present and showing up! That is how we have been powerfully successful in the past. It takes ALL of us United together to get a great contract!!

I hope most made it to our General Membership meeting in February to learn of our tentative proposals and focus. We still have time to fine tune these proposals as our **first negotiation date is March 23rd!!** Negotiations are open to all members in good standing to attend any session. We just ask that you register, so we know how many to expect at each session and keep you updated on possible location change and start times. The dates and places are listed below. The registration link is also provided below and will be posted on our Facebook page. It is impossible to know at this time what dates certain proposals will be addressed. We will be having breakout sessions for proposals that deal with certain departments or units in order to get the input from those that know the issues the best!

Our first negotiation kickoff event is **BUTTON DAY MARCH 11th** in front of the employee entrance (630AM and 630 PM). We will be handing out buttons with a "Union" phrase which **can be worn at work as per labor law!** Our Union brothers and sisters at Cooper Local 5118 will be doing this same event on same day as we support each other's contract efforts!! Let's show Virtua that they need to LISTEN TO THEIR NURSES!! Any questions, comments or concerns reach out to any LEB member!!

In Solidarity,
Sheryl Mount President Local 5105
c6093548065

Negotiations Team 2020

Sheryl Mount President PACU
Beth Cohen Vice President 3NE
Bonnie Terwilliger Grievance Chair Cath Lab
Melody Schantz Sec/Tres 3NE
Kelli Zambetti Vice President CNS
Susan Lanis Grievance Chair CNS
Dawn Jones L/D
Pete Latini ED
Susan Cruz MBU
Deb Bofinger ENDO
Pam Scheuren RRT/Critical Care

Negotiations Date/Place

- *March 23rd 1st day!! (*HEC*)
- *March 26th day 2 (*Doubletree*)
- *April 1st day 3 (*HEC*)
- *April 21st day 4 (*Doubletree*)
- *April 30th day 5 (*HEC*)
- *May 5th day 6 (*Doubletree*)
- *May 11th day 7 (*HEC*)
- *May 20th day 8 (*HEC*)
- *May 21st day 9 (*Doubletree*)
- *May 26th day 10 (*HEC*)
- *May 28th day 11 (*Doubletree*)
- *May 29th day 12 (*Doubletree*)

OTHER IMPORTANT DATES

- *March 11th Button day
(Employee Entrance 0630/1830)**
- *May 19th General Membership
*Nego UPDATE Strike Vote***
- PLACE: Mount Holly Moose
853 Woodlane Road Mount Holly**
- *June 2nd Ratification Vote**
- TENTATIVE DATE (depends on if we have contract to present members!!)**
- PLACE: Mount Holly Moose
853 Woodlane Road Mount Holly**

[Local 5105 Negotiations Session Sign-up - Health Professionals & Allied Employees](#)
USE BELOW LINK
<https://www.hpae.org/2020/02/local-5105-negotiations-session-sign-up/>

COPE UPDATE

I've been frustrated by the current situation in our national and state governments, more so than ever. Instead of sitting around complaining about it on social media (my usual release) I decided to get off my butt this weekend and attend a few workshops. On Saturday I attended an event on how to get out the vote for congressional district 2 and on Sunday I learned how to run for office to be a party committee member. Even though I devoted almost half of my weekend to these meetings, I feel like I'm making a difference, however small. Fortunately, you can be involved as a member of our union without having to sacrifice part of your weekend. You can get to know who the reps are in your area and let them know if you have any questions or concerns. Join and follow our Facebook page. There's a ton of information there and will have important info regarding upcoming contract negotiations, as well as funny memes to make you laugh. Lastly and most importantly, attend the general membership meetings when possible. The purpose of these meetings is to keep you informed, especially in this negotiation year. You'll have the opportunity to ask your union leadership any questions you may have and can give suggestions to keep our union strong. I encourage you to take these small steps to make a difference. After all, you are the union!

Melody Schantz, Secretary/Treasurer, COPE co-chair



SAVE THE DATE

**Nurses Take DC 2020
April 22, 2020—Washington, DC
More information will follow shortly**

Perspective...Over the Bridge - Why New Jersey nurses need to pay attention to what happened at Hahnemann and St. Chris

I was the last of the nursing students to have clinicals at Hahnemann from the Master's program from Drexel. Starting around Thanksgiving 2018, I noticed a quiet exodus of staff from the hospital, mostly from administration and management. It seemed that every few weeks, a significant number of people were no longer there. I went home from clinicals one day and was told by email the next day that I was not welcome back, with an unsubstantiated rationale for the abrupt dismissal.

I was completely blindsided and had to scramble for a new clinical site. Since it was last minute, neither my Professor nor my current employer could help me secure a new clinical site. Who helped me find a new placement? My union, Health Professionals and Allied Employees (HPAE). They provided meaningful support, going above and beyond, to make sure my career wasn't ruined after spending 6 years working on my degree.

Finally hearing the news of Hahnemann's impending closure, it put a lot of things in perspective. The entire situation is deeply disturbing on multiple levels. At the forefront is a pattern of bankruptcy among hospital systems of which Hahnemann had been a part of since it was owned by Allegheny Health System, which sold it to Tenet which sold it to American Academic. Where did the millions go? Certainly not to staff at Hahnemann or St Chris which were a package deal. (To see how much money was spent on various services at Hahnemann you can go to PA Cost Containment Council at www.phc4.org). At the time of closure, Hahnemann was actively working on a Cerner (EMR) upgrade / build since before Fall 2019. It served the poorest adults in Philadelphia and had terrific programs such as the transplant program. Hahnemann worked jointly with Drexel to run many committees, offer tons of educational opportunities, community and public health programs and offer room for advancement and placement of nursing and medical students. Drexel exclusively supplied Hahnemann with all its medical students. Drexel has a contract with both Hahnemann and St Chris that expires in 2022. Hahnemann asked for Drexel's help to save them from their financial demise – Drexel alone could not do this. Drexel along with Tower Health bought Hahnemann and St Christopher's Hospital for Children in a package deal.

So, what happened to these patients, staff and programs? Many of the patients were diverted to Jefferson and Temple. Nursing students, like myself were left to scramble on their own for new placements. The medical students were STUCK at Hahnemann with no patients to care for while they waited to be released from their "contract" with Hahnemann/Drexel so they could be placed elsewhere. Many have been placed throughout Tower Health's various hospitals. The transplant program has been moved to Tower Health in Reading. A gigantic money-maker, for sure.

What happened to the nurses at Hahnemann and St Chris who were Unionized? They recently ratified their contracts in 2019. Drexel and Tower Health have chosen to NOT recognize their Contract Bargaining Agreements, or anything contained in those contracts. Nurses lost their paid time off (PTO). This is time and money earned for hours worked as per their contracts. These nurses had hundreds of hours of PTO due to them. So how can Drexel and Tower

Health NOT pay them? Currently, Drexel and Tower Health are "acknowledging" the union Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) at St Chris but are not acknowledging that a contract exists. If Tower Health's intent is to buy out Drexel and St Chris in the near future, attempting to expand their reach from outside of Philadelphia to Center City, they may have a problem. By ignoring contract bargaining agreements, they have set a bad precedent and may have difficulty attracting and retaining staff.

So, how was Hahnemann able to close so quickly, leaving patients and staff to figure out what to do next? Pennsylvania healthcare institutions, unlike New Jersey, do not need to apply for a Certificate of Need which demonstrates that purchases, mergers, and the like of various healthcare facilities are deemed necessary and appropriate to serve the population. Certificate of Need must get approved by the State for the transaction to move forward, or institutions may apply for a "waiver" of this "Certificate" and petition the State with reasons why this approval process would not be necessary. Reasons for or against a Certificate of Need can be heard in a CHAPA hearing (CHAPA stands for Community Health Care Assets Protection Act) which is a forum for the public and staff of these institutions to voice their concerns, dissention or approval of the effects on the staff, patients and community at large surrounding these healthcare facilities and potential changes. Some members in attendance are the Attorney General, Department of Health, and other state and local officers. These hearings are open to the public. New Jersey Nurses listen up! Without a Certificate of Need the institutions you work for could dispose of you whenever and however they want.

What about "successorship" language in a Contract Bargaining Agreement (CBA)? This language can be included so that in the event of a purchase, sale, change in management, etc., the new employer/owner/purchaser must follow and honor the contract for its duration, or they could be sued by the Union.

Ultimately, employers need to understand they must keep up their end of the bargain by honoring current agreements with their staff. Agreements in good faith show that staff are valued and appreciated for their hard work and dedication to patients. Employers will ruin their staff by taking away their hard-earned time off. This does not demonstrate a caring culture. The public will not be fooled.

Nurses everywhere please learn from this. Don't believe anything the employer tells you. Be your own advocate. Get a strong contract. HPAE stands in solidarity with all the nurses at St. Christopher's and Hahnemann University Hospital. Drexel University and Tower Health, you should be ashamed of the disgraceful example you have set for Philadelphia and beyond. You put profits over patients and staff, and it shows.

In solidarity,
Beth Cohen
Health Professional and Allied Employees (HPAE) Local 5105
Virtua Memorial, Mt Holly NJ
Vice President

The Evolution of the Behavioral Health Unit.

In July 2009, I started on 6 Stokes as a per diem nurse, my first experience as a psych nurse. No one was more surprised than me how much psych nursing differs from the med surg trauma nursing I was used to doing. It didn't take much time to realize that open doors and glass Snapple bottles were an extreme safety hazard. When I first started on the unit, we would involuntarily commit approximately 3 patients every 2 months, now we commit on average 3 a week. Imagine a locked voluntary unit where patients are supposed to be able to leave if they are safe, now these patients cannot leave until an involuntary commitment at another facility can happen. Sometimes this takes 2 to 3 days. Most of these patients require 1:1 observation and require intense medication for behavioral control. These patients can also upset the other already emotionally imbalanced patients who are on the unit. Our patients are not confined to their rooms or beds and are rarely in their rooms during waking hours.

Two years ago, when CMS did their safety tour, things that were considered safe are now forbidden. For example, anyone who requires oxygen, a CPAP or a specialty bed with a cord now requires 1:1 observation. Our comfortable patient beds are now replaced with plastic boxes, similar to a kids race car bed with a flimsy mattress. Oh, and I forgot to mention, they are bolted to the floor. These immobile beds we now use can sometimes limit the types of patients we can accept. Imagine an obese person who needs the HOB elevated. Even if the patient would benefit from a bariatric bed, 18 out of our 22 beds are bolted to the floor. When we question the appropriateness of these types of patients, it is the equivalent of going in front of the judge and pleading your case. Safety concerns seem to be addressed after an event has occurred rather than trying to prevent it in the first place.

The most noticeable change from 2009 is the lack of support from those who are supposed to help us. I have had multiple exchanges with certain supervisors about the need for 1:1 observation and if a patient really is truly voluntary and agreeable to treatment. If a patient arrives from one of our emergency departments or other facilities, they cannot leave until evaluated by a practitioner. Basically, they are imprisoned on a voluntary unit. This often occurs overnight with very limited staffing. Sometimes something as simple as food can keep an agitated patient calm. Until recently, patients were limited to a certain number of items they could order per day, no exceptions. With all of these negative changes to our environment, I would be interested to hear how other units and specialties are doing.

Never underestimate the power of a strong union!
Yours in solidarity,
Ed Scartocci