



The Patient Advocate

A Newsletter by and for VirtuaMemorial/CNS Nurses, Local 5105 of the Health Professionals and Allied Employees, AFT/AFL-CIO

March 2016

Message from the President

Why Are Dues Necessary in a Union?

Most people understand that you can not get something for nothing. You would not walk into a grocery store, for example, and expect to walk out with a cart of free food. This is also true for Union membership. There are many expenses incurred when a union operates effectively.

Our dues are 1.1% of our wages. This is a negligible amount when considering the benefits provided for with these dues. So what do our dues pay for?

Union dues are used to lobby for healthcare laws such as the ban on mandatory overtime, which HPAE fought for and won. Currently we are lobbying for a safe staffing bill which would mandate strict nurse to patient ratios. We can not mount these enormous campaigns without funds. Incidentally, dues are never used to support any particular political candidate and their campaign. Only voluntary COPE deductions can be used for this purpose.

Dues also cover the costs for education and CEUs for members and training for our elected officers so they can better learn their roles and responsibilities. We usually have two large membership dinners every year and there are 8-10 trainings offered every year. In addition, there are conferences provided at least once or twice a year.

When we go into contract negotiations every two or three years, our dues pays for the research, financial analysis, and staff support that we get to negotiate effectively and professionally with Virtua.

Dues also cover the costs for all the updates and mailings sent out to members, including this newsletter. I'm glad you are reading it! :-)

One of the most important costs paid for by union dues is the costs incurred when we take grievances to arbitration--namely for the arbitrator, room and attorney fees. Without Union dues, there would be no way to proceed to arbitration in the grievance process. Arbitration is necessary for many grievances, especially terminations. Without dues, we would be handicapped and unable to get some of our member's jobs back!

Consider the following story, in her own words, of one of our members who won her job back through the grievance and arbitration process: Lauren Cianelli.

What Would You Do If..?

What would you do if you were wrongfully terminated? First, call your Union! That is exactly what I did. Having a Union and an ability to challenge the termination saved my life. I am a proud member of HPAE Local 5105 at Virtua Memorial in Mt. Holly.

Over two years ago in early September of 2013, I was wrongfully terminated from Virtua. With my Union Rep at my side, the day after I was removed from the schedule, I pled my case and explained the circumstances to my Director. She wrote up the contents of our meeting and handed it in to Human Resources. Just a few hours later, my Director called me on my cell phone and told me she was instructed to terminate me. I was devastated and in complete shock. In my 17 years of Nursing I had never been fired from any job. I contacted my Union Rep and told her the news. She was so kind and so supportive and assured me that she would report to our Union President and this matter would be grieved. She told me to go home, take some deep breaths and try to relax and the Union would be in touch very soon—and they were.

My family suffered extreme hardships in the months following my termination. There were many sacrifices we all had to make. Worst one was delaying specialist treatments, mainly for my daughter who was battling, what we now know is an Auto Immune Disease, which she is still battling today and probably will for the rest of her life. I prayed every day that we would be OK and just stay healthy during this process. We had to cut down on expenses due to the loss of my job and income. I had to take a job with a pay cut and my husband had also just recently been laid off from work himself.

Our local union officers were at my side every step of the way through this trying and frustrated time. They filed a grievance, but Virtua refused to reinstate me. So we filed for arbitration. The first arbitration date for my case was not until November of 2014, well over one year from my termination date. We were there for only a few hours when the Arbitrator recused himself from my case due to a previous and similar case at another Virtua hospital. Thankfully this was the last time I had to walk into an arbitration case because eventually, Virtua agreed to settle the case. So in September of 2015, my case came to an end. We WON! I was given my job back, seniority intact and a settlement.

Without a Union and an ability to grieve and arbitrate this unfair termination, I would not be back at work today and I am truly grateful. Because we have a Union, my case settled out of arbitration! They fought tooth and nail for me. I cannot place into words how much that means to me and my family. They also supported me and my family the entire two years through thick and thin. When I was ready to throw in the towel, my Rep held me up physically and mentally. She also rallied all my Union sisters and brothers at the hospital and made Christmas 2014 for my kids a very special one! **I cannot stress enough how appreciative I am and how important it is to have a strong Union!**

I just want to recognize and thank a few people, that have touched me and my family's lives in so many ways. You all know what you did, so stand tall and know you will be forever in our hearts--Debbie White, Sheryl Mount, Cathy Coulter, Jo Ann Repici, Jessica Storicks, Barbara Zahradnick, and All of you at Virtua on every floor who helped the three loves of my life in December 2014!

In Solidarity,
Lauren Cianelli

Member Speak-Out: The Impact of Magnet Status and Staffing on Nurses and Patients

There has been a lot of chatter lately at Virtua about obtaining “Magnet Status” and the role staff nurses play in this process. “Magnet Status” is achieved by submitting a lengthy application to the [American Nurses’ Credentialing Center](#) (ANCC) that highlights the role of nurses at a particular institution. This application focuses on nurses that drive care, are essential in evidence-based research and implementation, and in recognizing the role that nursing plays in crucial decisions within a healthcare organization. The magnet process also looks at nursing care delivering excellent outcomes and nursing job satisfaction, based on turnover rates and how grievances are processed and resolved.

This is a very brief description of “Magnet Status,” but it gives a general idea of what it represents in relation to the nursing staff. If you are or have been involved in a committee, unit- based council, professional practice, have collected data for a study, presented evidence-based practice to your co-workers, or have helped create change based on the bedside or practical care you deliver, then you too are a part of the “Magnet Story.”

Recently there was a study conducted that concluded that institutions that have “Magnet Status” AND a low nurse-to-patient staffing ratio also has improved outcomes! The study was presented in an online publication in the January 20, 2016 edition of *The Journal of the American Medical Association Surgery*, titled “[Comparison of the Value of Nursing Work Environments In Hospitals Across Different Levels Of Patient Risk](#).” Imagine that!

Staffing levels that either meet or exceed nursing professional organizations recommendations, and nursing involvement on all levels of patient care and nursing process, resulted in better patient outcomes. The study says that the improved staffing doesn’t necessarily increase costs because in the long run it pays for itself. How does it pay for itself one may ask? The following benefits were achieved: decrease mortality rates, fewer patients were admitted to ICU, and reduced lengths of stay. **If your healthcare system can achieve better outcomes, they will receive better reimbursements from insurers, along with better recognition from the patients, encouraging patients and their family members to return to their trusted caregivers based on previous experiences.**

Achieving better working conditions, having improved grievance resolution, and an active voice in the all workings that involve nursing procedure and patient care, should be our united common goal. We are fortunate because HPAE gives us an avenue to be supported in this pursuit, not only within our institution but also in the global arena. **There are staffing issues within all areas of the hospital because our employer sees staffing as an expense to be cut, rather than an asset to a better future. Please continue to fill out Unsafe Staffing Forms- they help show this as a reality.**

By: Dawn Jones RNC, Labor and Delivery

1st Grievance Update 2016

A big Union **WELCOME BACK** to ER Per Diem Mike Weisberg!! Mike was unjustly terminated when he received a letter in the mail from his manager out of the blue stating he had not signed up for his 24 hour commitment and was fired. This was done without prior notification. He immediately reached out to his Union Rep and a grievance was filed. Upon investigating the incident, the employer admitted that Mike was indeed never coached or counseled for not signing up for his Per Diem commitment and settled this grievance by bringing Mike back to work with an undisclosed amount in back pay.

I hope that going forward Virtua management will be hyper-vigilant about following the contract in this area. To all of our Per Diem Bargaining Unit members-- please make yourselves familiar with this sign up process and with contract language surrounding this process which is outlined in Article 21. Any questions: please reach out to your union reps or any HPAE Local Executive Board member. Our information is on the bulletin board.

It is Summer and Critical PTO time again. By the time this newsletter reaches all who read it, your management team will have carefully reviewed all your requests and returned them (due Feb. 7th). Article 9.7 outlines this process in detail. One issue that seems to be a little confusing is Critical PTO. Critical PTO is time that is requested off *outside of the peak summer vacation period* (June 15th through the Sunday after Labor Day) and is requested in the first week of January along with summer PTO. The

cumulative total weeks that may be granted in January is **two** (summer + critical PTO together). This does not mean that one cannot request additional PTO (including time in the peak summer vacation period) during the process flow period posted in each unit. If you have any questions regarding this process reach out to unit reps or any Executive Board Member.

In Solidarity,
Sheryl Mount (6093548065) Itsme0063@verizon.net

Just some of the programs available to AFT Members!

- ✓ AT&T Wireless discounts
- ✓ College scholarships, and discounts on prep courses and textbooks
- ✓ Theme parks, car rentals and movie ticket discounts
- ✓ Exclusive home mortgage program including hardship assistance
- ✓ The opportunity to apply for an AFT+ Credit Card
The card program designed for union members**

AFT
A Union of Professionals
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Member Benefits

Learn More at UnionPlus.org/AFTBenefits

*Discount available only to members of qualified 951 CIO member unions. Member must show valid union membership card or other acceptable proof of union membership and be the primary account holder. Discount applies only to recurring monthly service charge of qualified voice & data plans, cell phones, and may take up to 2 bills. Discount subject to an agreement between AFT and Union Plus & additional restrictions apply. See details at www.unionplus.org/MemberBenefits or visit an AFT store.
**Credit approval required. Terms & Conditions apply. See AFTcard.com for details.



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MESSAGE FROM THE PRESIDENT



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.