



Message from the President

OSHA CITES VIRTUA FOR SAFE PATIENT HANDLING

A while back we discovered that Virtua had a work rule requiring nurses to lift 100 lbs. Since NIOSH (the National Institute for Safety and Health) standards stated that no one should be lifting more than 35 lbs, we asked Virtua to modify this rule to reflect the national standards. Virtua said no.

Instead, they fired a nurse who was out on Worker's Comp and forced us to arbitrate the termination--which we did. This nurse is now back to work. They actually made her prove she could lift 100 lb to come back to work. Fortunately, her work-related injuries had healed and she could do so.

But they still refused to change the work rule. In addition all Safe Patient Handling 66 -- a program designed to provide a safe work environment to staff (and mandated by the Dept. of Health) -- had been canceled for the past 6 months. Does Virtua really care about safe lifting standards, safe patient handling, carpeting on the floors and adequate staffing to help with patient lifting and moving? It sure doesn't seem that way.

So we called OSHA. OSHA was here for 6 days and did many interviews and observations. I rounded with them on most days and many of you came forward to be interviewed.

The result? OSHA cited Virtua stating:

OSHA Citation 1....Type of Violation: SERIOUS

OSH ACT of 1970 Section (5)(a)91): The employer did not furnish the employees employment and a place of employment which were free from hazards that were causing or likely to cause death or serious physical harm to employees, in that employees were required to perform patient handling tasks resulting in physical stressors that have caused or are likely to cause serious musculoskeletal injuries and disorders (MSDs):

Virtua Memorial Hospital located at 175 Madison Avenue, Mount Holly NJ 08060 Employees, including but not limited to, Registered Nurses (RNs) and Patient Care Technicians (PCTs) are required to manually lift and ambulate patients without the use of safe patient handling equipment, including mechanical patient handling equipment and patient handling aids.

Virtua must now pay fines and remedy the charges against them, including development of a comprehensive program to help staff lift and move patients. There must be sufficient equipment (something they should have had anyway) along with hands on education for all and modification of environments that lead to unhealthy MSDs.

We are pleased that OSHA will be holding Virtua accountable to these issues. It's been a long time coming. Now if Virtua would only learn to work with us rather than fight us on everything.

Debbie White, President

COPE Update

Well, the election certainly did not go the way most union people hoped it would, nor the way the pollsters or news folks thought it would. How did this happen you are probably asking? There may be many factors at play but in reflection, Hillary was beat twice by men who were masters at using social media. This election is a testament to the power of social media in this day and age.

Many of those I talk to who supported Mr. Trump are one issue voters but, in reality, none of the issues Mr. Trump supports, will benefit unions. Make no mistake about it: he will set out to hurt unions. Some people, even unionists, believed he was the only one who could straighten out the economy for this country or they just voted for him because he was not a Washington insider. However, if there is anything we know about this big businessman, he does nothing that does not help him and he doesn't care what it does to the average worker. He is already charging the government for space used by his federal security force at Trump Tower in NYC. Your tax dollars are already benefiting Mr. Trump.

Going forward, we now need to look at the Governor's race here in NJ. It may have even more of an effect on us than having Mr. Trump as President. We also will be electing the entire legislature here in NJ as well as many county and local officials. Often, when we are negotiating contracts, these are the folks that can reach out to management at Virtua and make them see reason. These are also the folks that HPAE spends most of our finances educating about our issues and the issues of our patients in order to get laws passed when Virtua won't see reason. Finally, they are the folks that will reject passing right to work laws in NJ--laws that decimate unions.

Please consider donating money to COPE--at least \$2.00 per pay. Then, when September comes, pick at least one weekend in September or October after Labor Day to do a Labor walk. Finally, we need to make sure we vote for those who support us and our issues. This country was the strongest and doing financially best when unions were strongest. This is what we need to "make America great again". Now we need to get working on finding the candidate who will govern NJ in a way that will benefit us, the working person and tax payer, and get them elected!

Claudia Storicks
COPE

KNOW YOUR CONTRACT

EVALUATIONS

There should never be any surprises in an evaluation. If something has not been discussed in the prior year, it should not show up for the first time in an evaluation.

Never, under any circumstance, should an evaluation reflect union activity in a negative way. This would be against labor law and must be dealt with immediately.

HOLIDAYS

Holidays are outlined in our contract in Sections 7.5 and 7.8. Management cannot call any other day a holiday and force nurses to work, nor can they tell members they are "closing" on a non-holiday and disallow sign up on that day. We would call this a "reduction of hours" and thus we would have the right to bargain any closure. See Sections 7.5, 7.7 and 7.8 for the full language regarding scheduling of holidays. There are options for payment if it is your holiday off as well.

Message from the President



The results of the Presidential and Congressional elections present challenges to each of us as union members and as members of the

communities where we live and work. Regardless of how you voted, I ask you to consider that the election results threaten our union and workplace rights, women's health, access to health care for tens of millions of Americans, and the constitutional rights of many of our neighbors, family members, friends and co-workers. While we work to restore civility to our political conversations, we also must work to protect and promote the workplace and civil rights that are the bedrock of our democracy and quality of life.

As a nurse and union leader, I've spent over 40 years fighting for the rights of healthcare workers to have a voice in their workplace. I know that many HPAE members have done the same, in your workplaces and through political activism. I now fear that there will be concerted efforts to strangle the voices of working people on the job.

For example, as President, Donald Trump will nominate one or more Supreme Court Justices and the Senate is likely to confirm these nominations, which most likely will be much more conservative, and inclined to strip public sector workers of their hard-won collective bargaining rights.

As President, Donald Trump will appoint members of the National Labor Relations Board (NLRB). While President Obama's appointments to the NLRB have upheld and even strengthened our rights in the face of employer violations of our organizing and collective bargaining rights, we can expect President Trump appointees to undermine and constrict these rights.

Under a Trump Administration, I believe we will face a much more difficult time protecting our workplace rights and the voices of nurses and health professionals when they speak up against corporate practices that threaten patient and worker safety and quality of care.

I've fought to raise wages, both in unionized hospitals and through raising the minimum wage, so that workers can raise their families with dignity and we can build the middle class in this country. Without unions and legal protections, too many employers will begin a race to the bottom, destroying our

progress and our middle class.

HPAE joined with countless citizen and labor groups and President Obama, to make great strides in expanding access to healthcare for uninsured Americans. Instead of improving Obamacare, Trump supports repeal of the law, which would cause millions of newly insured Americans, including many adult children still covered by parents' health plans, to lose their coverage.

We must challenge the 'normalizing' of hate speech and attacks on women, the disabled, immigrants and others. I've been hearing people ask: "How do we talk to our children, our students, about the results of this election?" It is not an exaggeration that many parents and teachers are facing frightened children today, some of whom are from families under direct attack during the campaign.

One answer is that we will fight to protect them, their dignity and their rights, whoever they are. We need to recommit to the principles of our union, and build broad coalitions with groups fighting for a decent and just society.

Equally important are the voices of our members, who share the frustrations of many Americans with candidates and policies that don't speak to or for them. We need to listen to those voices, and work for new ways to bring those voices to our politics. It is critical for all of us to remember that our union is our best vehicle for raising these issues in a powerful way, bringing our principles of fairness and dignity for working families to the table.

At the same time, we need to work towards policies that actually address income inequality, rather than merely foster blame and division. We will join with our allies in the fight to protect workplace, civil and human rights for everyone. We will challenge our politicians, Democrats and Republicans, to fight to protect and strengthen the gains made in this country over the past 50 years.

As we fight to protect our hard-earned rights, we need to work to unify our union and our country. We won't stop.

CNS UPDATE / HOMECARE

Schedules are busier with many having 2 Admissions and a consent being assigned. Look at the consent ahead of time and if it looks like a complicated patient that will take longer than 1 ½ hrs in the home and then documentation time, BEFORE you go, call your MANAGER, not the scheduler and have it taken away or have one of the Admissions taken away. 2 Adm and 1 revisit is the most to be assigned. If you do a consent, any recerts, and discharges, please keep a log of how long it takes. We will need that information for our fight to make all three equal to 2 patients. Please - send the log to me.

Section 5.6 (p.13) has the following important paragraph:

"If circumstances surrounding a patient visit would significantly extend that visit and/or future visits beyond the expected visit time, then the patient assignment shall be adjusted with managerial approval. Such adjustment shall be made in real time without penalty to productivity, and noted in the schedule and other appropriate documentation by the manager or his/her designee. "

If you are not getting CM time, Please put CM time on your schedule, if not done by scheduler.

Another important provision is Section 5.8.1 (p. 14):

"Case Management Time: Will be scheduled for full time case management staff at a rate of three (3) hours every two (2) weeks and for part time/limited time case management staff at a rate of 1 and one half (1 ½) hours every two weeks, unless mutually agreed. Time shall be scheduled in advance and shall not be unreasonably withheld. At an employee's request, this three hours of time may be scheduled as follows for full time employees: one hour prior to, and two hours returning from, scheduled PTO of 40 hours or more. All case management time described in this Section 5.8.1 shall be taken out of available visit time."

Please SPEAK UP and talk to your MANAGER. If you are not satisfied, call or text me right away at 609-790-9197.

We will have another meeting this winter before negotiations begin.

Molly Kirkpatrick
VP and Grievance Chair/CNS

Grievance Update - Fall 2016

In preparing for negotiations this Spring, I revisited the grievances of the last few years and one common theme seemed to surface in the discipline grievances: most of these have been extremely punitive. It is clear that Virtua's managers, supported by Human Resources, have a "knee jerk" reaction to errors or mistakes made by our members. Once an error is discovered, management rapidly jumps into action to determine which policies are violated and who violated these policies. Then, punitive disciplines are issued, often times jumping steps in the progressive discipline policy. (How's that for "following policy"?) We often find that managers have not even investigated the employee's perspective. Instead they rush to judgment and claim these are all egregious incidents and must be met with discipline and/or termination.

This is "the blame game" at its best! In place of this punitive blame game, the ANA is among the many advocates for the use of the "just culture" concept. Virtua has **CLAIMED** that they have a "Just Culture"? Virtua has even presented a PowerPoint at its own professional nurse practice day defining a just culture, but they have seriously failed to uphold the concepts this type of environment embraces. The just culture concept (which is, ironically, most widely used in the aviation industry) recognizes that human error and faulty systems can cause a mistake. A just culture encourages the employer to investigate possible causes of what led to the error instead of an immediate rush to blame and discipline. Through this process, systems that may have played a part in or perpetuated errors can be corrected so that errors of this type are more likely not to reoccur.

This type of culture gives nurses the opportunity to feel more at ease reporting problems instead of fearing possible discipline or termination. Just culture empowers the nurse and gives them a sense of accountability for finding solutions and improvements. A just culture environment encourages the use of non-disciplinary actions (including coaching, counseling, training, and education) to deal with errors or mistakes. This can help nurses feel empowered to solve problems and prevent errors, therefore improving patient safety and outcomes.

Documentation errors, med errors and patient complaints are the most common types of errors or mistakes that occur. With the electronic medical records and technology in constant flux, the professional nurse must always be on high alert for new policies and work rules surrounding these changes.

Since we have an employer that views an error as an opportunity to discipline, we must join together and help one another navigate these changes. If our managers and leaders are not going to embrace a just culture, then we must also embrace a just culture with one another! Nurses historically are known to "eat their young"! This has to change! As a Union, we must embrace a just culture by helping one another to understand our mistakes and potential errors and to find solutions before running to management.

Sadly, I *still*, see co-workers reporting one another. Reporting your co-worker may (and often does) end up as a discipline! So let's be adults and advocates for one another and talk to each other. Of course, some errors must be reported but for the most part, please give your co-worker the benefit of the doubt and bring issues to them first! Let's help each other embrace the concepts of a just culture! Maybe our employer might learn from us.

In Solidarity,
Sheryl Mount
Grievance Chair HPAE Local 5105

A Message from our State Officers on the HPAE Convention

On October 6-7, 2016 HPAE delegates, members, and staff came together to launch an ambitious plan to take on corporate healthcare, deepen membership involvement, win strong contracts, grow our union and strengthen community alliances.

Make no mistake, we are in difficult times and we need to take on increasingly more powerful health systems if we are to protect our workplace rights, our voice in patient care and the standards of care and working conditions we have worked so hard to earn.

That's why we also supported changes to HPAE's constitution, to adapt to these changing conditions, allowing us to be more effective and at the same time, more careful with the resources we have. It's why we supported specific resolutions to expand our organizing and membership programs, to build our strength and capacity.

That's also why our State Executive Council proposed, and our convention delegates passed a resolution to increase our dues, so that we have the resources to protect and advance our programs.

The increase, from 1.1% to 1.25% will have minimal impact on members, and we wanted to make sure of that. It will mean only a few more dollars per pay period in dues. For example, a member making \$70,000 per year will only pay \$4 more in dues per pay period. The increase will be scheduled to take effect with the first paychecks of 2017. Still, we know that HPAE members are working hard to stay ahead financially, and no one will welcome paying more. But without this increase, HPAE's budget will continue to operate at a deficit, and we would not be able to keep pace with our members' needs and aspirations.

We urge you to review the campaigns and programs launched at our [2016 Convention](http://www.hpae.org/campaigns/convention2016/) at <http://www.hpae.org/campaigns/convention2016/> – and see how engaged we will be this year in fighting to protect the advances we've made for all healthcare workers over the years. We are fighting to protect members' insurance coverage – and we are out there fighting surprise medical bills and 'narrow networks' that limit our members' options and increase their costs.

We are challenging hospital mergers when they threaten our rights, or jobs. We are still fighting for safe staffing, in contracts and in the NJ legislature. If you have questions on our programs, on the constitutional changes or on the dues increase, feel free to reach out to any of us. We hope you will get engaged with these programs and fight alongside your colleagues for a healthcare system that works for all of us.

Sincerely
President Ann Twomey
First Vice President Bernie Gerard
Secretary-Treasurer Barbara Rosen



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★ SWEEPSTAKES ★

Unions are the cornerstone of the American dream. So for our 30th anniversary, we want to celebrate union members by giving away more than \$100,000 in prizes.

REGISTER 9/29/16 – 12/31/16 TO WIN:

\$500 gift cards to 12 winners every week
\$30,000 Grand Prize to 1 winner

Sponsored by the Union Plus Credit Card Program. NO PURCHASE NECESSARY. Sweepstakes starts 10/10/16 at 12:00 AM ET and ends 12/31/16 at 11:59:59 PM ET. Open only to eligible legal residents of the United States, D.C., U.S. territories and military bases, who are Union Plus Credit Cardholders or current/retired eligible union members as of 9/28/16 and 18 years and older. Subject to Official Rules available at UnionPlusSweeps.com. See Official Rules for complete details, including entry instructions, entry periods, odds of winning, prize information, eligible unions, restrictions, etc. Void where prohibited. Msg & data rates may apply. Sponsored by Capital One, N.A., 1680 Capital One Drive, McLean, VA 22102.

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MAKING STAFFING A PRIORITY

What are the nurses stating when they fill out unsafe staffing forms? What is the common theme and what are they asking for? The answer is simple- HELP! RRT and CODE BLUE is called when patients are going “bad” and need additional intervention. Code H is available for patients’ families when they feel their loved one needs additional HELP. What do nurses do when they need help with patients and managers are not available or willing to provide help, or minimize and disregard the need for help? We fill out UNSAFE STAFFING FORMS!

Units are busy. We have many one to ones. The PCTs are cut to a minimum and the nurses have to pick up the work. Secretaries are missing and nurses have to answer phones and beep visitors in to the unit. Housekeeping is cut and nurses have to clean stretchers. Our patients are sicker, their acuity higher, expectations are greater and charting is scrutinized. The newer, less experienced nurses often become overwhelmed, break down and cry. We see it often. Some nurses internalize and develop stress-related illnesses, including anxiety, depression and physical illness such as urinary, cardiac or GI diseases. Frankly, we are sick and tired of hearing the same pat answers from administrators.

As the Chair for HPAAE at staffing committee meetings since 2009, I have witnessed nurses making a valid case that they are dealing with unsafe staffing and yet, in the past, management has often dismissed complaints until the units are in dire straits. This is why we need to maximize the language in our contract.

Side Letter 5 states:

Where the Staffing Committee identifies a staffing pattern or other staffing issue which both parties agree would benefit from further discussion, the parties shall have discussion, involving the VP of Patient Care and nurses from the unit and shift involved, at a Staffing Committee meeting or other mutually-agree upon forum.

Unsafe Staffing Forms, when filled out properly and regularly, can lead to change. Your unit can be identified as a unit that is currently in dire straits. We know that management cuts positions to save money but still requires more and more of nurses, so let’s require more and more of them.

The Local 5105 Union Executive Board will attend any meeting generated by this language. Please be part of change on your unit.

What are Management’s Responses to Unsafe Staffing Forms?

Here are examples of Unsafe Staffing forms including comments filed within the last few months and management responses.

1. **5 Stokes (7a-7p):** 28 patients, 6 RNs, 1 PCT on floor, US until noon. Comment: Only 1 PCT on floor.

Management response: The Nursing Leadership team was unaware of this particular situation. Therefore, it is difficult to respond to the date in question with specific details.

2. **3NE (7p-7a):** 34 patients, 6 RNs, 1 PCT on floor and 1 US. Comment: High number of complete patients.

Management response: 3 PCTs pulled into 1:1

3. **5 Stokes (7p-7a):** 31 patients, 6 RNs, 1PCT, 0 US from 7-11p. Comments: Only 2 PCT on floor and no US from 7p-11p. Only 1 PCT on floor from 3a-7a. 31 patients, multiple Remote Tele with Q4 Vital signs, Blood sugar checks, multiple fall risk confused patients, multiple complete patients.

Management response: **Unit appropriately staffed.** Reduced PCT due to 1:1 observation.

4. **Endo/Cysto (6a-7:30p):** 15 Patients, 6.5RN, 1 Tech, 1US. Comments: One RN called out FMLA, one nurse on sleep time, one nurse on Jury Duty, one nurse in at 0900, No scope tech until 10am and left at 3am. Had one ECT, 2 Endo rooms running, cysto and IR patients. Triage was in post op washing scopes in between and working Endo room. 1st Endo patient had to be taken to ICU. Caused a delay because we didn’t find out until we were on our way our Endo recovery room. Triage had to transport patient to unit. Unable to do next day pre op phone calls. Specimen did not get taken to lab, scopes were backed up as scope tech left at 15:00 and there were still several cases to be done. Cysto was late and only 1 nurse

until 19:30. Was able to get help from OR to give lunches in Cysto. Triage unable to take full lunch as I was only lunch relief for 2 Endo rooms and pre op. Nurses didn’t get lunch in Endo until 14:30.

Management response: Unit supported by Leadership and float nurse. The add-ons for this day were heavy after a holiday weekend which is very hard to predict. There was also unexpected sleep time early in the morning as well as FMLA that was unexpected.

5. **ICU (7a-7p):** 25 Patients, 10 RNs, 2PCT, 1US. Comments: Lack of supplies to care for patients: mouth care, Yankhauer, suction tops, TF nutrition bags. Pod B has 5 vents, Q 1 hr neuro checks, transport helped take patient to IR, C Pod with hypothermia patient- 1:1 RN, 4RN with 10 patients, Delay in testing. Management not in until 9am.

Management response: The standards of the New Jersey Dept. of Health (NJDOH) as well as Joint Commission on Accreditation of Healthcare Organization (JCAHO) guide practice. In addition, RN’s follow the Nurse Practice Act of the state of New Jersey and the standards of the American Association of Critical Care Nurses. Per New Jersey Dept. of Health (NJDOH), requires a **minimum** nurse-patient ratio in a critical care unit of at least one (1) registered nurse to every three (3) patients, therefore the ICU was within guidelines.

Nursing Director transported patients, helped clean patients, and cover pod’s for lunch. False claim regarding “management not being in til 9a.m.” Cheryl in at 8:19 a.m. and Mike in at 8:44a.m. Census did drop to 22 patients at 3pm. Staffing variance due to: Increase census and unable to fill holes. CSB was offered as well as on-call pay. Unanticipated RN absence for FMLA.

KEEPING PERSPECTIVE

As the holidays approach, it’s easy to get caught up in the rush and fuss of get-togethers, gift exchanges and seemingly endless planning. We seem to spend more time with our patients than with our family and friends, leading to even more stress of “how am I going to do it all?” Most nurses I know want to do everything right for our families, friends and patients. What do we do about situations that just aren’t “right”? Do we try to fix our patients and our families, yet leave little time to ourselves? In the midst of busy lives, with multiple stressors, we have to remember: If I’m not taking care of myself, how can I care for another? No one is going to slow me down to do this. I have to do it.

So here I am trying to manage aging parents, a family, career, etc. and I am just like you. But what do I like to do? I realized one day that I had forgotten to do anything for myself for such a long period of time that when asked about my interests I had to pause. What did I want? I really had to think.

Please take some time this season to remember what is important in your life right now. You can make choices to fit these things into your day. Don’t try to do everything—and especially everything at once. Lean on friends and family every now and then. And for all you type A people out there, pause, take a breath and look at all the good you do every day. And take a little time out for yourself. There is so much to be grateful for.

Happy Holidays and peace to you and yours!

Beth Cohen
Local 5105 Secretary/Treasurer

