

## President's Message

Well everyone, in case you haven't noticed, (how could you not!) Hackensack has officially arrived.

The Hackensack name is everywhere. Anything that once said Palisades Medical Center has been, or will shortly be, changed to Hackensack University Medical Center. Even the carpet in the employee entrance welcomes you to HUMC.

I have been here for 36 years; that is more than half my life saying the name Palisades. I had a hard time when the hospital's name changed from Palisades General Hospital to Palisades Medical Center. I am going to miss our beautiful logo with the cliffs, the river, and the seagull. Now all we have is a big "H".

I met Mr. Robert Garrett, the CEO of Hackensack, at the meet and greet on March 8th. I introduced myself as the President of HPAE Local 5030 at Palisades (oops! I forgot the new name already!) and commented that we would be working closely together with negotiations coming up soon. I also mentioned the fact that Hackensack does not have a union. Mr. Garrett's only response was "we will keep our lines of communication open".

As I have written before, the HPAE state organization and your local will be monitoring any changes that may happen with our hospital's new ownership and how these changes may impact our patients, our members, our working conditions, and our members' rights under the contract.

So let us continue to do our jobs as the caring professionals that we all are and show Hackensack how lucky they are to have us on their team!

In solidarity,  
Michele Burlington

## Change

Earlier this week I found myself in a situation where I was asked to work on another floor and to change my daily routine at work. Before I got frustrated, I looked around and found myself walking out the door with a smile on my face. Today was going to be a happy day. Change is inevitable and sometimes necessary in today's society so we can grow and learn new things. Sometimes change can be imposed on us and with that may come some good. So we must learn to overcome fear and embrace the changes ahead. We are creatures of habit and we like certainty. Certainty brings with it predictability and clarity. If we do not have certainty, the brain triggers fear and stress, which we hate to feel. We fear change at work for many reasons. These feelings are often related with fear of failure, fear of doing harm, fear of criticism and the most important fear of the unknown.

Going back to my story, I decided to make the best of the situation and embrace my assignment. Fortunately I had an experienced co-worker with me on the floor where I was assigned. From that point I decided to work without anxiety and fear every time change arises.

It is also the responsibility of our organization to bridge us in the transition from one work place to another. Our union contract has protections for nurses against floating when there is no emergency, as well as districts where our practice area is defined. This is to protect our licenses and our patients safety. But, how much we learn and understand about the change is the key to managing the fear of change that we encounter. It is normal to feel fear, but we have to acknowledge the change, face our fears, seek support and confront our feelings, stop the fearful thoughts, and ask for assistance and the most important communication with others.

So in closing, if you are floated, try your best for the sake of our patients, but don't forget that we as caregivers with a union have rights too. Change can help us expand our experience, but patient safety always comes first.

Zahia Zhort  
Vice President & Co-Grievance Chair

\*\* In the last newsletter I implied that only RNs worked hard to achieve their license. This was not my intention. I have been in school for so long, that I forgot that I also worked hard for my nursing assistant license. So my apologies to all those who worked hard too.

## Preparing our Future

Spring is a magical time of the year for me. Ecclesiastes 3.1-8 tells us it's "A time to plant, a time to reap that which is planted." A smart person would look back at the past to learn from their mistakes to promote a prosperous future. I know planting is hard work, but I look especially at the prize of what I may reap when the time is right.

We here at Local 5030 plan to take advantage of the spring. It is time for us to plant! Hackensack University Health Net has come and so far there have been no major changes. But we know we have a contract to renegotiate by June 1<sup>st</sup> 2017. We need to come together and close ranks to prevent any loss of our benefits or jobs. Working together will insure us of the best possible harvest at negotiations.

I encourage all members to help us get the best outcomes by participating in this process. Continue to fill out short staffing forms and place them in our mailbox. Continue to fill out missed breaks and meal forms and give one copy to our mailbox and one to your manager. Look for these forms in the new binders we will be placing on your floors or download the forms needed from our internet site. These forms allow us to generate statistical data to show management the errors of their ways.

I encourage all to attend the meetings of your local. Ask questions, voice concerns, help create a working environment that would allow us to be successful. If you have the time, become a union representative. If your time is limited, tell your local what you can do; something as simple as passing out flyers can make the world of difference. Read your contract, help look for ways to improve your working conditions. Working together will get all of us the prize, a great contract.

If I may, one last Bible story, from Matthew 25.1-13: the parable of the 10 bridesmaids. In short, five of the bridesmaids were not prepared for the feast and were left behind, locked out of the event. Let us not be the five bridesmaids that arrived unprepared and lost everything. Let us work together in fellowship so that we will obtain the greatest contract ever in the history of 5030! Let us work together so that our future days while be happy, joyous and bright.

John McCausland, RN, Vice President

## Know Your Contract: Vacation Requests

### Contract Sections Involved:

- **Article 18, Section 5**
- **Side Letter: RN/PRO: page 66, LPN/Tech: page 62, Service and Maintenance (English): page 53, Service and Maintenance (Spanish): page 60**

### Attention all members:

Please look over the following language in the contract regarding vacation requests. It has come to our attention that some members of management are not following this by not giving a written response to a vacation request, or by not responding in a timely manner. Please let us know if this has happened to you.

### Article 18: Vacation

18.5 Requests for vacation during the summer prime period (June 15 to September 15) and for the winter prime time period (i.e. the week before and after the Christmas holiday) shall be submitted between March 15th and March 31st for the summer prime time period and between September 15th and October 15th for the winter prime time period. The Medical Center shall respond by May 1st and November 1st respectively. Winter prime time vacation will be scheduled subject to the Medical Center's need to maintain adequate staffing. The Medical Center is responsible for determining what is necessary for the efficient operation of the department or unit and granting vacation requests accordingly. Requests for vacation time will not be unreasonably denied. The Medical Center shall respond to requests for vacation other than prime period within ten (10) calendar days.

An employee will be allowed to use vacation on a one (1) day at a time basis. The employee must provide notice ten (10) days prior to the issuance of the schedule of his/her intent to use a vacation day on this basis. The employer shall respond to the request within five (5) working days.

After six (6) months of employment, one (1) week of unearned vacation may be granted upon written request. Time off on this basis represents an advancement on vacation allowance which will be charged against the earned vacation time at the 27 completion of one (1) year. This advancement will be deducted from the employee's final paycheck if s/he terminates before his/her first year.

### SIDE LETTER

The Union and the Medical Center agree to a Vacation Request process as follows:

1. The employee will submit the vacation request to the Manager.
2. The manager will acknowledge the request by hand stamp "Received" with the time and date the request was submitted.
3. If the stamp is not available, the Manager shall date and time the request by hand.
4. A copy of the request form with the information above will be immediately returned to the Employee.

## 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.

**Ann Twomey**  
President HPAE



**HPAE**  
 110 Kinderkamack Road  
 Emerson, NJ 07630  
 www.hpae.org

 facebook.com/hpaeaft

**Address Service Requested**

## SAVE THE DATES

### AFT NHP Healthcare Leaders & NHP Professional Issues Conference

Hyatt Regency Washington, DC  
 April 20, 2016 - April 23, 2016

Lobby Day—4/20, PIC —4/21-22  
 Leaders Conference 4/23

For more information go to [www.hpae.org](http://www.hpae.org)

### HPAE Lobby Day: May 16, 2016 - Trenton

Join HPAE members from all over the state on May 16 as we go to our state capitol for our annual Lobby Day. Our agenda this year is

- Safe Staffing Bill: legal requirements for nurse to patient ratios
- \$15 per hour minimum wage: From Seattle to New York, unions are winning a living wage. Now its New Jersey's turn!

\*Transportation will be provided. Please RSVP to [jbrooks@hpae.org](mailto:jbrooks@hpae.org) or call 201-262-5005 ext 154



### HPAE Convention October 6 - 7, 2016

### Notice to All Members:

You have the legal right to wear your HPAE Union badge holders and union pins. If a supervisor instructs you to take it off, tell them they are violating your union rights, and tell a union leader or rep right away.

### Promise and Promises

PMC (Hackensack UMC Palisades) is talking about changes in their new health care system that will improve patient satisfaction. The reality is that inside the hospital, PMC hasn't improved their staffing levels, which really makes the difference in health care.

Going back over the past few years, staffing has been a big issue in PMC. In the last few months administration promised to improve the staffing by hiring more nursing staff, but it is still the same. There aren't enough CNAs to work on the floors or nurses to care for the patients. Moreover, in the past weeks short staffing has gotten worse: one CNA was mandated to work a double shift. Is that the solution? To mandate or force CNAs to stay in the workplace after their shift? Also, nurses complain that they don't have enough time to spend with their patients because the acuity is high and they have a high nurse to patient ratio.

Why doesn't PMC respond to our concerns about staffing? It makes a problem for all: unsafe environments for patients and employees. Every day employees are physically, mentally and emotionally exhausted because they don't see any solution or have adequate staffing. Hackensack UMC Palisades needs to recognize the facts and solve the staffing issue.

Nancy Martell, Co-Grievance Chair  
 Nursing assistant, Service/Maintenance & Technical Employees