



Message from the President



Health care workers report being verbally and physically assaulted on a daily basis by patients, their families and visitors. Violence against health care workers has become an epidemic in the United States. For years workers have remained silent and the violence perpetrated against them was considered "part of the job" and they were discouraged by hospital management from reporting assaults to the police. Thankfully the culture of accepting violence as part of the job in most hospitals is changing.

Contractually, our local officers meet monthly with management at the Safety/Labor/Management Committee to identify, discuss and work toward resolution of safety issues within the hospital. Although many of our safety concerns have been resolved, problems with contraband and escalating violence especially in the ER and CRC are increasing. Verbal and physical assaults are on the rise and staff believe that the de-escalation training is not helpful in these situations. Staff feels that every violent encounter that they are involved in could be scrutinized by management with an eye towards discipline. Stress levels are at an all time high, our sleep, our physical and mental health and interpersonal relationships are being impacted negatively.

Management now encourages us to report physical violence to the police and it is imperative that we do so. Word must get out into the neighborhood that violence or assaults on staff of any kind will not be tolerated at Episcopal. There is no acceptable excuse for not reporting assaults to the police. It is our responsibility to ourselves and co-workers to report to the police so that those that assault us are held accountable. Eventually the message will be received.

As you know Temple hired Safety Consultants to evaluate Temple and the Episcopal Campus for safety and we eagerly await their recommendations.

The problems with violence are not particular to our hospital. It is now so pervasive that The Workplace Violence Prevention for Health Care and Social Service Workers Act was introduced in Congress this past Fall. This legislation would mandate hospitals to implement plans to prevent violence. It would also hold hospitals accountable to report incidents of violence to OSHA or to face stiff fines. The goal of this legislation is to hold hospital administrations accountable for acts of violence that occurs in their hospitals. Hopefully politicians will ignore partisanship and pass this legislation which is crucial for the safety and welfare of health care workers across the country.

On another note we encourage members to utilize the Employee Assistance Program. Counselors are available 24/7 and a counselor is on call to debrief staff after an "event" while at work. Please contact the Nursing Supervisor and arrangements can be made for the counselor to come onsite. Having recently attended a debriefing after several coworkers were injured, I can attest to how valuable and helpful that session was to all those that attended. Many of us may not even realize how negatively our lives are being impacted by our daily experiences with violence.

In solidarity,
Betsy Nulty

HPAE. Putting care first.



SAVE THE DATE
HPAE 2019 PROFESSIONAL ISSUES CONFERENCE
"Bringing Our Professional Values
into the Transformation of Health Care"

INVITED SPEAKER: First Lady Tammy Murphy

THURSDAY, OCTOBER 10, 2019

8:00 a.m. to 4:30 p.m.

Hilton East Brunswick

3 Tower Center Blvd., East Brunswick, NJ 08816

Register online NOW: www.hpae.org/PIC2019

HPAE Local 5106
Labor-Management/Safety Meeting
May 28, 2019
Episcopal Campus, MAB 213

Attendance: Betsy Nulty, Sue Clements, Luann Kline, Clara Galati, Jeanine Penn, Joan Schiavo

Minutes

Review of Minutes 4/23/19

- CRC discharges not being sent to ER to wait for cabs. Issue resolved.
- TUH-ER patients being sent to CRC should have an identifying neon label and report called to CRC. Episcopal ER does not re-screen patients coming from Temple ER; they go directly to CRC.
- Yasser spoke to ER director regarding doctors delaying disposition of patients
- To ensure fair distribution of OT, consider return to paper requests as it is almost impossible to verify such in Kronos

Union Agenda Items

Safety Issues

- Assessors did a good job touring the facilities and seeking out input from employees
- Night supervisor should have been included in the discussions as she sees firsthand the issues overnight in the whole facility
- Screening for weapons: Patients coming in on a stretcher should be wanded as soon as possible. Security is waiting for staff to OK; staff sometimes forget to call security.
- Staff should check that patient has a blue arm band verifying that they have been wanded.
- Safety of ER entrance: Cost of \$375,000 for addition to the ER entry. On hold for now.
- Concern of poor response from the police; per Luann, 911 system has built in priorities. A more pressing issue will automatically take precedence
- ER staff try to move police and their patients through quickly; would hope that police would respond quickly to issues on campus
- Request to Fire Rescue to call ahead and report Class 4 violent patient coming in
- C6 patients should be transported to ER via stretcher; no room to maneuver a bed.

No reports from Temple ER

- No reports on patients going to CRC
- No report that sexual assault nurse was coming from Temple to see a CRC patient

Sexual Assault Victims

- No longer being examined at Special victims
- State requirement that all hospitals conduct sexual assault exams
- Per Betsy research, SANE nurses do the exams at Temple because the SANE supervisor quit and there is no one to train the staff.
- Will SANE nurses do exams at Episcopal?

Six week schedules will be starting soon

- Staff will need new deadline dates for requesting time
- Regular staff will sign up before pool
- Proposed change in Tier I pool to include one weekend day in 6 week schedule

Tokens

- No longer available
- Key cards should be available in the next day or two; the cards will include one transfer.

Are C 6 nurses covered to do respiratory treatment?

- Respiratory therapist in ER with a code unable to come to the unit
- Per Luanne, they should come as soon as possible
- Issue with nurses needing competencies for giving nebs
- Issue of bargaining unit work

Will ER admissions be sent to Temple or Jeanes instead of C6?

- Any appropriate ER admission will be sent to C6
- Plan to keep beds full with long term patients from Temple, but not to eliminate admissions
- Management will check into patients who are admitted to C6 and discharged within the hour

General Membership Meetings

4/17/19

Local 5106 kicked off our contract campaign with a **General Membership Meetings** on Wednesday April 17, 2019. Fifty-nine members attended throughout the day and heard our President Betsy Nulty present the plan for the rest of the year leading up to negotiations in January 2020. Our first order of business was to recruit some additional reps and work area leaders. Members who stepped up and volunteered include **Linda Howard** in CT, **Kaneshia Spencer** C5, **Alexandra Hernandez**, Radiology and **Dernet Bailey-Charlet**, CRC.

Members were given the assignment to review their contracts for any specific language that may need to be updated or changed. At the next Membership Meeting in August contract surveys will be distributed and nominations will be open for the negotiating team once the team has been selected, there will be a negotiation training and development of contract proposals. Proposals will be presented to the membership for ratification at the December Membership Meeting.

Betsy also congratulated the members on their stand against the proposed very punitive changes to the **Attendance Policy** in the past year. She was happy to report that the updated policy is basically unchanged.

Operation Clean-up has been proposed by PM4 Rep, **Jamie Barge**. Jamie has been concerned about the presence of discarded needles on and around hospital grounds and the danger they present to neighborhood children and adults and the Episcopal community. She is exploring ways to educate the community, clean up the worst areas, monitor the volume of needles collected and strategically place disposal receptacles. Nursing management is enthusiastic about the plan and will do some investigation as to how the situation is presently handled.

CRC Speaks Out

Over the last few months there has been a number of incidents of patients attacking staff and security guards. Some of these patients are known to us some are not. The level of violence continues to grow on a daily basis. We have become so used to this behavior we minimize its seriousness. The goal at end the day is to return home **safe**. It is very important when patients with a history of violence presents all staff are given report. Then staff can be on alert and prepared for a possible stat 13. Patients who are violent and aggressive are always looking for a chance to strike out and assault a staff member who has let their guard down. We have a very high rate of recidivism--patients who are exclusive to our facility and who are known to be violent. When we are assaulted we must hold these patients accountable and file charges. Prosecution is our only option. The process is a pain, but we must stay the **course**.

One of the main issues in the CRC is patient flow bed management and mismanagement. This causes patients to have extended stays in CRC because of uncertainty of an available bed. The CRC is the pulse and heartbeat of the hospital at Episcopal and our patients should have first priority filling our beds instead of taking patients from outside facilities. Keeping patients in the CRC too long is dangerous. We need a better system of bed management that will move our patients to inpatient units as quickly as possible--for everyone's safety.

General Membership Meeting

At our next General Membership Meeting on August 28th, we will get into full swing with our contract campaign. Contract surveys will be distributed and nominations will be open for the negotiating team. We encourage our members to make every effort to attend one of the meetings which will be held throughout the day. Everyone has a vested interest in obtaining a good contract which will affect our work conditions for the next few

Welcome New Members

Local 5106 extends a warm welcome to our new members. We hope that you will contribute your time and talents to help grow and improve our local.

PM6:	Nataashia Carson, RN Aglena Montgomery, RN	CRC:	Jessica Diaz, CRT Taylor Daniels, CRT Kenyatta Carter, CRT
PM5:	Tamara English, RN Kareem Christian, RN		Hakim Smith, CRT Derrick Brothers, CRT Charles Russel, CRT
C4:	Patricia Lundin, RN		Zaierre Taylor, CRT
C5:	Suzanne Davidson, RN	Respiratory:	Yvonna Brown, RRT
ER:	Kelly Rodrigues, RN Michael Shuker, RN Colleen Costella, RN		



HPAE LOCAL 5106 General Membership Meeting

Wednesday, August 28, 2019

6:30am	7:30am	9am
10:30am	12noon	1:30pm
3pm	4:30pm	6:30pm

Location to be determined
Refreshments/Lunch

Results of Safety Survey

On May 1, 2019 at about 4am a patient was brought into the ER by Fire Rescue. Shortly after arrival while the EMT was attempting to give report to the ER nurse the patient got off the stretcher, had some conversation with the EMT and then proceeded to run toward the EMT, chasing him through the ER. Unable to put his hands on the medic, the patient grabbed a nurse and a PCT by their scrub tops. In the words of an eyewitness, “he was effectively choking the PCT. Multiple staff attempted to stop the patient but were unable to. I had to cut the PCT out of her scrub top.” Police officers who happened to be in the ER with another patient tazed the aggressor multiple times to get him subdued. He was eventually hand cuffed and removed by the police. Again, in the words of a witness, “it was the most violent encounter I have had in my career.”

Union leaders immediately began an investigation to determine if the hospital was negligent in providing a safe environment. We viewed the tape of the incident and obtained witness statements from those present.

While we did not believe there were grounds for a grievance, we did identify some processes that could prevent a future occurrence such as a call from Fire Rescue when they are bringing in a violent or potentially violent patient.

We discuss ongoing safety issues at every Labor Management/ Safety meeting and management has said they are open to suggestions. To that end we are conducting a safety survey, not only with our members but with our techs, physicians, registration clerks—anyone who has contact with patients. The survey is short and not difficult to complete. If you have not completed one, we ask that you reach out to a union officer or rep for a survey or download a copy from our webpage and returned your completed survey to a union office or rep.

To date we have received 147 completed surveys, 67 from our own members and 80 additional surveys from other Episcopal employees including ER physicians and staff and mental health workers. Respondents were more than willing to share their concerns and suggestions

	Surveys completed	Assaults	Charges Pressed	Court	Incarceration
ER Nurses	24	7	7	7	4
C6 staff	24	3	0	0	0
Behavioral Health Nurses/ CRTs	26	19	3	2	0
ER non-nursing staff	36	16	4	2	1 case pending
Mental Health Workers	36	24	3	2	1

For CRC: overcrowding and problematic discharges

Surveys respondents answer to *what would make our campus safer?*

- Better trained, hands on security
- Better screening for contrabands in ER and CRC
- Better communication between security and staff
- Temple Police
- Armed security or police presence
- Appropriate response to stat 13s
- Adequate staffing on all shifts to ensure safety on units during stat 13s
- Screening of violent patients before they are admitted
- Zero tolerance for violent acts/verbal abuse
- Improved communication to staff on new admission with history of violence
- Improved communication between staff on potential for violence
- Not accepting transfer patients with history of violence
- Violence Flag
- PRN medication orders for behavioral patients
- Administrative support for pressing charges
- Better training for staff

Biggest Safety Concern

	Physical/emotional harm/safety of staff	Inadequate security	Inadequate Staffing	Lack of support	Weapons/Violent patients	ER access
ER Nurses	16	6	0	1	6	0
C6 staff	16	2	4	1	1	1
Behavioral Health Nurses	10	0	5	0	2	0
CRC staff	6	4	1	0	2	0
ER non-nursing staff	13	19	0	2	8	2
Mental Health Workers	19	4	11	2	2	0

Union leaders will present the results of our survey to management at the next Labor Management Meeting on June 25th at our regular Labor Management/Health and Safety Meeting.