



Message from the President



2021 has only just begun and Local 5106 members and leadership find ourselves challenged as never before. Because of several serious unforeseen, and unfortunate patient safety and patient care incidents, the State and the Department of Health have been on site at Temple Health System Campuses investigating and meeting with Management.

Action Plans have been developed and implemented only to be rejected after the occurrences of additional serious patient care incidents, placing the Licensure of our facilities in jeopardy. Dedicated, respected and trusted management leaders are no longer with us and our local is confronted with navigating through these changes and developing working relationships with new Management leaders.

We have met these challenges head on, and throughout these turbulent times the local leadership has continued to be advocates for our patients and for our members. Our Violence Prevention and Labor Management/Safety committees continue to meet monthly and I am pleased and thankful to report that the new Management Leaders; Chaudron Carter and Shane McDevitt have demonstrated their commitment to working with the Union to improve patient care and working towards promoting patient and member safety on campus.

Management has expressed their thanks and appreciation for all of your hard work over these past few months... but this crisis is far from over, it is incumbent upon all of us to continue our fight to keep Temple operational and to provide the care so needed by our patients. To that end we must be compliant with all educational requirements, know the Temple Health System policies, wear PPE properly and socially distance as required, and most importantly continue to be advocates for the safety and well being of our patients and for ourselves.

—In solidarity, Betsy Nulty, President

A Once in a Century Pandemic

COVID-19 came to the United States one year ago and changed so many activities that were part of our everyday lives. People stopped shaking hands, going to court rooms, visiting hospitals, nursing homes, children stopped going to school in person, people stopped having funerals in person and many Americans started participating in new activities that the Center for Disease Control (CDC) recommended as public health practices that could prevent the spread of this highly contagious and lethal virus. As a result of the CDC guidelines people began washing their hands and sanitizing surfaces many times per day, wearing masks, staying 6 feet apart, working from home and having meetings through Zoom or other methods that decreased in person gatherings. The union membership of HPAE local 5106 saw many of our co-workers and patients test positive for COVID. Some fought through the serious symptoms of the virus. And now we can finally talk about hopeful news related to COVID because vaccines are here. The CDC reports that just about 10 percent of the U.S. population is considered fully vaccinated, as of 3/9/2021. So, hopefulness is rising about the idea that this long and difficult period may be much better in the near future.—*Charles Bowen, MSW, VP of Professional Unit*

CRC in Crisis

As a consequence of the State/DOH investigation at Episcopal Campus the number of available Behavioral Health admission beds has been limited. This decrease in the number of beds has negatively impacted the work flow in the CRC.

Patients requiring beds must remain in the CRC until one can be located for them, thereby causing a delay in receiving their inpatient treatment. It also results in increases in wait times for the other CRC patients. Combine this with the COVID screening and testing which must be done prior to admission, and the admission and patient care/treatment process in the CRC comes to a complete halt.

When our census reaches fifteen patients, the CRC is supposed to be placed on a divert status. This means that a call must be placed to the County Office of Mental Health. The delegate from the OMH is provided with our census and patient ratios and a decision is made to either approve or deny permission to go on a divert status. If permission is granted the OMH then contacts the police notifying them that Temple Episcopal Campus is on a divert status. Therefore any incoming 302 patients should be directed/transported to another CRC until our CRC is removed from a divert status as our patient population has reached at times a dangerous level.

Unfortunately along the way there has been a breakdown in communication. Police now routinely show up in the CRC while we are on divert with 302 patients. When police arrive with a 302 patient while we are on divert, we must accept the patient. We are unable to turn them away. This compounds an already unsafe situation putting patients and staff at even greater risk.

We have discussed this problem with Management at our Violence Prevention and Labor Management committees without a response or resolution from Management. Temple must follow this policy—it is a city mandate. Our patients and members can no longer be placed at risk in these dangerous circumstances. Hopefully with new management leadership we can work together and develop a plan that will provide a safer working environment and a place where our patients can safely receive treatment.—*Gary Peoples, CRT, VP of Technical*

HPAE 2021 Virtual Convention October 6 and 7

Look out for upcoming
Local 5106 Delegate Elections

February 16, 2021 Violence Prevention Meeting Minutes

Attendance: Betsy Nulty, Marcus Presley, Michael Wilson, Jeanine Penn

HPAE expressed heartfelt sentiments of losing Kathleen Barron and LuAnn Kline because of their working relationship with the union and staff members; they will truly be missed.

Minutes Review: December 15, 2020

Short Staffing Last meeting Administration advised of the new hiring system in place and was focusing on utilizing agencies. An email was sent to Chaudron Carter about including staff in the interviewing process to comply with the magnet. She discussed the need to move quickly to fill positions because of our recent dilemma with DOH. Several new hires could not continue their work, and several members believe that this could have foreseen if we were included in the interview process. Jeanine stated that Sue was orientating 30 members this week and noted that most of them were nurses and from agencies. The idea is to get staff quickly until we get our permanent hires. We held a virtual recruitment session, and we were able to hire 20 nurses from that session. Jeanine said she has about five interviews with MHT set-up for today. She described several positions included in the HR Department assigned to different departments to stream-lined this process.

Short Staffing Forms We have instructed our staff to fill out short-staffing forms at the commencement of the shift, and a supervisor is informed at that time. This process will give our leadership time to address the concerns appropriately. Our purpose is to ensure that we have called attention to the short staffing situations when an issue occurs due to the lack of staffing. This is a method of protecting our staff and ensuring that leadership is made aware of the incidents.

Bump Structure There are no current issues. Security has been posted at the new structure (The Bump). The Bump was created as another layer of security for the tent site.

C-6 Rounding on behavioral health patients requires Q-15s; unfortunately, when there are no techs available, the nurse will need to cover the Q-15s. Management stated that it is their highest priority to provide MHT and PRTs for coverage. There have been no recent reports of this occurring.

Security posted on the doors of C-6 has improved. We will continue to monitor the situation and report any problems. Monday, we have a meeting with C-6 to address the communication issues about coverage.

ED Security guards congregating in the foyer area have been addressed. It appears to have been resolved.

CRC As per the incident on the bridge, there is a new process and additional documentation to reevaluate patients in the CRC. The nurse will document in Epic, and the physicians will conduct an assessment. If patients present with suicidal ideations, the doctors will reassess them to determine if they will continue treatment or discharge the patient.

Green House Structure No updates are available.

Committee Members HPAE members that attend the Violence Prevention Meetings are required to be compensated. Management should ensure that the committee members are paid for attending the meetings. The names will be submitted to Joan Schiavo. Meeting minutes are required to be recorded and officially format. We will address this with the replacement person for LuAnn.

New Business

DOH-Update We are making progress and conducting rounding to assess the staffs knowledge of the action plan and trying to hardwire this information. We are waiting for them to come back, which could be anytime from now to March 9, 2021.

Clothes Donations Patients can no longer be given paper scrubs with drawstrings. We must collect and dispose of all scrubs given to the patients. It is a ligature risk and not permitted on the units.

Health Stream Training CRC testing has been completed, and next week training will be provided for everyone else. No results have been released at this time.

Charge Nurse Training No report on the charge nurse training is available at this time.

Smart Square Full-time and part-time members have both access to sign up for shifts, and after they are complete signing up, pool staff should be given the opportunity to sign-up. Several incidents were the pool staff signed-up before the full-time and part-time staff had their chance to sign-up. HPAE bargaining agreement sign-up policy allows pool staff to sign-up after the full-time and part-time have chosen their shift.

Mandatory Over Time Staff members have been mandated to work overtime. Management failed to consider staff seniority and full-time and part-time status. Also, the administration has not approached the pool staff first. Each incident has violated the HPAE bargaining agreement and Pennsylvania Labor Law and Employee Rights: PA Act 102 of Mandatory Overtime. Management assured us that they were addressing these infractions and asked for our patients while correcting these errors.

New Meeting: March 16, 2021, at 8:30 AM

Nursing Update

Some good things come to an end or should I say for the "better". During the last newsletter I was able to introduce the new admission nurse to the psychiatric acute care units. However, with so many changes and the need to increase staff-patient ratio, there was a need for more nurses. The goal still remains the same for hiring more nurses: a decrease in workload and positive patient care outcome. I must say, I received positive feedback on the admission nurse and looking forward to hearing the same about the additional nurse on the floors. Please keep me posted on your experience with this new change.

—*Jamie Barge, RN, VP of Nursing Unit*

Informed Member

I am going to challenge all union members to read the contract. If you did not receive a copy one can be downloaded from the union website at HPAE.ORG under Local 5106. You can also go to Human Resources to obtain a contract book. In the past several weeks there have been issues with mandatory overtime and reassignment. The contract defines and addresses both issues. Therefore you must know the difference between the two and how they affect your work area.

Also educate yourself on Hospital policies. There should be a book with policies and procedures specific to your work areas in your department. Also the Temple Health System Polices are located on the Employee Page. When management disciplines or reprimands you the first thing they do is to refer to contract and policy. So be an informed union member. You would not buy a home or vehicle without reading the contract and investigating thoroughly.

—*Chris Lewis, RRT, Co-Grievance Chair*

February 23, 2021 Labor Management/Safety Meeting Minutes

Attendance: Betsy Nulty, Gary Peoples, Christopher W, Marcus Presley, Michael Wilson, Cheryl De'Vose, Chaudra Carter, Al D'attilio

Old Business:

Review of Minutes: Labor-Management Meeting items from 1/26/2021.

ED Staffing Management has assured us of the new hiring practices and discussed the steps taken to hire new staff. The new system sounds assuring, but we have witnessed a surge of mandating overtime.

Karen spoke of short staffing forms during the last meeting, and we need to reiterate the short staffing situation has impacted every unit. We will continue to address this by completing the short staffing forms and completing a Midas form to notify management.

Holiday schedule We have established a holiday tracking process to identify which holidays have been selected for each staff member.

Smart Square Scheduling does not appear to have addressed the pool staff to select the primary hours and days to work before the full-time and part-time members.

Fit Testing The new halyard masked has not been provided to staff at this time.

PPE Supplies We have been assured of the vetting process and the quality of the PP equipment.

Kronos Signing No new problems were discussed.

COVID We discussed the last meeting that 521 staff were vaccinated as of 1/18/2021

Stat 13 Issues Supervisors were not showing up on nights.

DOH Action Plan Update

- Rounding
- Increase training
- Cover the wall sockets
- Removal paper clips
- Increase presences on the floors
- Increase staffing

New Business

Vacation/personal requests Vacation request in PM-6 and the ED take months before there is a response. The contract states that requests outside of primetime should receive a reply within two weeks. We expect that the request should be addressed in a timely fashion. There have been multiple meetings with Karen, the supervisor, but this continues to be a problem.

Mandatory Overtime Several concerns were shared as the result of the increase in mandatory overtime, which has been imposed because of weather emergencies (Code White) and a high level of call-outs. Many of the mandatory overtime did not comply with the state laws (ACT-102) and the bargaining unit agreement policies.

Those who are mandated were not given the appropriate 10 hours off but demanded by their supervisors to report to work. PA Department of labor; Act 102 states any employee required to work more than 12 consecutive hours should receive 10 hours of off-duty time immediately following the worked overtime. The guidelines of Act 102 commenced on July 1, 2009. In an incident, a staff member Judith Haven was threatened. She needed to return to work in 8 hours to cover her shift, or punitive action would follow after being mandated to work. This incident will be investigated. Management was cited Act 102 and stated that they would comply with its policies.

Also, CRTs were pulled from the CRC to work on the behavioral health units and were unfamiliar with the behavioral health units.

Staff members are being mandated with short notice and not give appropriate notification. Several staff members were told 15 minutes prior to shift change. Management stated they plan to investigate these incidents.

Several complaints of unfairness and inequality were made about staff members mandated to work back to back. At the same time, others had not been mandated to work at all.

HPAE has requested to be notified of each member being mandated. We would like to receive the waiting list of members to be mandated. We would like to ensure that mandating members were in the proper order, such as; volunteers, pool members, and then reverse seniority order.

Management agreed to share a copy of members on the waiting list to be mandated and what they have done to follow the policy.

Personal and Holiday Time Off Staff should receive notification within two weeks as stated with vacation time.

Interview new candidates Our staff should be included in the hiring process, and members seeking employment should be interviewed before hiring the new staff. Magnet status required us to be a part of the hiring process. We have several new members that don't have the experience or skills to demonstrate competence on the job. Management shared that due to our current situation with the

Department of Health action plan. We must fill positions as soon as possible. The urgency has precluded the staff from being a part of the interview process.

If we have some concern about members we work with, we should contact the manager.

Training COVID has altered our traditional training system, but we may address some of the special needs through Zoom.

Gloves and PPE We have not had any other glove deficiencies. We will continue to monitor and bring any issues to management.

Call-outs: RIC program is responsible for staff Jeans Hospital, Temple Hospital, Fox Chase and Episcopal Hospital has begun operated within the last 2 weeks. There are several issues that the department of RIC must workout. They rely on information from your unit to make the decision. HPAE wants to ensure that this department will comply with the policies of our contract. They need to select volunteers first, pool staff next, and finally, the full-time staff members.

Management stated that they would assist RIC in getting this moving in the right direction and streamline the process.

Dianna is currently training the schedulers who are under one HUB of RIC.

C6 issues

Uniforms Cheryl will forward uniform information to Maria, and she will email Betsy.

Short Staffing Forms Management acknowledged the need to complete the forms and did not oppose this process to notify management of staff shortages.

DOH Update: We are anticipating a visit from the DOH Department. They have extended our Plan until March 22, 2021.

Training C6 staff We will discuss this matter in the Thursday meeting and will be discussed later.

COVID Screening No records are being stored, and members appear just to take the paper; FIT testing for new masks

Update Charge Nurse training Lyn will coordinate the training and request that we submit any specific concerns. It is generic training and does not focus on any specific units and departments. So, we will have to make it tailored to our system. We feel the need to prepare the NR Charge nurse responsibilities and how they will reflect at Episcopal.

Non-Payments A staff member did not receive payment as usual and was told that Temple has switched to the ADT system.

Next Meeting: April 27, 2021 @ 8:30 AM

Address Service Requested



COVID-19's vaccines are disproportionately difficult to get for minorities in PA.

While we are excited to get back to some normalcy, most of us are considering vacationing, and you may be interested in getting your family vaccinated. If you are a resident in the Philadelphia metropolitan area, you might be sadly surprised to find that Pennsylvania has practically forgotten about the City of Brotherly Love.

I was preparing to take a trip with my family when I found that getting them vaccinated seems quite impossible. As I viewed the map from the Department of Health for available sites offering the Vaccine in Pennsylvania, and I realized that the city of Philadelphia had only one location providing the vaccination. The PA Department of Health's map had 1,143 sites listed in Pennsylvania, but only one place was listed in the Philadelphia area, "The Children's Hospital"!

So, I checked out the CDC Website, and there it was, "Just One." It is so unfair and disappointing to realize that the heaviest populations of minorities are in Philadelphia and the government has not attempted to address this inequality.

I asked myself, why would the most populated areas in PA, lack access to the vaccine? This idea is quite disturbing, and I was glad to hear that the Black Doctors Consortium decided to address the high number of blacks contracting COVID in Philadelphia. Their efforts to provide the vaccine to minority residents of Philadelphia face many challenges. They utilized privatized and community base locations, such as Temple's Liacouras Center, Enon Baptist Church, Christian Stronghold, and Deliverance Evangelistic Center.

Their efforts were sadly undermined. Consequently, over 70 % of those who were vaccinated were whites that live in suburbia. Only 14% of the minorities from the Philadelphia region have been vaccinated.

We are truly grateful for those in our community that would not stand by and watch so many people lose their lives to such a horrible health crisis. Indeed, they are the hero's, that have decided to stand-up against an unfair system of polarization. We need others to shed light on this issue and hold our legislators and government officials accountable

—*Michael Wilson, BHT, Secretary*

Thank You Acknowledgements

March is here again and traditionally we take this opportunity to acknowledge and thank all of the Professionals for their hard work and dedication to their jobs. Without them we could not provide the compassionate and much needed care and assistance required by our patients.

A sincere thank you to all of our Social Workers and to the Discharge Planner for the great work they do in assisting in building and developing stronger family relations and working out in our communities.

The coming of February and March also provides us with the opportunity to recognize and sincerely thank the Behavioral Health Therapy Department...which includes our Minister, Art Therapist, Therapeutic Recreational Therapist and Music Therapist.

We acknowledge your dedication and the tremendous amount of work and effort it takes to provide our patients with the needed care and individual and group therapy that is required for them to improve their mental health.

It is a pleasure to work beside such compassionate, kind and caring individuals. Once again... a big Thank You to both groups of Professionals. Our patients are so lucky to have you all.

—*Venus Weaver, BHT, Treasurer*



Since the fall 2020, healthcare workers have been reporting to HPAA concerns over highly suspicious ill-fitting, misshapen, sometimes torn and, often, odd-smelling "3M" masks they are being given by their employers while providing care for patients during a pandemic outbreak. Workers have reported that it is difficult to get proper seal with these masks to ensure they are fully protected. It turns out, the nation is inundated with fake respirator masks. HPAA has published a guide on how to tell whether the mask you've been provided is potentially counterfeit, visit: <http://bit.ly/ExposedFaceMasks>