



From our President

Hello Members,

As of September 1, 2021 our former President Betsy Nulty retired from office after serving our local for over twenty years. Our new officers were elected in an uncontested election in August. I would like to take this opportunity to thank you all for allowing me to serve as your new president. I have some big shoes to fill ... but I believe that I am up to the challenge.

Firstly, I would like to introduce myself to those members that do not know me. I have a long history with Episcopal Hospital... I started out as a security guard and then pursued a career in respiratory therapy. My first job as a therapist was at the Philadelphia Nursing Home which was managed by our Episcopal management team. For the past sixteen and a half years I have been employed in the respiratory department here at Episcopal Campus.

I have served as a union rep and most recently as the Co-Grievance Chair on the Local Executive Board. Like my predecessor I will continue to fight for the concerns and issues of our membership and patients by holding management accountable and ensuring that our contract is honored.

I hope to continue to engage our membership and encourage all of you to take an active role in making our local a force to be reckoned with in advocating for our patients and ourselves. Without you there is no Union with your participation and taking an active role as union members and patient advocates, we will exceed our goals in improving working conditions and patient care here on campus.

As we move forward Temple University Health System has embarked on a bold "Staffing Solutions" recruitment effort ... the goal being to hire two hundred nurses throughout the system. Our leadership has been negotiating with management, and we have come to an agreement regarding these strategies. Our leadership is strongly advocating that Temple financially recognize the dedication and perseverance of our members that have remained and weathered through the COVID crisis... unfortunately Temple management is "not interested" in any kind of retention bonus at this time. This initiative will hopefully reduce mandating and staffing issues at Episcopal Campus.

Local leadership has also been negotiating with management regarding their new Mandatory COVID Vaccination Policy. We hope to have definitive answers for you following our meeting later this week.... unfortunately management has delayed in responding to our requests to meet and discuss our concerns.

I look forward to working with all of you and our LEB as we move forward towards realizing our goals.

In Solidarity,

Chris Lewis

Finding Your Place in the Union

The Union is not a fee-for-service organization, it is a family.

— Sue Carney, APWU Director of Human Relations

This year has been tremendous for so many reasons that we, and you, could spend hours discussing and illuminating. Our hospital system has faced new challenges, and our Union members and co-workers have toiled in high-risk, high-stress work environments. We have worked through sickness, loss, anxiety, family stress and have continued to demonstrate our value as individuals and a collective during this trying time. In lieu of this, our local faces a time of transition, as we have fondly said goodbye to several founding leaders and mentors. Trying to find our footing in a constantly shifting situation has become our new normal. Yet, we strive forward because we know that as a Union, we have each other to hold us upright.

We, as individual union members, may have come from divergent generations, professional training, religious and economic backgrounds, ethnicities (and more), yet we are connected through our shared motivation to provide the highest standard of healthcare and wellness to our patients and our peers. The strength to do this comes from within each one of us yet it is amplified by the synergistic effects of our collective organizing. In short we are so much stronger when we are united. Our union is not some distant office operating in New Jersey. It is right here. It is you, and the people you work alongside every day. We are made more powerful through your continued engagement with your reps and each other.

As we scanned the table at the farewell dinner for Betsy Nulty (our outgoing President), Sue Clements (our former HPAE staff rep and VP), and Richelle Kozak (former Secretary and Treasurer) we reflected on their grit, unwavering commitment to their co-workers, and their stoic yet warm leadership. These powerful women demonstrated what it meant to be both a professional union and a family. They cared and advocated for us and our futures in a way that many laborers may never feel. They set a precedent for every union member to examine ourselves and our roles in this system with a critical and compassionate eye. They faced management with conviction because they believed in the union and its members. Most importantly, they did not do this because they had some special skills or unique capacity. They served so passionately in their roles because they knew that we members would do the same for them. Now that they are transitioning out of the working world, it is on all of us to step up for one another. Now is the time to engage with union organizing if you have felt unheard or silenced. We all have a voice, and joined together, we can create an awesome racket for change.

In Solidarity,

Pastor Michael Wilson and Zein Hassanein, MA, MT-BC

CRC Update

As you all are aware there have been ongoing serious safety concerns for our patients and members in the CRC. Our local addressed this by filing a grievance for not following the CRC Diversion Policy. This policy is a direct mandate from the Philadelphia Office of Mental Health which states that when a CRC is on a Divert Status, 302's outside the Temple network should be transported to other CRC's by the Philadelphia Police Department. Temple Management denied this grievance.

Our intention when filing this grievance was to alert Management that the policy was not being followed and was being blatantly ignored by police. The lack of communication between the OMH and the PPD is creating a dangerous situation in the CRC which is putting the safety of our patients and members at risk. When the CRC is at capacity and on Divert Status, the arrival of aggressive and violent 302 patients places everyone in the CRC at extremely high risk for injury.

The response from Management was unsatisfactory and unacceptable. We have discussed this at both the Violence Prevention and Labor Management/Safety Committees. According to Management, Mr Young was to have met with City Officials and Police for a discussion regarding this issue, and the CRC manager was supposed to be tracking violations of the policy. To date we have been unable to get feedback from Management regarding this meeting. As of this time nothing has changed... the problem persists, and if anything, has worsened.

Even though the grievance was denied, our local has gone on record and alerted management to our concerns and the dangerous situation that exists in the CRC.

Compounding this unfortunate situation is the discontinuation of the Admission Nurse position that was negotiated in our last contract... Management even neglected to notify local leadership of this. The loss of this position has caused the admission process to grind to a halt. Patients are remaining in the CRC for extended periods of time awaiting admission to the floors. There are too many people involved and too much confusion and disorganization in the admission process. The situation in the CRC is a recipe for disaster and we can only hope and pray that no one is seriously injured because of this. We need a concrete response and resolution to these problems from Management, our local has put them on notice.

In solidarity,
Gary Peoples

Crash Carts

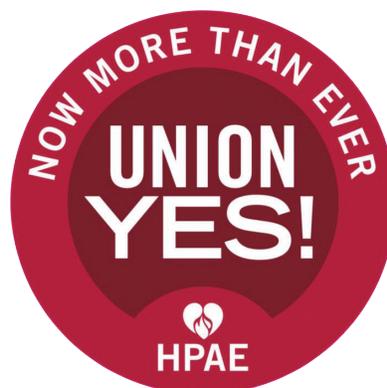
With all that has been going on with the Department of Health these days it seems as if our shifts have become overwhelming. The responsibilities, stressors and workload make the hours fly by as if they are mere moments. Working under these conditions it's easy to forget important tasks that must be completed daily.... especially our responsibility of checking the unit crash carts. This must be completed daily and neglecting to comply could result in disciplinary action or place a patient's life at risk.

It may seem like a mundane or simple task, but the importance of checking unit crash carts cannot be disregarded. Making sure expiration dates on medications and equipment is critically important to ensure that patient safety is maintained. An expired medication could cause an unnecessary life and death situation for our patients. The expiration dates are located on the yellow and pink cards and will inform the nurse which medications are due to expire. If you discover that a medication is expired, notify pharmacy immediately and they will come and replace the medication, update the expiration cards and change the lock.

Our responsibility also includes checking the defibrillator. The Nurse Educator recently held training sessions on the correct use of the defibrillator including how to change the date and time. If you missed the training or are unsure how to use the device, please contact our educator Suzie Murphy RN or ask your buddy-nurse for a demonstration. I asked a nurse coworker and she demonstrated how to use the defibrillator It was pretty simple and easy to understand and learn how to use.

I know that we are still undergoing this stressful time.... but the storm will eventually pass and the sun will again shine on Episcopal Campus and on us. Continue doing the great job you all are doing and together we will get through these trying times. Don't let neglecting checking the crash cart derail us on our path to better days... no one wants to hear these words from a manager you need a Union representative for a meeting today.

In solidarity,
Jamie Barge



Once in a Century Pandemic One Year Later

It was about one year ago that everyone in Local 5106 became fully aware that we were living through a once in a century pandemic. People all around the world were impacted by COVID – 19, and the severity of the symptoms were varied. Many people became critically ill from COVID while some just experienced minor symptoms. Across America many hospitals reached near capacity, and it was feared that if the number of COVID patients continued to grow, hospitals would be unable to treat all who needed care, Hospitals filled to capacity which would prevent people from receiving in patient medical care was a reality that seemed unthinkable, and as the pandemic worsened, public health experts warned that it could happen. So many people became seriously ill and passed away that the national mood seemed to go into a state of depression. Extended periods of quarantine, social distancing and the closure of schools, businesses and government offices caused feelings of hopelessness and isolation.

But now over a year since the pandemic began vaccines have been developed and approved in record time, Millions of Americans and people around the world have been vaccinated and as a result the national mood of depression has been replaced with one of hopefulness.

The difficult struggles that the pandemic took us through created the need to develop new ways of doing things that would keep people “safe.” In the process, new tools were developed and new ways of working. We began to “work remotely” or work from home on a much larger scale than before 2020. Also video meetings, like Zoom and Microsoft Teams became much more widely used. Telehealth medical appointments transformed the idea of a doctor visit so that people began consulting with their medical professional by smartphone, sometimes sending a picture of the injury or medical condition to the doctor. In addition, the technology used to develop the COVID vaccines has also given us a new tool and transformed the idea of vaccine development and distribution. And of course, the hope is that in the future the number of COVID cases can be limited or eliminated...We never want to experience anything like this again.

In solidarity,

Charles Bowen

Will Things Ever Be The Same

Just fifteen months ago COVID-19 and Coronavirus were unfamiliar terms to the majority of us, not so today. Media coverage has inundated us with information to the point where it seems there is no escape. COVID has impacted every aspect of our daily lives.

Mandatory social distancing, wearing masks and the closure of schools, government offices, restaurants and businesses were just a few of COVID-19's impacts on us. Our health care facilities and healthcare workers were overwhelmed. Critical shortages of personal protective equipment and staff, high acuity and critically ill patients with unprecedented high numbers of fatalities have had a devastating effect on our both our physical and mental health and our well-being.

COVID-19 was an unknown entity. The CDC and government leaders presented us with confusing, conflicting and inconsistent recommendations that were evolving by the hour. We couldn't get straight answers on how COVID was transmitted, what protective equipment was required, or even what medications could be used to treat COVID. These past fifteen months have seen an unprecedented effort and struggle to find the answers and to develop strategies to combat the virus and prevent future outbreaks.

Vaccines have been developed and programs initiated to vaccinate as much of the population as possible. Mandatory restrictions are in the process of being lifted and businesses, restaurants and government offices are opening again. However, there is a pervasive sense of uneasiness throughout society regarding the lifting of these restrictions and a “return to normalcy “. Many fear that by lifting these restrictions COVID will make a resurgence and there will be a return to the COVID chaos.

Thankfully we are resilient, and our perseverance and fortitude have gotten us to this point. However, the devastating effects of COVID-19 are far reaching and may require decades to fully comprehend. As healthcare workers and advocates we can do our part to help prevent this by encouraging those who have not been vaccinated to get vaccinated, to wear masks if any symptoms are present and to be conscious of social distance. These few simple measures take little effort and may go a long way to help limit the transmission and possibly prevent any future outbreaks of COVID-19.

Lastly, let's not disregard the positive impact that COVID-19 has had on us. Everyday “heroes “ have been recognized for their invaluable service and contributions, we have become kinder to each other and we have reached out to help others in more unfortunate circumstances than ourselves. Let's not forget this and remember that we're in this together!

In solidarity,

Venus Weaver

**VIOLENCE PREVENTION COMMITTEE MEETING
PHONE CONFERENCE CALL
SEPTEMBER 21ST @ 9:30 AM**

Attendance: Betsy Nulty, Christopher Lewis, Ken Gentle, Marcus Presley, Jaime Barge, Michael Wilson, Chaudron Carter, Al Da'tillio, Cheryl De'Vose, Jeanine Penn, Shane McDevitt

Introduction: Betsy announced to the Management about her retiring as the Local 5106 President and presented Christopher Lewis as the new President for HPAE Local 5106.

REVIEW OF MINUTES:

Old Business:

Magnetic Doors Follow-Up:

- ER REAR DOOR: Shane said no new reports.
- GROUP DOORS/PLUNGER ISSUES: Several of the doors' plungers have worn down. Shane stated this should be resolved by contacting maintenance. Also, per Shane we are placing windows in the small center door, and this will help with the security and make the room visible. Staff must fill out requisition orders.
- C6 ELEVATOR SWIPE: No reports of any issues.
- EGRESS DOORS: Shane reported that the doors are functioning fine, and we have monitored all movement. The doors are only to be utilized during an emergency, and it will take 30 seconds before opening..

MHT Coverage Groups:

- TRACKING OF GROUP SIZE: Chaudron stated that she has not had any problems, and coverage should be implemented
- GROUP SIZE COVERAGE NEEDED: Chaudron reports We haven't settled on a number.... Will get back to us regarding number.

Personal Panic Alarms:

- UPDATES ON ISSUES WITH DEVICE: management reports...The device reports are going well, and we are looking at expanding it throughout the hospital, but we have not decided yet. We are reviewing data and will soon have a direction.

ED

- The Incident of a person sleeping on the floor in the trailer bathroom x2. The person was and was able to get in through the doors in the ED not registered as a patient or visitor. Shane stated that after that incident, they changed the trailer door lock to a self locking door.

New Business:

DOH Up-Date:

- We are still on a provisional license and received an extension until January 2022.
- DOH came out and conducted a complete survey and found some minor citations on all campuses.
- In particular, to Episcopal Campus, there was one deficiency.
- The Department will come back before January to survey the identified deficiencies followed by a complete survey in January.
- We anticipate them to come out by next week

Joint Commission Up-Date:

- Joint Commission license is for all the campuses, and during their survey, they found four deficiencies. We expect them to return next week.
- Episcopal Campus had 4 citations.
 1. Pain management
 2. Call bell wrapped around an armrest.
 3. Expired Test Strips in the Kitchen.
 4. (Another item)

*They will be back out within the next two weeks to reinspect us on all the areas found.

STAT 13's Update: Jeanine reported

- Jeanine explained they currently are gathering information and looking at trends on the Behavioral Health Floors to identify:
 1. Restraining patients correctly
 2. Appropriately Medicating,
 3. Opportunity for education
- The data we have collected is from the BH floors.
- We see that we are medicating appropriately.
- The restraints numbers have decreased and we are utilizing restraints properly.
- The ED has not been included in this study.
- Jeanine reported Stats-13 for July and August:
 - Stats. July: 184 - Aug: 132
 - CRC: July 71, - Aug. 55
 - ED: July 66, - Aug 50
- There appeared to be a downward trend. Jeanine stated stats are not always a bad thing.

Medication Changes:

- Chaudron has addressed Versed vial dosages for the ER. Problem corrected ...Thank you Chaudron.

STAFF MEMBER ASSAULTED (CRC)

- The employee has pressed charges. Administration assisted the employee with the process. Once the patient was released, the Philadelphia Police Dept apprehended him..

STAFFING MANDATION

- Mandations in the ED: No available numbers at this time. Number of ER mandations has increased due to loss of staff.
- We are not mandating any locations in the hospital but the ED.
- Mandations are down throughout the hospital, and Jeanine

HIRING STAFF

- Staffing has been good, and we have not had to mandate in months.
- Jeanine stated we have had to cancel per-diem staff several times.

VIOLENCE PREVENTION COMMITTEE MEETING *(continued)*

ED Staffing

- Chaudron stated that we had some challenges hiring in the ED.
- We are in the process of hiring.
- ED has dual reporting relationship with Chaudron and Nancy Polateri and will ensure to have someone on the call with the necessary information.

PM 6 New Nursing Model:

- PM 6 is piloting the new nursing model; we have assigned them four nurses and four MHTs. So, they are paired, and they have a Charge Nurse and three nurses along with the MHT.

- We are rolling this model out to the BH Floors, PM-5 will go live next week.
- During the evening shift, the Nurses will be reduced down from three to two from 7 PM – 7 AM.
- We are short 22 nurses for the new model to be implemented throughout the entire hospital.
- Until we have the needed staffing, coverage may fluctuate with numbers nurses and MHTs to offset the shortage.

Next Meeting: Oct 19, 2021 @ 8:30

LABOR MANAGEMENT/SAFETY COMMITTEE MEETING PHONE CONFERENCE CALL SEPTEMBER 21ST @ 9:30 AM

Attendance: Betsy Nulty, Christopher Lewis, Jamie Barge, Marcus Presley, Michael Wilson Chaudron Carter, Jeanine Penn, Shane McDevitt, Cheryl De'Vose

REVIEW OF MINUTES

Old Business:

- UNIFORMS FOR MHT'S: Chaudron stated that the MHT's is under 1199-C and referred to the BHTs. She has several samples in her office and needs to pick which manufacturer.
- Cintas is the distributor of the uniforms; She will choose the manufacturer.
- Each department has chosen its colors. MHT's all Black, BHT's black bottoms and gray tops.
- We should be live by Thanksgiving. All employees will receive the initial \$200.00 for uniform allowance in December. \$100.00 maintenance fee in December.
- Departmental Managers can choose to have their members wear uniforms.

Smart Square:

- ER Management had made an error with imputing information causing staffing shortage and confusion, reports this has been corrected.

Lab Techs:

- A pool person was hired as a full-time supervisor. Cheryl stated she was not aware of this situation.
- The position requires the person to have the background as a generalist.
- The training was identified as an issue.
- Working short/Compensation: Chaudron approved the agency, but I don't have that information for that situation.

Weekend make-up policy

- We have a policy that is being viewed by the administration and should be forwarded to HPAE to review and discussion, by next month's meeting.

COVID Update:

Admission Numbers: All campuses.

- Episcopal Hospital None
- Temple Hospital 38. (29 Med Surge, 9 ICU)
- Jean 19 (6 ICU, 13 Med Surge)

Vaccination Staff:

- Total numbers are unknown at this time.
- As of October 15, 2021, unvaccinated staff members will not be eligible to work unless they have an exemption.
- Until members are fully vaccinated, they will not be eligible to work after October 15, 2021.
- Vaccines will be offered from Temple Main, Jeanes, and Episcopal. Times will be posted.
- Free parking for 30 minutes at Temple Main.
- Insurance will cover routine testing as well.

Staff With Covid

- The number of staff out with COVID: As of September 19th, 2021, None.
- Members that test positive will continue to receive administrative leave.
- Several staff members resigned due to the mandate: We have not seen any resignations.
- Exemptions: Temple has received over 300 applicants, but 175 have withdrawn.
- We will be reviewing the exemptions request this week.

Staffing:

- New Hires: We are continuing to hire. There still is a need for RNs and Behavioral Health positions.
- Call-out Center: Several concerns about the call-out process and information being forwarded. Management is unaware of any issues.
- HPAE reiterated that Management should inform HPAE of all uni-lateral operational changes and policy changes prior to implementing changes.

Next Meeting: OCT 19, 2021 @ 9:30 AM

Local 5106 At the Labor Day Parade!



Local 5106 Awards and Retirement Party at Gallos

