



HPAE

LOCAL 5105 Newsletter

THE PATIENT ADVOCATE
A NEWSLETTER FOR THE MEMBERS
OF HPAE LOCAL 5105 AT VIRTUA
MEMORIAL/CNS

THE PATIENT ADVOCATE

August 2017

Message from the President

A nurse in one of our HPAE hospitals, Bergen Regional Medical Center in North Jersey, was severely injured when a patient, well known to be violent, attacked her. The patient scratched her face, ripped out her hair, injured her back and tore ligaments in her knee. It took her a year and a half of surgery, physical therapy, walking on crutches and wearing a knee brace for her physical symptoms to alleviate enough for her to go back to work. This is just the physical recovery. The attack also caused psychologic injuries—PTSD-- for which the nurse continues to seek psychiatric care. The nurse filed a grievance and won. The hospital was found to be negligent in providing a safe work environment, including providing sufficient staffing.

Virtua has an obligation to protect us from violence *not just legally, but contractually*. Our contract states:

Article 5.9: Virtua shall maintain staffing levels to preserve quality patient care and employee safety at all times.

Article 14 #1: The Employer will observe and comply with all local, state, and federal health and safety laws and regulations, and will make its best efforts provide and maintain a safe and healthy workplace.

Recently, two instances have arisen where we feel the employer has failed to maintain a safe and/or healthy workplace.

First, a nurse had her head slammed into the wall by a patient, well known for violent behavior. The employer knew about his violent history and failed to take appropriate action to protect our nurses and other staff members. This nurse continues to have light sensitivity, dizziness, and headaches. She cannot drive, lift, push, pull or look at a computer screen. She's on Worker's Comp, but Virtua still insists she come in for "light duty". The patient should have been on a security 1:1 because he had multiple incidents of violence going back at least a year. Even after the incident, no security officer was "available" to sit in this patient's room for a day and a half. Consequently, another staff member was assaulted. We have filed a grievance and the nurse has filed charges against the patient. In addition, we've called OSHA.

The second incident involves a patient stalking one of our homecare nurses. The nurse reported the incident months ago and yet, no action was taken to protect or support the nurse. Administrators did not intervene despite the assurance that they would take appropriate action. Even the police were stunned at the lack of intervention. The patient's behaviors escalated and after realizing that the employer had not intervened, she, too, filed a police report. We followed this with a grievance against the employer.

The safety and health of staff should be the number one priority for our employer. All too often, we find that is not the case. More to come.

Debbie White, President

PRECEPTORS - PLEASE READ

We filed a grievance against the employer for reducing the orientation period for preceptors from 12 weeks to 8 weeks as a standard. They responded by telling us it was not their intention to reduce the standard.

However, we have been hearing reports that in areas where there are staffing issues, people are being pulled off orientation early to staff the unit.

When they are asked by management how they are doing, most say they're doing "fine". Then management asks them if they can come off early. These new nurses are reluctant to disagree and insist on a full orientation, fearing this will be viewed negatively.

We are asking that all preceptors look out for your orientees. **Prepare them!** Tell them what may be coming and to respond in this way: "Let me think about it." This gives us enough time to intervene.

Always insist that a new nurse gets a full 12 weeks. Please run interference for our newest members. It's funny (or maybe not so funny), some of these managers came up through the ranks in Virtua. They got their full 12 weeks.

Thanks,
Debbie White, President

HPAE 2017 PROFESSIONAL ISSUES CONFERENCE

Our Professions. Our Voice. Our Power.

Our HPAE 2017 Professional Issue Conference (PIC) will offer a dynamic mix of workshops ranging from professional and personal development to broader organizing, policy, and political education.

Thu, October 5, 2017
9:00 AM – 4:15 PM

Lafayette Park Hotel & Suites
1 West Lafayette Street
Trenton, NJ 08608



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Throughout the year, healthcare issues have dominated public debate; from healthcare reform, the opioid crisis, mergers and acquisitions. As a union of nurses and healthcare professionals, HPAE members are uniquely positioned to influence and advance health care standards and policies beyond the bedside, in all levels of government, and throughout the healthcare industry.

Members: \$25.00; Non-Members: \$60.00 (includes breakfast and luncheon)

HPAE 2017 PIC Workshop Options (course descriptions are online):



Health Professionals and Allied Employees
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NEW!
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 The Union Labor Life Insurance Company

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Whether an accident happens at work or away, Accidental Death and Dismemberment (AD&D) insurance provides members of the American Federation of Teachers (AFT)

with financial support needed during a stressful time. As a benefit of the American Federation of Teachers membership, AFT has arranged for all active working members* in good standing to have a \$5,000 AD&D benefit from The Union Labor Life Insurance Company.

Membership in an AFT local union includes AD&D coverage that pays the member or member's beneficiary a cash benefit after an accident resulting in covered injury or loss of life within 90 days after the accident. As one of the valuable benefits of AFT membership, AFT has paid for this coverage for ALL eligible members of AFT. AFT members who spend their lives working to provide stability for their families should have extra protection if a work-related accident occurs. That's why the policy provides extra benefits for workplace accidents.

In our last negotiations, HPAE won language to provide our members with an electronic unsafe staffing form accessible to bargaining unit members. This is a huge win for us. Our current paper process has become very onerous, considering the sheer number of unsafe staffing forms filed. Having an electronic form will address staffing issues in real time and hopefully improve staffing as well.

The form will be added to the Sharepoint site. Nurses will open up this form, which will be broken down by departments. Once complete, the form will be submitted electronically to managers and HPAE staffing committee members as well. The form contractually needs to be completed by October of this year.

Per our last negotiations- Nursing Directors' response to the unsafe staffing forms shall address the specific concern described on the form. The union had been receiving responses from certain Nursing Directors repeatedly stating that leadership was unaware of staffing situation and not able to respond to the unsafe staffing form, even though we had heard from nurses that they had been directly handed it to their managers.

The electronic responses from the Nursing Directors will now be a second page of the unsafe staffing form ensuring that managers respond accordingly and within 7 business days of submission.

A new Google email, (HPAELocal5105@gmail.com) has been created to receive the unsafe staffing forms and responses directly from Virtua. Staffing Committee members are still working out the fine details, adding extra meeting dates and working with IT. Ideally, the unsafe staffing form will be completed and submitted the same way as Occurrence Reports.

We will keep all members posted as to when our new unsafe staffing form will be available and how to access. More to come.

Thanks,
Lorraine Thone, VP and Co Chair of Staffing Committee

For more information visit: www.aft.org/add

For claims contact Barbara Rosen at 201-262-5005 ext. 133 or email brosen@hpae.org.

Grievance Update Fall 2017

PTO DENIALS: In negotiations this past Spring the issue of PTO denials for chronic short staffing and chronic vacancies was a hard-fought topic. We presented indisputable facts along with BOXES of unsafe staffing forms to prove that Virtua has not filled long-standing vacancies and PTO denials have resulted because units have schedules that consistently remain below core. Because it is “negotiations” and we have to meet somewhere in the middle, the final agreement contained language that all PTO denials must now have a written reason for denial.

Now it is our job to monitor and address, through the grievance process, any PTO denials that contain the reasons “staffing below core” or “too many vacancies”. The Unions position has always been that in larger units it is reasonable to expect that one person, per shift, per day be granted PTO. We have several active grievances for unreasonable PTO denials. This is happening especially on weekends which have been chronically been left short staffed by the employer. We need to be made aware of any future unreasonable denials in a timely manner within 10 days in order to grieve. Please make sure the reason for denial is written on the PTO form and if the denial needs to be grieved, contact the Union ASAP. **SEE THE BULLETIN BOARD AT EMPLOYEE ENTRANCE FOR LOCAL OFFICER CONTACT INFO!**

MANAGERS DOING UNION WORK: The chronic vacancies and chronic short staffing have also resulted in managers and assistant managers consistently doing bargaining unit work in certain departments. What does this mean and why is it important to address this issue??

Besides having a specific article in our contract addressing this, Article 1.5-- Bargaining Unit work, almost every contract, including ours, has a Recognition clause and a Management’s Right clause.

Basically, the Recognition Clause “recognizes” our union as the sole and exclusive bargaining agent for the purpose of establishing wages, hours and conditions of employment. The Management Right Clause basically states that management has the right to run the place, but this is a general rule and does not mean they can change any working condition any time they want. Our contract provisions explicitly limit management rights. One of those provisions states that the employer must make every effort to provide bargaining unit employees every opportunity to do bargaining unit work, including offering critical shift bonus (CSB) before managers and/or techs can do our work.

Having chronic vacancies and not reposting vacated positions in a timely manner creates a situation where managers have to fill the gaps just to provide basic patient care in some departments. Some of you may say- “managers should pitch in!” Yes, they should but as our contract states-only occasionally and in emergent situations. Having chronic vacancies is a money-saving strategy used by many managers to meet their budgets. This is also a strategy employers use to diminish the bargaining unit and weaken the union. With this said, you can now understand why it is important to recognize this strategy and use our contract language and Union rights under federal labor law to address this issue. We have filed several grievances in the last several years and take this very seriously!! It’s a cycle-we file a grievance to address this issue in various departments-they improve for a period of time-we settle the grievance with the understanding that we will grieve this issue going forward-then the issue reappears and we grieve again!! So—it is an ongoing battle!! This is an important issue that needs our constant attention!!

Your Union Sister,
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A Newsletter for the members of HPAE
Local 5105 at Virtua Memorial/CNS

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Address Service Requested

CNS Update

1. We have a grievance for CM time being denied after a 40 HR week of PTO for FT case managers. Article 5.8 #1 was negotiated to give you 2 hrs the day you return from vacation due to the amount of work involved to catch up: Qliqs, texts, VM on phone, VM on work mailbox, emails, and tasks and review your patients.

Virtua is saying they can split up the hours.

Let us know if this time is denied or taken away the day you get back.

2. Consents should only be an on-call admission, never during the day.

3. Managers have reinstituted the 3 Tier process for scheduling. Let us know if patients in the yellow are not called, are pushed, or if there is no documentation and they are not seen. Managers say the scheduling problems are 70% nurse's fault and 30% scheduler's fault. It shouldn't be us against them, but all of us working together.

4. For new nurses: are you getting off orientation too soon and don't feel ready? Let us know!

5. "Back up" on call is voluntary: NOT mandatory!!! If you are getting called and told you MUST do it or just that you are next on the list, feel free to decline. AGAIN let us know!

6. SAFETY: If you feel uncomfortable in a home, are getting strange phone calls from a patient, or need to go to an unsafe area, is your Manager responding appropriately and helping you? If NOT, please AGAIN let us know!

Thank you,

Molly Kirkpatrick VP CNS 609-790-9197
Kelli Zambetti Grievance Chair CNS 856-359-6610

The Internship Program: From Med-Surg to ED

I accepted the internship position in the ED, which involves a 6 month orientation. I came from a med-surg unit. This was something we pushed Virtua to offer to our nurses, rather than to students. (Virtua had intended to just bring students into our jobs without offering them to our members. We won that issue.

How do I like it? Well, though I miss my coworkers on 3NE, there's something to be said about the great teamwork in the ED. We never drown alone down here. Everyone has your back. And you are expected to have theirs, too, which works for me!

A six-month orientation is awesome—and absolutely necessary for this specialty if you're coming from med-surg. I've learned some things so far. I saw my first TPA, learned that there are many protocols down here, many supply areas and lots and lots of equipment. Also I've noticed that there are many return psych patients in a short amount of time. The system doesn't support their needs so they come in at least weekly.

I also am learning that down here you cannot focus on everything. Med-surg is wholistic but here, you get to the patient's immediate needs and then move on. I would like to publicly thank my preceptor. If she can put up with me, bless her soul. I try not to be a pain in the butt but I do like to do things right and try not to screw up in the process. She seems to get my learning style and is really helping me out.

I'm grateful to have this opportunity and it would not have been possible without a union. Right now, instead of me, a student (without a degree) would have had this opportunity.

Beth Cohen, Secretary