



# THE INFORMER

April 2017  
PRESIDENT'S MESSAGE  
by Pat Mills, RN

## Don't Let This Happen To You!

One of our members went on a Leave of Absence a few months ago and told the Northwell Health corporate payroll department not to pay her anything from her sick or benefit banks because she wanted the time to be available when she returned to work. However, as a result of not receiving any wages, she didn't keep up with the payment of her disability insurance premiums which are automatically deducted from our paychecks and her policy was cancelled.

So, in the event you have to take a Leave of Absence here is what you need to do:

- Call Absence One at (855) 789-9355 and notify them of your leave and you will be instructed about what you need to do regarding MD information.
- Contact Northwell Health corporate payroll department through their corporate office at (516) 734-7000 and make arrangements to have either a certain number of hours paid to you each paycheck or just enough paid time to cover your benefits. Corporate payroll will instruct you if an email or letter is necessary to start the process.

When you have these discussions with corporate office employees remember the Health System refers to benefit time as PTO (paid time off), however, HHNA nurses do NOT have PTO. Ours is separated into Sick time and Benefit time; therefore, you have to specify what to pay you first and how many hours to pay you.

Don't lose a benefit you've paid for over the years just because you didn't follow these steps.

## Dates to Remember:

**4/6 Council on Nursing Practice – noon\***

**4/11 Quarterly meetings\***

**4/15 Vacations requests are due**

**5/1 Vacation requests will be answered**

**5/4 Council on Nursing Practice - noon\***

**6/1 Council on Nursing Practice - noon\***

**7/11 Quarterly meetings\***

***\*Breakfast, lunch or dinner will be available; the location of the meetings will be announced.***

## **MAGNET NOTES . . . . .**

### **Site Visit**

by Joan Aliperti, RN – Secretary

Shared governance, evidence-based practice, nursing advancement, and collegiality among disciplines and departments: these were the common themes Magnet Recognition appraisers hit on throughout their site visit at Huntington Hospital, which ended March 3<sup>rd</sup>, 2017. I was chosen by Donna Tanzi, Director of Staff Education, to be a Magnet escort. I was hesitant at first, but I realized I could not let this opportunity pass me by. It was an experience for which I will be forever grateful.

The entire organization rallied around our Magnet site visit, and we got to showcase our great organization. It was our chance to shine and we did just that. As one of the escorts, I took the appraisers to a few of the units to meet with staff and provided them with the opportunity to “amplify, verify, and clarify” the quality of care being given to our most valued customers, the patients and the families we serve. There were many moving parts and complicated logistics throughout the magnet visit, but our staff succeeded in illustrating our commitment to excellent care.

The appraisers also allowed the escorts to attend many of the sessions they attended. By doing this, I got to learn about Huntington’s accomplishments, initiatives, projects, and committees. The open forum for non-nursing disciplines was attended by almost every department. What an incredible compliment to the nursing staff. Doctors, therapists, case managers, security, dietary, and many more departments came in on their days off to boast about the nursing staff. That was one of the few meetings that went into overtime!

Following the site visit, I reflected on what was learned from the experience. The accomplishments of our nursing staff are amazing and the passion they have for their profession is unbelievable. The Magnet journey has been a valuable time of growth for the organization and it doesn’t end now. Magnet organizations continually seek excellence and always search for ways to improve for staff, visitors, patients, and the community, but we already know this!

Good job on a successful Magnet visit and with much confidence I can say for our fourth application, WE GOT THIS!

### **The Final Day**

by Lisa Durler, RN – IV Team

As we all know by now, Magnet just completed their 4th assessment of our amazing nurses at Huntington Hospital.

I had the privilege of being an escort on the final day of the appraisal, and I can honestly say that the positive energy and excitement all around us was contagious and palpable, to say the least. I could see the nervous excitement on the faces of everyone waiting patiently for the next meeting to commence just so they could share their experiences and stories of how our nurses make a difference every day. You could feel the positive energy in the air, and I felt so much pride to be a small part of this very special group of people.

I know in my heart that we will receive our 4th Magnet designation, but no matter what, I will always be proud to say that I am a nurse at Huntington Hospital.

## ***The Council on Nursing Practice Needs You!***

by Jo Ann Pirro, RN - Treasurer

There is a contractual agreement between the hospital and the union found on page six of our contract for a Council on Nursing Practice. The council consists of two representatives of the hospital, as selected by the VP of Nursing, two members of the Association, as selected by the Association President and any additional nurses who would like to join the council. Its purpose is to review, develop and recommend standards of nursing practice specific to the hospital and consistent with the "code for nurses" of the American Nurses' Association and standards of nursing practice of the nursing profession.

We analyze factors which impede the practice of nursing, we review problems related to nursing practice, such as, staffing issues and we discuss new nursing issues, such as, what system-wide changes Northwell Health would like to implement that would affect all nurses in Northwell Health hospitals.

As you know, our new evaluations will have a personal goal component and a personal goal can be to join a committee or join more than one committee. The Council on Nursing Practice would love to see new members sitting at the table. The council meets the first Thursday of the month, excluding July and August, at noon; lunch is provided. Due to ongoing construction the location of each meeting will be announced.

Power concedes nothing without a demand; it never has and it never will.

~ Frederick Douglass, Abolitionist, Author, Diplomat

## **Work Schedules**

by Jane Hubert, RN - Second VP

Exclusive of holidays, work schedules are to be determined in the following order: full-time members select their desired work schedule first, then part-time members make their selections and per diem members select from the shifts left after full-time and part-time members make their selections.

Work schedules are to be posted at least ten days prior to the beginning of the work period.

When requesting benefit time outside the period of time between June 15<sup>th</sup> and

September 15<sup>th</sup>, selections are to be made on the basis of bargaining unit seniority and the operating requirements of the individual unit. Expanded information regarding work schedules can be found on Page 18 of your contract.

If you have any questions or issues regarding how your schedule is planned or if it is posted late, please let us know at the Quarterly meeting, email us at [HHNANurses.org](mailto:HHNANurses.org) or call the Union phone at 631-757-5206.

# Retiree Health Stipend

by Jo Ann Pirro, RN - Treasurer

Retirees who are participants in the health insurance plan at the time of retirement may purchase that plan at group rates up to the age of 65.

Members retiring on or after May 1, 2005, who are between the ages of 60 and the lesser of Medicare eligibility or age 67, who have twenty years of Huntington Hospital service (considering all of the member's years of service on a pro-rated basis based on hours worked) and who are receiving a hospital pension, will receive a cash allowance in the amount of \$2,500 per year toward the purchase of any health insurance plan. For example, a member who works as a 0.5 FTE for forty years at HH, would qualify for this benefit.

This payment will be made by the hospital to the applicable health insurance plan or to the member upon receipt of proof of a member's out-of-pocket costs relating to the purchase of insurance under her/his spouse's/partner's insurance plan. In other words, you are allowed to submit receipts and receive reimbursements for out-of-pocket costs relating to the purchase of insurance coverage under your spouse's/partner's group insurance plan. Upon receipt of appropriate proof, the hospital will reimburse the actual cost of your insurance up to a maximum of \$2,500 a year.

The hospital will issue a 1099 tax form to all retirees who receive this reimbursement.

In addition, members who have retired and are receiving a pension from the hospital can purchase certain prescriptions from the hospital's pharmacy at the hospital's cost or \$5.00, whichever is greater, subject to the following restrictions:

- The prescription must be for the retiree or her/his spouse.
- The medication must be on the hospital's formulary.
- Controlled substances are NOT covered.
- The pharmacy must be provided a minimum of 24 hours' advance notice to fill the prescription.
- Prescriptions can be picked up from the pharmacy Monday through Friday between 1pm and 4pm.

## MEDICAL DICTIONARY FOR HEALTH CARE

CARDIOLOGY . . . . . the advanced study of card playing  
CASTRATE . . . . . the market price for setting a fracture  
ENTERITIS . . . . . a penchant for burglary  
GANGLIA . . . . . a very tall, thin person  
HANGNAIL . . . . . a coat hook  
INPATIENT . . . . . tired of waiting  
MAMMOGRAM . . . . . a telegram to your Mama  
PAP SMEAR . . . . . to insult or belittle your father  
RED BLOOD COUNT . . . . . Dracula

# **FYI**

by Lisa Quintero, RN – First VP

## Everbridge Communication System

Back in January, Dr. Brogan sent out an email regarding ways to enhance communication with staff that led to the implementation of “Everbridge.” This system allows the Hospital to send out important alerts. Some of you may already be receiving these alerts. For example, a recent message was sent to staff regarding a Hospital Incident Command System (HICS) level change with the past snow storm. This is how the Hospital plans on communicating with the staff regarding any potential events that may impact hospital operations. If you haven’t received any messages, please log in to mySelfService and click on My Profile to edit your information so you can begin to receive these alerts.

## Sunrise Classes

For members who are out on a leave of absence and have not previously taken the Sunrise classes, remember you need to complete the Sunrise classes prior to returning to work to be considered competent to return. Contact the employee health office with clearance from your doctor and then contact Staff Development to find class availability. Plan your return around those classes.

## Summer Vacation Requests

Although the entire calendar year is eligible for vacation, summer vacation requests must be made in writing. Vacation requests between June 15<sup>th</sup> and September 15<sup>th</sup> must be submitted to your Nurse Manager by April 15<sup>th</sup>. Employees will be notified by May 1<sup>st</sup> of approval or denial. If denied, the Nurse Manager must make arrangements to reschedule the vacation as soon as possible. Selections will be made on the basis of Bargaining unit seniority and the operating requirements of the nursing unit. Once your vacation has been approved it cannot be denied.

### **You know you’re a nurse if . . . . .**

**you believe doctors can be frustrating: you wait 6 weeks for an appointment and they say, “I wish you would have come to me sooner.”**

**you watch America’s Funniest Home Videos and you can only see the people as injured patients and can’t laugh.**

**you believe any job where you can drive to work in your pj’s is a cool one.**

**your family members must have a fever of at least 105 or be missing a limb with active bleeding in order to receive your sympathy.**

**you believe there will be problems.**

**you believe heaven protects fools and drunks.**

**you think there is no such thing as a bad code, only codes that didn’t go the way you planned.**

**you know there is no such thing as a “textbook case.”**

## **Editorial** by Marion Catanzaro, RN

During a nationwide nursing shortage in the 1980's certain characteristics were observed at hospitals that were able to hire and retain nurses in spite of the shortage. The ANA studied this phenomenon and developed a model for nursing excellence based on fourteen characteristics that are divided among five categories. In 1994 five hospitals participated in a pilot program and the first ANCC Magnet recognition was given to the University of Washington Medical Center in Seattle.

Nurses at Magnet designated hospitals should experience a higher level of job satisfaction, better patient outcomes and a lower turnover of staff nurses than those at non-Magnet designated facilities. They should be valued and involved in patient care decisions and nursing practice research. Nurses and other health care personnel are enthusiastic about the Magnet program, however, it does have its opponents.

Strong opposition has come from the California Nurses' Association and the Massachusetts Nurses' Association whose representatives have claimed the Magnet program is a big business promotional tool for hospitals and compare it unfavorably with JCAHO accreditation. These Associations believe money spent to secure Magnet status would be better spent on improving nurse/patient ratios, for example. Hospitals counter by claiming the cost of attaining Magnet recognition is more than covered by increased revenues at Magnet hospitals. Nurses have reported that after their hospital achieved Magnet status new initiatives fell by the wayside and Magnet coordinators were terminated.

There are always two sides to every argument. You are in the unique position of working at a hospital seeking its fourth consecutive Magnet designation. Check out objective and subjective information about the Magnet process on the internet, compare it to your own experience of working in an established Magnet environment and decide what side of the argument you are on.



**“The servers are on strike.”**



# HHNA Quarterly Meetings

## Tuesday, April 11<sup>th</sup>, 2017

Meetings will be held at the following  
times and locations:

7:30 am - Gillies 3

12 noon - Sammis

1:00 pm - Sammis

7:30 pm - Gillies 1 and 2

Breakfast, Lunch and Dinner will be available

Please remember: in order to be a member in good standing, FT/PT employees must attend 2 quarterly meetings a year. Per Diems must attend 1 quarterly meeting a year.



Visit the HHNA website at [HHNANurses.org](http://HHNANurses.org)