HUNTINGTON HOSPITAL NURSES' ASSOCIATION ESTABLISHED 1988

THE INFORMER

January 2018

PRESIDENT'S MESSAGE

by Pat Mills, RN

First of all, I hope you all had a very happy holiday season and have a healthy and prosperous new year. Then, I'd like to address something that recently happened in our hospital**:** a union member used social media with regard to a patient who is also a close family friend.

Following are some of the policies regarding social media. The policies apply to the use of social media while at work and away from work when the user's Northwell Health affiliation is identified, known or presumed.

Protect Patients' Confidentiality**:** A user may not disclose patient information of any kind, including a patient's image, even if the patient is not identified by name, on any social media unless the user received specific written permission in advance to do so from the Northwell Health Content Management team at socialmedia@northwell.edu. Without written permission from the Northwell Health Content Management Team, information may not be disclosed even if the patient consents to such disclosure.

Comply with organization policy**:** A user is expected to adhere to the Northwell Health Code of Ethical Conduct when using or participating in social media. All policies that apply to other organization communications apply to the use of social media. Those policies include, but are not limited to, policies regarding respecting employees and patients, protecting the confidentiality, privacy and security of patients and Northwell Health Data.

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Write in the first person and use a disclaimer**:** A user must not represent that he or she is communicating the views of Northwell Health or do anything that might reasonably create the impression that he or she is communicating on behalf of or acting as a representative of the organization. When a user's affiliation to Northwell Health is apparent, the user must make it clear that he or she is speaking for himself or herself and not on behalf of the organization. A user must use a disclaimer, such as, "These views are my own."

Please note that violations of this policy may result in disciplinary action, up to and including **employment termination.**

One thing I would like to suggest is to take the time and wait a few minutes before you post anything on social media. Think it through first before doing it. Once it's in cyber space it's out of your control.

Dates to Remember:

1/4	***Council on Nursing Practice - noon***	***3/1***	***Council on Nursing Practice - noon***
1/9	***Quarterly meetings***	***3/13***	***Unit representative dinner - Joanina's***
2/1	***Council on Nursing Practice - noon***	***4/10***	***Quarterly meetings***

Breakfast, lunch or dinner will be available at all meetings. The location of the quarterly meetings will be announced. Nursing Practice meetings will be in Gillies.

FYI

by Jo Ann Pirro, RN – Treasurer

New Pricing for Union POS and EPO Medical Plans for 2018

POS Total Amounts (Employer plus member's payment per pay period)

Single - $503.99
Employee + spouse - $1,005.91
Employee + child - $906.16
Family - $1,513.92

POS Member's payment per pay period

	Full-time	Part-time
Single	$75.60	$239.40
Employee + spouse	$150.89	$477.81
Employee + child	$135.92	$430.42
Family	$227.09	$719.11

EPO Total Amounts (Employer plus member's payment per pay period)

Single - $494.68
Employee + spouse - $987.32
Employee + child - $889.41
Family - $1,486.05

EPO Member's payment per pay period

	Full-time	Part-time
Single	$74.20	$234.98
Employee + spouse	$148.10	$468.97
Employee + child	$133.41	$422.47
Family	$222.91	$705.87

ALARIS Pumps

The hospital is implementing the use of new IV pumps. They are called Alaris pumps and will be used throughout the hospital. Training for their use starts January 9, 2018. The training is for one hour unless you are a "superuser" as all Nurse Managers and Assistant Nurse Managers are. Superuser training is one and a half hours in length. If you have knowledge of the Alaris pumps or would like to become a superuser please make your manager aware. Nurse Managers are placing staff into training sessions during their work hours. If you would like to be scheduled for training on your day off, you will be paid straight time.

MEDICAL DICTIONARY FOR HEALTH CARE

COMA. . . . . .a punctuation mark

CONGENITAL. . . . . .friendly

CYSTOGRAM. . . . . .a cable to your sister

INTESTINE. . . . . taking an exam

RECOVERY ROOM. .a place to do upholstery

You know you're a nurse if . . . . . .

you've seen people at their worst and don't think any less of them.

you think "code browns" are funny.

you barely recognize your spouse and children.

you can debate the finer points of scrub shirts.

you are freaked out by trachs and NG tubes.

Ask the Vascular Access Nurse

by Sue Manning, RN

We subscribe to the old adage that no question is unimportant or irrelevant, as the questioner is always seeking to improve his or her knowledge. With that thought in mind, let's look at some frequently asked questions the vascular access nurses have encountered.

When do we change the IV?

Ahhh…. This is a repetitive question and one that needs proper clarification. Over the years, published researched evidence has shown that frequently changing the IV can do more harm than good. The skin is the largest organ, as we all are aware, and it is used to protect the human body. Evidence has shown that when we poke many holes in this protective outer covering we run the risk each time of introducing an unwanted bacterium that may be lying on the skin into the blood stream. Think about poking many holes into the windshield of a car and what kinds of things would then enter a car's interior. Bugs, dirt, and bird droppings are but a few undesirable things that could come through those holes. CHG swabs are like wiper blades with windshield cleaner fluid. They're pretty effective in cleaning before the holes are made. Research has shown that the IV can now safely be left in place until it is *clinically indicated* to remove it. What that means is that nurses observe and decide when the IV needs to be removed. It behooves us to keep watch over the IV to protect the patient from a painful infiltrate or an infectious process. When in doubt, take it out. If it's good, leave it in. We have improved our practice based on peer-reviewed evidence. We record phlebitis rates and have seen a significant decrease in those rates since instituting the clinically indicated removal policy.

What is the difference between a midline and a PICC ?

Everyone asks this, so do not feel bad if you don't know. A midline is a peripheral catheter, which can be placed at the bedside using ultrasound guidance in a large peripheral vein (basilic, brachial, or cephalic) in the forearm or upper arm. We place 10cm catheters, either 18g or 20g depending on the size of the vein. It can be used immediately and does not require x-ray confirmation. A midline can remain in place for 29 days with weekly dressing changes. The midline, as with any peripheral access, must be flushed to maintain patency. Clotting is not a good option for the nurse or the patient.

A PICC is a central line that is placed in the basilic, brachial or cephalic veins of the upper arm with the catheter tip terminating in the superior vena cava, optimally at the cavo-atrial junction. It must be placed in a clean environment, which is why we relocate the patient out of a double room to perform insertion of a PICC. We can't have a roommate coughing on the sterile field or Maintenance stopping in to change a light bulb. A PICC can be a single or double-lumen with a length not exceeding 55cm but averaging about 40cm. It is inserted under strict aseptic technique, using ultrasound guidance. The room is cleaned, and two nurses must be present. The patient is draped and the sterile field is strictly maintained throughout the procedure. The nurses are gowned, gloved, and masked. (This is why you cannot reach us sometimes. If you need us at this time, we will be unavailable for upwards of an hour or two, depending on the complexity or ease of the case and we ask that you leave a Vocera message). An x-ray must be performed, along with radiology confirmation and the attending doctor's order-to-use before the PICC can be accessed. Flushing of the line or lines, if it is a double-lumen PICC, is necessary to maintain patency and a good blood return. The dressing is changed weekly, and the PICC can remain in place for as long as is deemed necessary to complete treatment. Yes, well up to a year and we have even seen two.

Hopefully this has helped to clarify some of the frequently asked questions we receive. We are always open to more questions and concerns. We are here to assist, educate and sometimes provide a friendly face on a not-so- friendly day. Never hesitate to ask those questions because we believe that knowledge is power for both you and your patients.

New York's New "Paid Family Leave" [1]

You may have heard that Governor Cuomo signed the Paid Family Leave Act into law in 2016. Paid Family Leave (PFL) is regulated by the Workers' Compensation Board and all those covered by NY State Disability and Workers Compensation Laws fall under the PFL Act. This included HHNA members, as employees of Huntington Hospital (HH) subject to these laws.

The Workers' Compensation Board finalized the regulations on PFL in July 2017. The new PFL regulations raise many questions, including the following:

1. *Who's paying for PFL?*

You are. The PFL regulations provide for a deduction from your pay. The maximum rate for this deduction is set at 0.126% of your weekly wage, not to exceed 0.126% of the State's average weekly wage. So, if you make more than the average NY State employee, you're deduction is based on the State average, if you make less it is based on your own weekly wage.

Assuming you make more than the State average ($1,305.92 for 2018), the deduction you'll be subject to is approximately $1.65 per week. On the other hand, if you make $1,000 per week, the deduction would be $1.26. Employers were permitted to begin making this deduction in June 2017, but it is likely to begin in January 2018 if not in effect prior.

2. *What does PFL Cover?*

PFL covers many of the same types of leave covered by FMLA, but PFL actually covers more than FMLA in certain situations. Specifically, PFL covers the following situations:

- Bonding with a newborn, adopted, or fostered child;
- Care for a close relative with a serious health condition; or
- Assist loved ones when a family member is deployed in active military service.

For PFL purposes, birth leave begins upon a birth and is only for bonding, not for anything pre-birth.

For "Care" leave, it is broader than FMLA, as far as what relatives are included (spouse; domestic partner; child; stepchild; parent; stepparent; parent-in-law; grandparent; and grandchild). The relative must be suffering a serious health condition requiring inpatient care or continuing treatment/supervision by a healthcare provider. Examples include taking one of these relatives for chemotherapy, caring for them as they recuperate from surgery, or caring for them as they undergo intense psychotherapy. Common colds, flu, cosmetic treatments, and other common minor ailments do not qualify.

Military-related PFL is for when your spouse, domestic partner, child, or parent is deployed so you can assist with qualifying exigencies during that time. PFL used the same criteria as FMLA in this category, so you can receive pay when you would otherwise get unpaid FMLA.

According to the PFL helpline (number provided below), once PFL is fully in place in 2018, PFL must be taken **concurrently** with FMLA or other applicable leave. This would mean that you cannot take paid maternity leave using your accruals and subsequently take another 8 weeks of PFL to bond with your child.

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[1] The information referenced in this article is provided in the regulations at http://www.wcb.ny.gov/PFL/pfl-regs-text.jsp and "Information for Employees" at https://www.ny.gov/programs/new-york-state-paid-family-leave.

3. *When do I become eligible for PFL?*

The qualifications for PFL and FMLA differ.

For PFL, employees who work more than 20 hours per week are eligible after 26 weeks of employment. On the other hand, employees with a schedule under 20 hours per week become eligible after 175 days actually worked.

4. *What pay can I get through PFL?*

The amount you can receive and the time periods for receipt are scheduled to change from 2018 through 2021.

2018 - 8 weeks of leave - You can receive 50% of your average weekly wage or 50% of the State's average weekly wage, whichever is less.

2019 - 10 weeks of leave - You can receive 55% of your average weekly wage or 55% of the State's average weekly wage, whichever is less.

2020 - 10 weeks of leave - You can receive 60% of your average weekly wage or 60% of the State's average weekly wage, whichever is less.

2021 - 12 weeks of leave - You can receive 67% of your average weekly wage or 67% of the State's average weekly wage, whichever is less.

5. *Can I opt out of PFL?*

Very few individuals are eligible to opt out and avoid paying the deduction. You can only opt-out in the following circumstances:

- For an employee who works over 20 hours per week – if you will not work 26 consecutive work weeks; or
- For an employee who works less than 20 hours per week – if you will work less than 175 days over a year (52-week) period.

6. *What else should I know?*

The truth is that there are a vast number of questions that remain unanswered and many complex issues that are not addressed in this overview. The law and many topics involving PFL are yet to develop. Many issues that arise will be dealt with and clarified as they come up upon PFL being fully implemented.

Information is available on the Workers' Compensation Board and NY State websites at the following addresses:

- http://www.wcb.ny.gov/PFL/pfl-regs-text.jsp
- https://www.ny.gov/programs/new-york-state-paid-family-leave.

NY State has also set up a PFL Helpline, which you can call with specific questions at (844) 337-6303.

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Know Your Contract

by Joan Aliperti, RN – Secretary

Perhaps the most important aspect of union membership is the ability to negotiate a contract, which is a written guarantee backed by federal law involving every aspect of your work life including practice issues, pay, insurance benefits, vacation and leave policies, hours of work and much more. Your contract is a legally binding commitment that provides predictability, consistency and equity and takes the place of any arbitrary process management might attempt to put into effect. While the contract is in place, none of its terms, rights or benefits can be altered in any way by management for the life of the agreement.

To ensure that you receive all of the rights and benefits provided by your union contract, it's your responsibility to know and understand your contract. Keep a copy of it handy or reference it on the union website (HHNANurses.org) and refer to it any time you have a question about any aspect of your work life.

Most important of all, do not assume that your supervisor or any member of management has an appropriate understanding or knowledge of your contractual rights. If you are confused about how to interpret any aspect of your contract, seek out a member of your union Board for guidance.
If at any time you feel that your contractual rights are being violated or that management is not following the contract, speak with a member of your union Board who will assist you in filing a grievance, which is the official process for enforcing your contractual rights

Our union contract is due to expire at the end of September 2018. Take some time to familiarize yourself with the contract and suggest additions or corrections to the Board between now and then so they can be considered for inclusion during the negotiation of our next contract.

What can labor do for itself? The answer is not difficult. Labor can organize; it can unify; it can consolidate its forces. This done, it can demand and command.

~ Eugene V. Debs, American union leader (1855 – 1926)

Differential for Work in a Higher Classification

by Jane Hubert, RN – Second VP

According to our contract, members assigned to do the work of an employee in a higher pay classification will receive the daily rate of pay of that classification for each shift so assigned, except as follows**:**

Members assigned to do the work of a Nurse Manager or Assistant Nurse Manager will receive $3.00 per hour for all hours worked in that role provided the assignment is at least two hours.

Members assigned to do the work of a Nurse Manager for a period of more than two pay periods will receive the same rate of pay of a Nurse Manager for each shift so assigned in excess of two pay periods.

Make sure you receive the entitlements provided through your contract.

Editorial by Marion Catanzaro, RN

Update: The nurses at Boston's Tufts Medical Center have not yet reached a settlement with management and are working under an extended contract. While there is a lack of agreement on several issues, their primary concern is with changes management wants to make to their pension plan. Hopefully, by the time you receive the April newsletter they will have reached a satisfactory settlement.

HHNA Quarterly Meetings Tuesday, January 9th, 2018

Meetings will be held at the following times and locations

7:30 am - Gillies Room 3
12 noon - Sammis Boardroom
1:00 pm - Sammis Boardroom
7:30 pm - Gillies Rooms 1& 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