



# THE INFORMER

## July 2018 PRESIDENT'S MESSAGE by Pat Mills, RN

### NEGOTIATIONS

As of now I hope everyone is aware that initial negotiation meetings have begun. We tallied your surveys and used them as the groundwork to prepare our list of proposals. The hospital and HHNA exchanged proposals at our second meeting; the lists that were exchanged were not final lists. We've agreed that additions can be made by either side at our next meeting, if necessary. We've also agreed, as we have in the past, not to discuss opposing proposals publicly at this time.

With any negotiations it is important for us to have the support of our members. Although many of you haven't been here very long, rest assured, the more seasoned nurses can vouch for the fact that Huntington Hospital was not always as it is today. Over these past thirty years of having representation we have, together with the hospital, made many improvements in working conditions and benefits which weren't even thought of before we organized our union and which would not have been implemented without a union.

The union and hospital negotiation teams are working on an agreement that would extend the end of the contract from September 30<sup>th</sup> at midnight to October 6<sup>th</sup> at midnight. The reason for this extension is that the mediators both sides are interested in using, should the need arise, are not available due to religious obligations at the end of September. If agreement is reached on this matter and we need to serve a ten day strike notice it will be served on Sept. 26<sup>th</sup> at midnight.

We'll have an Informational Negotiation meeting for all members at the Bethel Church, directly across from the HH main entrance, on Thursday, Sept. 13<sup>th</sup>. We will be available all day from 7am to 8pm to discuss the issues and answer your questions. A vote will be taken at this meeting. Make every effort to attend.

At the quarterly meetings on April 10, 2018 five volunteers were selected to be negotiation observers. They will have the opportunity to attend negotiation sessions and are encouraged to attend as many as possible. At these same meetings, current Board members ran unopposed for a three year term of office ending May 1, 2021. We were elected unanimously by those in attendance. Thank you for your support.

#### **Dates to Remember:**

**7/10 Quarterly meetings\*\***

**8/2 Negotiations\***

**8/23 Negotiations\***

**8/27 Negotiations\***

**9/4 Unit Rep dinner at Joanina's**

**9/6 Negotiations\***

**9/12 Negotiations\***

**9/13 Informational meeting and vote at Bethel Church**

**9/17 Negotiations\***

**9/25 Negotiations\***

**9/26 Negotiations\***

**\* For Board members and planned observers**

**\*\* Breakfast, lunch or dinner will be available at the quarterly meetings.**

# SOCIAL MEDIA

by Jo Ann Pirro, RN - Treasurer

Social Media has become a big part of our lives and the one thing you must remember is that once something is posted online it's out there. Think of the ramifications of this; it **never** goes away. We live in a time when social media isn't just about sharing pictures or ideas within a close circle of family and friends. Between our Facebook and Twitter accounts alone we are always public all of the time.

It's perfectly natural to want to vent about a hard day, get opinions about a difficult case or to brag about a job well done, but doing so on social media can put your job and your license at risk. The internet is not a place to voice your frustration about your employer, your co-workers or even your "day at work." Sometimes the violations are obvious and egregious. At other times they may seem benign and friendly and while that may have been the intent of the postings, they still break policy.

Adhering to HIPPA regulations is in everyone's best interest: yours, patients and the Northwell Health System. Management at all medical facilities is legally bound by HIPPA regulations and faces consequences when non-adherence is discovered. We all signed a confidentiality agreement as part of our employment; if we break it, we can be terminated.

Remember that no one is allowed to use Northwell computers for non-Northwell business which includes shopping, getting a weather report, looking up baseball or football game scores, planning a vacation, etc. Taking photos on cellphones or any other device on a patient unit is not allowed if a patient or hospital equipment, including computers, is in the photo. For instance, taking selfies with your favorite patient is not allowed, photos of staff at the computer are not allowed. All of these examples are HIPPA violations.

Working in a healthcare setting means we have access to information before patients and their loved ones. It's your responsibility to guard this information. You don't want to be the one offering condolences to a family when you have no idea if they have been told yet

The role of a labor union is to ensure that the balance is not tipped in favor of the employer when employees do not receive wages and benefits commensurate with their contribution.

~ William Burrus (1936 – 2018), APWU President, 1980 - 2001

## MEDICAL DICTIONARY FOR HEALTH CARE

ALIMENTARY.....what Holmes said to Watson  
BOTULISM.....the tendency to make mistakes  
BUNIION.....Paul's surname  
GRIPPE.....a small suitcase  
PLACENTA.....a Christmas flower  
URINE.....the opposite of, "You're out!"

## PREP FOR NEGOTIATIONS!

Here we go again! HHNA's contract expires on September 30, 2018 or October 6, 2018, if the tentative agreement to extend the expiration date is agreed to by management and the union. As the Executive Board prepares for negotiations the membership must do the same. The following are two things all members should be doing to prepare.

**SAVE:** While this is always good advice, the threat of a potential strike or lockout is a realistic concern in any round of bargaining. This is an action of last resort which no one takes lightly. Saving money to pay your bills in the event of a strike serves two purposes. First, should that unfortunate event occur, you will be able to fall back on that nest egg. Second, one way to avoid a strike is to be ready for one - the more prepared the membership is, and thus the more seriously the Hospital considers the possibility of a strike, the more likely it is to be reasonable and settle the contract to avoid a strike. Conversely, unions not prepared for a strike have a much more difficult time getting unreasonable employers to make fair and reasonable settlement offers.

**MEETINGS:** Attending HHNA meetings is also always good advice. As the contract expiration draws near this is where you will get the latest information, have questions answered, volunteer to help and provide any constructive information. Please keep in mind that we generally engage in "package bargaining" which means there is no deal on anything until there is a deal on everything. Therefore, sometimes things we thought were resolved change. Also, typically the final package isn't put together until the very end (with a strike deadline looming!). As a result, since the whole membership can't be waiting outside of the negotiation room at midnight to approve the deal or declare a strike, we will hold a strike meeting in advance for the membership to authorize the HHNA Board to decide if declaring a strike is necessary. Please attend!

David A. Davis  
HHNA General Counsel

### ***FYI***

*Remember that only members in good standing can vote. Full-time and part-time members must attend 2 quarterly meetings in a 12 month period and per diem employees must attend 1 meeting in a 12 month period to be in good standing. Attend a July quarterly meeting and you could meet your quota.*

### **Snow In July**

by Joan Aliperti, RN – Secretary

Although it's not snowing and the warm weather is finally here, we still need to think about policies and practices that affect us seasonally.

One of them is the hospital's policy of closing the lower level of the parking garage before a snow storm, usually around 5PM, and during a snow storm. At one of the meetings between administration and the union Randy Howard informed the union that the lower level was closed because it's difficult to drive up the driveway and

cars back up onto Park Avenue. Night shift employees have many concerns and feel this practice is unfair, as they are never able to park on the lower level and always get the job of removing snow from their cars when they leave the hospital.

If anyone has an idea that will remedy this situation, please contact us or Mr. Howard with your suggestion. In the meantime, have a great and safe summer. Winter will be here before you know it!

# **AHA CERTIFICATION TRAINING**

by Lisa Quintero, RN – First VP

A few years back, the hospital changed the options for our required American Heart Association certifications in each respective unit. HHNA receives frequent questions regarding this matter. This may help with some common questions.

All AHA courses are now offered online. In order to use the no out-of-pocket expense option, you are able to register in the Staff Development office. Giovanna Bucino will help facilitate registration. When registering, the corporate credit card will be used for the cost of the course. You will then be given an access code to start your online course when you are ready. This method applies to BLS, ACLS, PALS, NRP, ENPC and TNCC. For those nurses on the night shift, the night educators are also able to register you or stop in Staff Development at 0730. Once your online class is completed and you print your certificate you may then sign up for skills validation (return demonstration). BLS skills validation is offered each month. ACLS and PALS are offered every two months. When all of the requirements are met you will be

reimbursed for your education time after completing the Request for Reimbursement AHA Certification Training form.

If you wish to sign-up online and pay yourself, you will also be reimbursed for the course fee as stated on the form. Another option is also available. Some nurses choose to go to an outside participation class as opposed to an online class. The outside class must be certified by AHA and hours spent in class must meet the AHA requirements. In order to be reimbursed for the class fee and time, you MUST bring in a dated receipt with the course fee and the hours of the class. You will be reimbursed based on the fee and hours set on the form. Any fees over and above will not be reimbursed.

In order to be reimbursed you need to first set up a profile in Chrome River. Patrice Duncan in the Nursing Office is the present contact person to help facilitate this process. Any other questions can be answered by Giovanna Bucina in Staff Development.

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

**you don't mention the name of a frequent flyer so as not to enable his spirit to bring him to your unit.**

**you've learned the first rule in nursing is to do no harm to patients AND yourself.**

**you have a sixth sense about when your post-op patient is going to wake up and reach for the ETT.**

**your EKG comes off giving the illusion of asystole. When your co-workers get to the room you wink and say, "Gotcha."**

**you're not afraid to stand up to anyone.**

**you go into work for your shift and you're not overwhelmed; it is what it is.**

**you use bandage scissors to cut coupons.**

**you disinfect your kitchen counter with Clorox.**

## Benefit Hours

by Jane Hubert, RN - Second VP

As per our contract, members can't carry more than 450 hours forward past October 31st into the following calendar year\*. During a calendar year a member's accrual can exceed 450 hours, but it must be reduced to 450 hours by October 31st of that year. Members who have more than 450 benefit hours accrued on October 31st will forfeit those hours in excess of 450 unless they have been denied reasonable opportunity to utilize those hours.

Members have an obligation to request benefit time. Benefit time in excess of 450 hours should be requested by September 15th. Members denied the opportunity to use the excess hours should request the denial in writing and notify HHNA as soon as possible. Those who are denied reasonable opportunity to utilize benefit time in excess of 450 hours will be paid for those hours at the prevailing rate of pay.

Payment in lieu of utilizing benefit hours can be requested from the Vice President responsible for Human Resources and will be granted in exceptional circumstances. Pay in lieu of benefit hour usage may not be used as a substitute for or alternative to taking vacation. Please contact HHNA for any questions or concerns.

\*Calendar year is most frequently defined as January through December, however, its use here means the twelve contiguous months from November through October. Years ago the deadline was December 31st. however, that set up a situation whereby members were trying to deplete their bank of hours at a time when all members wanted to have additional time off to celebrate the holidays between Thanksgiving and New Year's Day.

## 30<sup>th</sup> Anniversary Celebration

We didn't get enough responses from our survey to make a decision one way or the other regarding the choices for the HHNA's 30<sup>th</sup> anniversary celebration which leads us to believe we should discuss the matter further at the quarterly meetings. Whatever we choose to do for the entire membership should be decided by more than the small number of returns we received; it should be a group decision about a festivity for members celebrating members' accomplishments through their union.



**"Of course I'm a skilled professional nurse. Didn't you see me wash my hands and turn off the water with my elbows? Who else can do that?"**

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

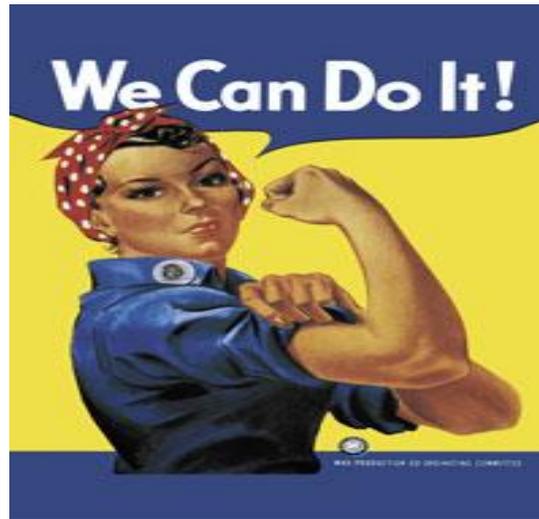
When the union began negotiating contracts for its members, improvements in benefits and working conditions gained were incrementally larger than those achieved in later negotiations because we had more ground to make up as we compared ourselves with nurses at area hospitals who had been represented by unions for years and found that we were quite deficient. Later negotiations have been about maintaining improvements and enriching them when possible always using the most recent contracts at area hospitals as benchmarks as though playing a game of leap frog with everyone making gains on the most recent contracts negotiated. We've also been able to secure language regarding issues particular to Huntington Hospital and to tweak existing language for clarity and improvement.

One of the reasons language on nurse/patient ratios hasn't improved as it should since it's in the best interests of nurses and patients and everyone is eventually going to be one of those, is because the topic is systematically stonewalled by management in our geographic area. They claim it's too costly. Northwell Health is currently negotiating with NYSNA representing nurses at Staten Island University Hospital and nurse/patient ratio language is an issue.

On May 30, 2018 Bea Grause, President, Healthcare Association of New York State stated, "State-mandated nurse ratios would hurt patient safety." On June 9<sup>th</sup> a letter from Jill Furillo, RN, Executive Director of the New York State Nurses Association appeared in the *Albany Times Union*. In her letter she asserts, "Hospitals routinely understaff nurses making conditions unsafe for patients." Ms. Furillo further states, "Hospitals do not use evidence based support for their arguments against staffing ratios. The real facts are compelling. Hospitals with 1:8 nurse-to-patient ratios experience five additional deaths per 1,000 patients than those staffing with 1:4 ratios. The odds of patient death increase by 7 percent for each additional patient the nurse must take on at one time. Both are from the Journal of the American Medical Association. When RN staffing is increased by only 5 percent, infections, pressure ulcers and other problems are reduced by 15.8 percent says Quality Management in Health Care. Without ratios, hospital stays are longer and infection and death rates are higher. In California, where ratios have been in place for 15 years, health outcomes are superior and there has been no net reduction in medical staffs. Hospitals saved money. Grause says that New York's nonprofit hospitals have limited resources. Not true. Hospital revenues are vast and proven by the multimillion-dollar salaries of top officers."

Since moving to California is not an option for most we have to keep doing what we can, when we can, however we can and for us, as nurses, that would be through negotiations and our professional organizations. For us, as voters, it would mean placing people in office who agree with our ideology. I don't know about you, but I don't want to be on the downside of those statistics.





# HHNA Quarterly Meetings Tuesday - July 10<sup>th</sup>, 2018

Meetings will be held at the following times and locations:

7:30 am - Gillies 3  
12 noon and 1pm - 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)**