



THE INFORMER

July 2016

PRESIDENT'S MESSAGE

by Pat Mills, RN

Effective September 1, 2016, Benefits Planning Corporation will be offering a new Long Term Disability program to all union employees of the Huntington Hospital location of Northwell Health. This plan is underwritten by The Hartford and provides a disability benefit of 60% of annual base salary to a maximum benefit of \$5,000. Benefits are payable to age 65 after a 180 day waiting period. This new plan will be offered during the month of September with guaranteed issue, meaning you will not have to provide evidence of insurability or answer any medical questions. Some highlights of this new plan are:

- Monthly Benefit 60% of base salary to a \$5,000 maximum
- Guaranteed Issue during open enrollment
- Full coverage, 24 hours a day, on or off the job
- Recurrent Disability feature
- Waiver of premium while out on any time of approved leave
- Tax Free benefit
- Survivor Benefit

For those employees who are currently enrolled in the Aetna Long Term Disability plan, various options will be offered to you such as rolling into the new plan with the pre-existing condition waived, or staying with the plan you have. In addition, there will be a Short Term Disability plan offering with a 6 month benefit period for those employees that have the Aetna Plan and are concerned about having a gap in coverage with their existing short and long term disability programs. Benefit counselors will be available at Huntington Hospital throughout the month of September to discuss those options. Those dates will be announced soon. Letters and personalized enrollment forms will be mailed to all eligible employees in August from Northwell Health, along with a more detailed explanation of benefits and options for all employees. Please keep an eye out for these important announcements and mailings.

Dates to Remember:

7/12	<i>Quarterly Meetings*</i>	10/11	<i>Quarterly Meetings*</i>
9/8	<i>Council on Nursing Practice – noon*</i>	11/3	<i>Council on Nursing Practice - noon*</i>
9/8	<i>Unit Representative dinner - 7pm</i>	12/1	<i>Council on Nursing Practice - noon*</i>
10/6	<i>Council on Nursing Practice – noon*</i>		

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

FYI

by Jo Ann Pirro, RN – Treasurer

Benefits Planning - I have been receiving many questions from members about their benefits. Please note that if you have a question about a benefit for which you pay, such as, health insurance or think you would like to sign up for a benefit during an open enrollment period, you can call Benefits Planning at 631-991-6051 or 631-991-6055. Personnel at either of those numbers will be able to answer your questions

New Leave of Absence Company - Northwell Health no longer uses The Hartford to handle FMLA and LOA's. As of May 1, 2016 the new company taking over is named Absence 1 and they must be called for any FMLA and LOA's. Their number is 855-789-9355. You will be directed on how to go about getting approved for a FMLA or a LOA and they will provide you with the paperwork your physician must fill out for Northwell Health. Absence 1 is also the company that will handle any New York State Disability issues you may have. If you have a Short Term Disability policy or a Long Term Disability policy, there will be additional paperwork that must be filled out for the companies that underwrite those policies.

Pension Hours - Pension hours which are no longer printed on your pay stubs can now be viewed in the myRequests calendar in myTime in mySelfService. They can be seen on the first Wednesday of the current pay period and are calculated to the last Saturday night of the previous pay period. Follow these steps to access the information:

- Log into **mySelfService**
- Select **myTime**
- Select **My Requests** under **My Information**
- Select **Previous PayPeriod** from your **Time Period** drop-down list
- Select **Apply**
- The **Pension Hours YTD** will appear on the last Saturday of each member's calendar

Remember: 975 is the magic number you must reach in a calendar year to receive pension credit for hours worked in that year.

In Memorium

Ruthann Sanders, who was retired from Huntington Hospital, died May 14, 2016.

Ruthann wore many hats during her life. While employed at Huntington Hospital for 28 years she wore those of a Licensed Practical Nurse in Telemetry, ICU and Med-Surg, a Dialysis Technician and Treasurer of the Huntington Hospital Nurses' Association.

She was a supporter of the union from its inception and was always an active member. Ruthann had a frugal side which is a good trait for a treasurer to have. She comparison shopped when making purchases for the union and made sure members' dues obligations were met. She worked tirelessly on behalf of the HHNA.

Ruthann was a good friend. Her loss is deeply felt.

Every advance in this half century: Social Security, civil rights, Medicare, aid to education, one after another, came with the support and leadership of American labor.

~Jimmy Carter, United States President (1977 – 1981)

Nurses' Notes: Guidelines on What *Not* to Chart

by Joan Aliperti, RN – Secretary

The significance of accurate and timely documentation by nurses and other members of the staff cannot be emphasized enough. The medical record is a permanent collection of legal documents that should supply an all-encompassing and accurate report concerning a patient's health condition. Physicians, nurses, social workers, dieticians, and other members of the interdisciplinary team contribute to each patient's medical record to paint a comprehensive picture of the patient's status along with any care that has been rendered. The patient's chart needs to contain enough pertinent data to enable each member of the healthcare team to give care in an integrated manner.

Most nurses have probably heard the old adage, "If it wasn't charted, it wasn't done!" However, some types of documentation should not be entered onto the patient's medical record. Since the chart is a permanent record that is subject to entrance in court-ordered legal actions, nurses and other healthcare professionals must exercise extreme caution when documenting. The following is a very general list of the notations nurses should not document in a patient's chart.

- Never document nursing care before it is provided. Nursing staff should never chart assessments, medication administration or treatments prior to actually completing the tasks because this contributes to an inaccurate record filled with incorrect data.
- Don't routinely document care given by others. It is allowed, but you must provide the name and position of the individual who actually rendered the care. There are times, however, when the individual giving the care should make their own entry on the chart because his/her observations are essential, for example, a dressing change.
- Do not chart that a patient is in pain unless you have intervened. No prudent nurse would even think of documenting, "Patient complains of radiating chest pain," without subsequently documenting what was done about the issue. Thoroughly chart all notifications, interventions and actions taken to avoid liability.
- Whenever possible, do not document subjective descriptions. Refrain from charting subjective descriptions, such as, "Patient's blood pressure is really high." Obtain accurate vital sign checks, intakes and outputs, and other objectively measurable data and record this information in a timely manner.
- Don't mention short-staffing in the medical record. Documenting the existence of staffing issues in the medical record rarely, if ever, helps to increase the number of staff members. On the other hand, medical malpractice lawyers love reading nurses' notes that provide details about a facility's lack of staff.
- Don't ever document the existence of incident reports. An incident report is a document meant to facilitate improvement of systems and processes within the hospital. If a nurse charts a note describing that an incident report was completed, this internal form becomes subject to discovery by external medical malpractice lawyers if legal action were to arise sometime in the future.

Meal and Rest Period Entitlements

by Jane Hubert, RN - Second VP

Members working 7.5 hour shifts are entitled to a scheduled 45 minute duty free, unpaid meal period. Members working 10 and 12 hour shifts are entitled to a scheduled 30 minute duty free, unpaid meal period. The fifteen minute difference is to compensate 7.5 hour shift members for the unpaid 15 minutes for which they arrive early to receive report. Ten and 12 hour shift members frequently combine one of their breaks with their meal period so they have enough time to enjoy their mealtime.

You are contractually entitled to be paid at the OT rate when you work through your meal period because it is unpaid and not considered time worked, however, you must notify your charge nurse, nurse manager or supervisor as soon as you realize you will have to work through your scheduled meal period. It is then their job to remedy the situation so you can have your meal break or approve time and a half payment for the missed meal period. Please refer to Sections 5(A), (H) and Section 6 (E) in your contract for information regarding your meal period or missed meal period.

In addition, members are entitled to one 15 minute rest period for every 3 $\frac{3}{4}$ hours of work. Members who work 12 hour shifts are entitled to two 15 minute and one 20 minute paid rest periods during each work day. Members who work 10 hour shifts are entitled to two 20 minute paid rest periods during each work day. You are paid straight time for your rest periods and don't receive OT payment if you work through them.

It is important to note that when you are utilizing unpaid meal period time you can be out of the building and even off hospital grounds. When you are utilizing paid rest period time you must be available.

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Many injured workers, nurses especially, are reluctant to pursue their rights through the “formal” administrative process set up by the Workers’ Compensation Board (WCB) because most are covered by private insurance, which is perceived to be more “hassle-free”. What these workers do not realize is that they are forgoing *lifetime* benefits, both medical and often monetary, by failing to follow some very simple steps. These steps include reporting the work injury to a supervisor, either in writing or verbally, and seeking medical attention, (either at the hospital or elsewhere) as soon as possible after the injury occurs.

Reporting the injury to a supervisor does not guarantee that it will be covered under the Workers’ Compensation Law (WCL). Hospital administration cannot be relied upon to file the proper paperwork with the NYS WCB- the injured worker *must* take the single added step of filing their claim for benefits (form C-3) with the WCB. Completing and filing this simple, one-page form can be accomplished with or without an attorney, however an attorney is usually advisable because the hospital’s workers’ compensation insurance carrier is *always* represented by legal counsel. Attorneys for injured workers are only paid a fee when a monetary award is payable by the carrier to the injured worker, over and above any monetary benefits already received, the fee is only payable directly from the award itself – there is never any out-of-pocket costs or fees paid by the injured employee. Seeking legal help will guarantee the injured worker the multitude of protections contained within the WCL.

The main protection afforded by the WCL with regard to **medical coverage** is the ability to address any disputes with the insurance carrier through the hearing process at the Workers’ Compensation Board, where the case will be heard by an Administrative Law Judge. Unlike the scenario where medical care for a work injury is put through private coverage without a claim being filed, the workers’ compensation carrier *must* abide by decisions made by the Judge through the NYS Workers’ Compensation Administrative hearing process, after a claim is indexed by the Workers’ Compensation Board. Both sides (Carrier and claimant) are usually represented at the hearings by attorneys versed in the complexities and nuances of the WCL. Any case indexed at the NYS Workers’ Compensation will have as many hearings as deemed necessary in order to address any medical issues or disputes, as well as disputes involving *monetary* compensation. The right to a hearing to address issues is a lifetime benefit once a case is established under the NYS Workers’ Compensation Law.

Monetary compensation is the other side of the Workers' Compensation coin. Most cases will have one of two general circumstances under which monetary compensation will be paid to an injured employee. The first involves injuries where the employee has injured an extremity and a monetary award is payable for any permanent loss of use sustained to that extremity. These are commonly referred to as *schedule loss of use awards*, which are often paid even if the injury results in little or no lost time from the work. This type of situation is especially common in the nursing profession, where nurses often work while injured because of their sense of duty to their patients and fellow nurses.

The second situation involves *reductions in earnings* suffered because of an injury to an extremity, the back or the neck. The reduction in earnings can be caused by either a change in assignment resulting in light duty (with less or no overtime) or a part-time shift. Many injuries can also result in early retirement from the profession, which means a permanent loss of earning capacity

and the possibility of ongoing, lifetime weekly payments of compensation by the insurance carrier. This is commonly referred to as a *permanent partial (or sometimes total) disability*, and is payable *in addition* to any pension or Social Security benefits to which the injured worker may be entitled.

A schedule loss of use award is generally made approximately one year after the injury has occurred. This award is made based on medical evidence that a permanent impairment has been suffered to an extremity and treatment is complete. The burden is on the injured worker to demonstrate they are entitled to monetary compensation and this burden is met through the use of medical reports. The WCB and employer have *no*

obligation to prove that a monetary award is payable because of an injury suffered. The injured worker must be pro-active in pursuing benefits to which he/she is entitled under the WCL.

When it has been established that a permanent injury has been sustained, awards are made in accordance with a schedule that has been provided under the New York State WCL. The tax-free award is made *regardless* of whether the injury caused lost time from work or not. If lost time does occur, any monetary compensation paid while out is deducted from the final award. Most importantly, acceptance of a schedule loss of use award *does not* affect the right to future medical care for the injury suffered if a causally related change of condition occurs.

Reduced earnings claims are based on monetary losses suffered as a result of the injury. Based on the date the employee is injured, the Workers' Compensation Board establishes an Average Weekly Wage calculated on the previous 52 weeks worked. The law provides many different ways to calculate the Average Weekly Wage and all subsequent monetary awards paid on the claim are based upon it. An injured nurse, or his/her attorney, must pay careful attention to the calculation of the Average Weekly Wage in every case because insurance carriers will make every effort to *minimize* it, if possible.

Reduced earnings claims typically take effect when a worker is returned to work in a different capacity because of the injury. For example, a full-time nurse earns an additional \$8,000.00 per year in overtime. After an injury, the nurse is returned to light duty where she does not have the opportunity to work overtime. That nurse, although still working full-time, is entitled to be paid up to 66% of the *difference* in earnings from the Workers' Compensation carrier. The current statutory maximum is \$844.29 per week. As previously stated, an ongoing lifetime reduced earnings award can be payable if a nurse retires because of a work related injury as long as there is medical evidence of disability to support the claim.

Stay safe.

Richard Donohue, Esq.
Managing Partner

MEDICAL DICTIONARY FOR HEALTH CARE

BENIGN..... what you be after you be
eight

CAT SCAN.....searching for kitty

DILATE.....to live long

IMPOTENT.....distinguished, well known

PATHOLOGY..the study of trails

RHEUMATIC...amorous

TABLET.....a small table

You know you're a nurse if

you hang plants with IV hangers.

you believe you can't cure stupid.

**you consider a tongue depressor
an eating utensil.**

**you believe the #1 rule of nursing is,
"Don't get any on ya."**

**family and friends take photos of
their injuries and send them to
your phone seeking advice.**

**you get more done by knowing
someone in housekeeping
than in administration.**

**you tuck your sheet corners like
you do at the hospital.**

May 16, 2016

To my beloved family at Huntington Hospital,

My employment at Huntington Hospital began in 1982, the same year I was married to my beloved husband, Donald. Over the years, he would never join me in attending any hospital functions, stating that it was "my thing" and "my place" and that I should "go enjoy yourself" and "have a good time" and that "you don't have to be dragging me around,". Until he was diagnosed with terminal brain cancer three and a half years ago, he could never understand the love and commitment I had for the hospital. After multiple admissions and five surgeries he finally understood

Huntington Hospital may be a brick building, but it was the people inside those walls that strived every day to make a difference in their patient's lives and each other's. From every department : the ER, CT Scan, MRI, Transport, the OR, Recovery, 1 North, ICU, SSDU, Nursing Administration, Respiratory Therapy, Phlebotomy, Housekeeping, Dietary, Nursing, the Hospitalist, the Intensivist, Dr. Rak and his PA's. He was never anxious being admitted because he knew he was in the best place, receiving the best care and you always had his back. He finally grew to know the loving family I was always talking about all these years.

I know I couldn't have survived the last three and a half years without the love and support, hugs and prayers. Don fought hard, but always with a smile on his face, a kind word on his lips and a hand out to help those in need. I will forever miss my best friend and soul mate of forty years, the dedicated and beloved father of our two sons. He is now at peace and hopefully in time, our family will find ours.

They say you can't choose your family, but I lucked out having the people at Huntington Hospital as mine. All your love, support and prayers helped me in the past and will help me through the future. I am honored, proud and blessed to be a member of Huntington Hospital.

Forever in my heart, **Melanie Squire, RN, ICU**

CONTINUING EDUCATION

by Lisa Quintero, RN – First VP

As professionals we all recognize we have an obligation to maintain our skills and continue to update our education. The hospital will provide ten in-service hours annually and will post CE programs on the hospital bulletin boards, the nursing portal and the hospital website with three months' notice whenever feasible. Please let the union know if this is not being done. Voluntary continuing education is not reimbursed. Mandatory continuing education will be paid in accordance with the overtime clauses as defined in the contract for full time, part time, and per diem staff.

You may request the hospital to pay for some conferences and/or seminars. In order to get approval you first need to fill out a conference request form. Give the completed form to your nurse manager. If approved by the nurse manager, it will then be forwarded to the Director of Staff Development, Donna Tanzi. The Vice President of Nursing and the Director of Staff Development make the final decision on whether or not an educational program is approved. Decisions on such requests

will be rendered within fourteen days of receipt of a completed application. The seminar course content will be approved on job relevance. You will then receive notice of approval for payment of an education day and the cost of the course.

Due to budgetary constraints, some requests may be denied. The goal is to allow each RN to be approved for one seminar yearly. Therefore, if you have already been given approval for one seminar or conference in a calendar year, you may be denied for the remainder of the year, so choose wisely.

The hospital will pay for the cost of application, test registration and testing for an individual nurse who elects to take a nationally or state recognized certification or recertification exam. It is understood that the exam must be related to a nurse's present or future duty assignment. Payment will be made to nurses who successfully complete the exam. The hospital will not pay for certification review classes or for national conferences. If you are presenting at a national conference, you may be paid.



JULY 12



HHNA Quarterly Meetings

Meetings will be held at the following times/ places:

7:30 am	Gillies room 3
12 noon	Sammis
1:00 pm	Sammis
7:30 pm	Gillies rooms 2 and 3

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