



THE INFORMER

July 2019 PRESIDENT'S MESSAGE by Pat Mills, RN

I feel it's necessary to share with you the many grievances which remain open at this time and the reasons why they remain open. The Board has multiple meetings with hospital administration regarding all grievances; we either reach an agreement and then it takes the hospital an inordinate period of time to agree to a memorandum that states the terms of the settlement or after time consuming, extensive discussions both sides are unable to concur on a solution and the problem goes to arbitration.

These are the grievances that are unresolved:

- #16-09 - Both sides have verbally agreed on the fact that the co-pay for Starz is to be reimbursed, but we are still waiting for a written agreement from administration.
- #18-04 - Administration refuses to pay on-call pay when a member's regularly scheduled shift begins during the case for which she/he was called in.
- #18-05 - Members should receive reimbursement for 2 hours of pay when taking the allowed 10 hour rest period between mandatory OT and their next regularly scheduled shifts; no part of the 10 hour rest period should be covered by benefit time.
- #19-01 - The issue of charge pay for the night shift on PACU must be resolved.
- #19-02 - Administration refuses to pay Mandatory OT when Cath Lab nurses have no choice but to wait for beds for their patients.
- #19-03 - Administration refuses to pay the minimum on-call payment if a member's regularly scheduled shift begins close to the same time, although the member received the call to work while on-call.
- #19-04 - Administration is not compensating the per diem members at the rates agreed upon during negotiations and which were to begin on October 1, 2018.
- #19-05 - Administration refuses to pay for education which they clearly stated was mandatory.
- #19-06 - On the Pediatric unit administration has refused to make arrangements for members to have a work free meal period and has failed to make arrangements for members to have a faster way to sign for the wasting of narcotics.
- #19-07 - A resolution regarding a member's termination of employment must be determined.
- #19-08 - Administration should follow-up to ensure a safe working environment for all members.

Hopefully, we will get these arbitrations done and settlements resolved during the next few months.

Narcotic Wasting and Witnessing

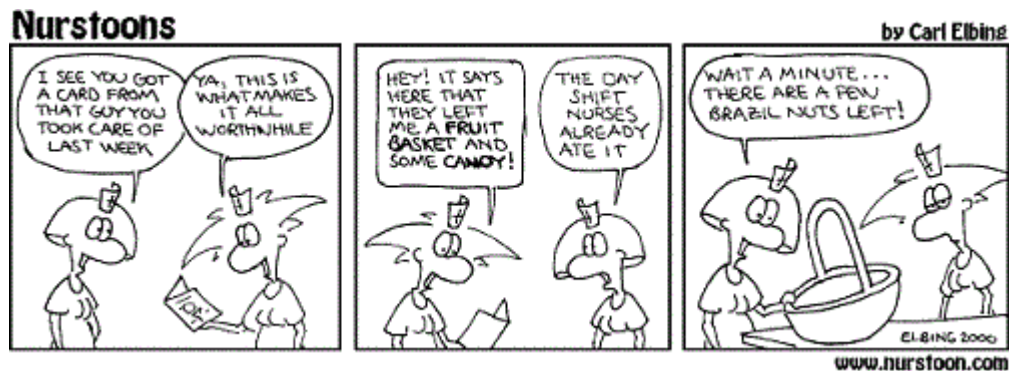
by Joan Aliperti, RN – Secretary

Medication diversion has serious consequences including suspension, loss of license, termination of employment and possible criminal charges. Knowing the correct method for wasting narcotics is an important edict to follow. By scrupulously following the hospital's policies and procedures you can avoid any suggestion that you might be diverting medication. Even as an innocent party, suspicion and the investigation process can cause distress and damage a nurse's reputation.

After withdrawing a narcotic from the Accudose you must **immediately** have a witness verify that you are actually wasting the unneeded portion dispensed, not 10, 15 or 20 minutes later. This is also true of a narcotic that you have withdrawn from Accudose, but are not going to administer, for instance, because the patient has changed her/his mind. If unopened, it can be returned to Accudose unwitnessed, but the medication must be wasted and witnessed if it has been opened.

There is no doubt that when wasting a narcotic there must be two individuals who witness and attest to the wasting. It is prudent to administer medication promptly after dispensing it to avoid any appearance of impropriety. It is also equally important to be a "smart waster". Never witness a waste already drawn up in a syringe. Unless you see the seal broken and the medication discarded it's not a witnessed waste; it's a witnessed disposal of some random fluid.

Pharmacy routinely runs all sorts of reports involving narcotics. Regulations require reporting of discrepancies to appropriate authorities at the state and federal levels. Examples of discrepancies include signing out a controlled substance without a provider's order, failing to document dispensing and administering an ordered medication and failing to account for a missing portion of the medication. If you are not familiar with the hospital's policies, please look them up and read them. Your license and reputation are on the line.



Dates to Remember:

7/9	Quarterly meetings	10/8	Quarterly meetings
9/5	Council on Nursing Practice*	11/7	Council on Nursing Practice*
9/24	Unit Rep dinner – Tutto Pazzo	12/5	Council on Nursing Practice*
10/3	Council on Nursing Practice*	12/10	Unit Rep dinner - Joanina

Breakfast, lunch or dinner will be available at all meetings.

*** The Council on Nursing Practice will meet in Gillies 1 and 2 at noon**

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*Please refer to Plan Document for Terms and Conditions

FYI

by Jane Hubert, RN - Second VP

Patient Identification Bands

When receiving a patient from the Emergency Department you must change the ED patient wristband to the Inpatient wristband. Placement of the ID band requires the patient to state and spell his/her full name and DOB and visually and verbally verify that the information on the ID band is correct. If the patient is unable to do this you may have a family member identify the patient.

Patient identification must be verified before any test, treatment, intervention, hand-off or transfer. If an ID band is missing, illegible, needs to be amended or is from a different facility, immediately replace the ID band utilizing the patient ID process.

New Graduates and Floating

New graduates **and** RN's who have been RN's less than one year prior to their first day of employment as registered nurses at HH should not float off their assigned units for **six months following the last day of their orientation period**. If the situation arises and you are asked to float within that time frame, let your charge nurse, assistant nurse manager, nurse manager or supervisor know that you are not to float. If you have any questions, please contact HHNA.

Per Diems and Mandatory Overtime

It has come to our attention that Per Diem nurses have been told by Management they were being mandated to stay overtime. Per Diem nurses cannot be mandated unless there is an emergency and they are the only nurses on the unit. Let us know if you are Per Diem and have been mandated to stay by Management.

Benefit Time Deadline

As stated in your collective bargaining agreement, you must be at or below 450 hours of benefit time by October 31 or you will lose your hours over 450. Remember that the number of benefit hours listed on your paystub isn't current; you have two more weeks of benefit time that haven't been included in that number. So, if your total is close to 450 hours be sure to take the right amount or you will lose it.

Per Diem Obligations

by Jo Ann Pirro, RN - Treasurer

I've been asked by several members and Management (ANM and Nurse Managers) to clarify these rules.

As per the CBA, all per diem's are hired to work either 7.5 hour shifts or AWSP shifts (10 and 12 hour). If you were hired to work 7.5 hour shifts and request or agree in advance to work a shift longer than 7.5 hours, approval from a Nurse Manager or a Supervisor must be obtained first. You will be assigned to work the longer shift based on the manpower needs of the hospital. The longer shift requested or agreed to in advance will be considered the per diem's regular shift and will not be eligible for overtime.

Per diems must be available to work one weekend per month and one shift per pay period for twenty-two out of the twenty-six pay periods per year, therefore, eight weeks a year (four pay periods) per diems can be unavailable to work.

Per Diems must be available to work three Holidays per year and one of those three Holidays must be Thanksgiving Day, Christmas Day or New Year's Day, however, a per diem can't volunteer to work New Year's Day two consecutive years. The remaining two Holiday obligations can be two of the following: Martin Luther King Day, President's Day, Memorial Day, July 4th, Labor Day, Columbus Day. Working the day after Thanksgiving does NOT satisfy the per diem Holiday work obligation

DOCUMENTATION:

Telephone and Verbal Physician Orders

by Lisa Quintero, RN – First VP

Hospital nursing care has changed drastically compared to years ago. We work in a much faster paced environment. The patients we care for are sicker and have more co-morbidities due to the increase in patient longevity. Computers were introduced to aid in streamlining our documentation, improve patient safety and improve outcomes. A computerized system is not without its faults, despite its many advantages. What we must not forget is basic safe nursing practice in our ever changing, fast paced world. We must be vigilant in our practice and documentation to remain within our scope of practice.

Patient safety should always be our highest priority. Huntington Hospital has policies and procedures to assist us in keeping our patients safe, as well as each individual RN license. During our extremely busy shifts, we may be asked to take a telephone order or a verbal order from a physician. In an ideal world that would not happen, however, the reality is that we are frequently asked to do so. Because these instances exist, the hospital has policies to address these issues. An RN may accept a telephone order from a physician when the physician is not available to write the order. The physician must remain on the line while the order is placed in the computer and verified by read back. The order is required to be cosigned by the physician within forty-eight hours of the time it is given. Verbal orders are limited to emergent, urgent or procedural situations. The read back process must be followed and orders must be cosigned within forty-eight hours.

If there are ever any questions or concerns regarding the hospital's policies or procedures, please contact staff development for clarification.

Were there none who were discontented with what they have, the world would never reach anything better.

~ Florence Nightingale (1820 – 1910)

You know you're a nurse if

your sole purpose in life is simply to warn others.

the garbage can next to your washing machine is full of washed latex gloves you forgot were in your uniform pockets.

you write a letter or email and find yourself using nursing shorthand.

you don't eat before driving to work because you want to be an "easy intubation" if you're in an accident.

not only does your watch tell time, but it has a pulse timer that counts in 5, 10, 15, 30 and 60 second intervals.

you have recurrent nightmares of being hit and run over by the portable x-ray machine

you know the number for Poison Control by heart.

The Council on Nursing Practice

by Jo Ann Pirro, RN – Treasurer

The council consists of at least two representatives of the HHNA Board and two representatives from management who are selected by the VP of Nursing. 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.

Any union member can attend. We would like to have input from all shifts on every unit because issues vary from unit to unit. While most problems the Council addresses affect all members it’s impossible for management’s representatives and the Board’s representatives to be aware of all unit specific issues that could be addressed by the Council. Every HHNA member should consider occasionally participating in all joint union/management meetings. If you would like to attend a Council meeting, we meet the first Thursday at noon in one of the Gillies conference rooms September through June. Please let me or Janet Milanese know that you will be attending as lunch is served and we need a head count.

Thank you for considering this Council.

Editorial by Marion Catanzaro, RN

Registered nurses at the Mount Sinai, Montefiore and New York Presbyterian hospital system were scheduled to strike in early April. Other than the usual financial issues not agreed upon during negotiations the union’s biggest mandate from its members was to make progress on nurse/patient ratios. Narrowly averting a strike an agreement described by several news outlets as a historic landmark victory regarding nurse/patient ratios was reached on April 9.

The new contract: outlines the language that dictates staffing ratios, calls for an additional \$100 million to hire nurses in full-time positions to meet the ratios, ensures the safe staffing ratios will be met because they will be monitored and enforced by an independent neutral party. These are huge gains that will positively affect all area hospitals in the future.

The next step according to NYSNA’s Carl Ginsburg is to put a parallel effort into lobbying for the Safe Staffing for Quality Care Act, a bill that is currently in committee in the NYS legislature and which would make nurse/patient ratios NYS law. Currently California is the only state that requires minimum ratios to be maintained by unit in an acute care institution at **all** times as a matter of law with financial penalties if not sustained. Massachusetts passed a state law in 2014 that provides for minimum ratios only in Intensive Care settings; recently legislation to expand minimum ratios to other areas was defeated in MA.

While you have to adjust to current workplace conditions you also have to continue to do whatever you can to make conditions more favorable to you in the future.

MEDICAL DICTIONARY FOR HEALTH CARE

AOB alcohol on board

Baby catcher obstetrician

Eye dropper a clumsy ophthalmologist

GI Series. world series of military baseball

Paint betadine

SALT. same as last time



HHNA Quarterly Meeting

Tuesday, July 9, 2019

Meetings will be held at the following times:

7:30 am - Gillies 3

12 noon and 1:00 pm - Sammis

7:30 pm - Sammis

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