



# THE INFORMER

July 2020  
PRESIDENT'S MESSAGE  
by Jo Ann Pirro, RN

The Board is so very proud of every single nurse in the hospital. We stood together and collectively we tackled covid 19.

It was a very stressful time, families were put on hold, parties and vacations were canceled; even Broadway went dark. Our faith was tested, but in the end you should all be very proud of what you did to help our community. Although not all made it I take solace in knowing that even though their families could not be with them they did not die alone. We were there with them holding their hands, whispering that it was okay, talking to families on the phone, placing FaceTime calls so family members could see and speak with their loved ones. With everyone's cooperation and the many who went above and beyond we were able to provide exemplary care and successfully control our environment. We conquered what some are calling the first round. God willing there will not be a second.

As part of our new normal, everyone has received an email about the temperature scanners being installed in the lobby and the old ED entrance. They will automatically take your temperature when you enter the hospital. If you have two temperatures over 100 degrees F, you are expected to go to the ED and have your temperature checked. I've been assured that you will **not** be charged an ED visit copayment. Contact the union ASAP if you are charged.

The Board continues to work on resolving the following grievances and will keep you up to date on our progress:

- 14-06 - failure to pay for the education time required to become competent in the use of ILeads.
- 19-06 - failure to provide duty-free meal periods
- 19-08 - accommodating a member with a latex allergy

## Dates to Remember :

**7/14 Quarterly meetings**

**9/28 Union Board/ hospital management meeting**

**10/13 Quarterly meetings**

**10/31 Utilize benefit hours in excess of 450 by this date**

# Enduring the COVID Crisis

by Vicki Weyhreter, RN, BSN – Interventional Radiology

An empty bay a month ago in PACU at Huntington Hospital meant you were up next to receive a patient from the Operating Room. The time a patient arrives from the OR can be unpredictable, but you still had the knowledge that most often patients would be with you for an hour or so and then they would go home or to another level of care. The schedule was long and grueling; some days at 5pm you thought the day would never end and it seemed that more frequently patients would stay overnight. Once in a blue moon you could have a critical patient come through: an accident, an unplanned turn of events during surgery or a tragedy. It would turn your day upside down and it would take some time to recover from the impact, but now we have a new normal.

The PACU that we knew is now a closed Covid-19 critical care unit. Now our shift starts, we gown up and we walk through the doors to see most bays filled with sedated, vented patients all fighting the same battle: Covid-19. Our PACU used to be a 12 bed unit and on a typical day was completely full one hour and almost empty the next hour. Now every inch of the unit is used to accommodate up to 17 critical covid-19 patients. Last Sunday I sat next to an empty bay and took a photo while thinking that an empty bay has such a profound new meaning to us.

In the past when you heard a Rapid Response you thought someone had low blood pressure or something treatable on a higher level of care. Now, you hear it and you know it means that one of the many patients on 100% NRB now needs a ventilator. It's an awful feeling. Then you see anesthesia arrive with their box or Dr. Oster and his scuba gear. You see the teams arrive: the procedure team, respiratory therapists, doctors assigned to our unit for the day, the countless number of hospital employees who help us each day. Then the PACU doors open and patients arrive in their beds. They are awake, sometimes looking healthy, but at the same time have reached the point that they have an inability to breathe. I watch them being wheeled into the empty bay: a man holding onto his red iPhone, a woman lying prone waving hello, another man prone just trying to breathe. They are all alone, without their families and trusting in us to save their lives. In all our time together, did we ever think that this would be our new normal? It has only been slightly over a month since the pandemic hit our hospital. Sadly, we are watching patients pass away on FaceTime with their families. We are helping families FaceTime to see their loved one intubated, unable to talk to them. Unfortunately, we are giving the family the reality of something they cannot grasp at home.

Our extubated patients become our rays of light. Sometimes I think the patients don't quite understand why we are all so elated to talk to them, to see them in a chair or that getting a thumbs up from them is the best feeling of our day. Finally, they are discharged and we clap and cheer for them as they leave. It is a light in our day and sometimes in our week.

What keeps us going is the hope that this is our apex and the flattening of the curve has begun which are words we never heard before until 2020. Each day we hope to hear less rapid responses, see more patients discharged to the tune of "Here Comes the Sun" and watch Brenda doing her dance. . We are working hard to get all our current patients out of our unit and back to their loved ones that they were so suddenly taken away from. Never will Huntington's PACU be the same; never will we look at an empty bay the same way again. This new normal hopefully will be a bad nightmare that we all can help each other recover from while remembering all the ones we saved and, unfortunately, those we lost knowing that each and every one of us is a HERO in fighting the Covid-19 war.

## Reflecting on the COVID Crisis

by Lisa Quintero, RN – First VP

I have heard people say in regard to nurses, “They chose to go into that field. They are not heroes. They are just doing their jobs.” Usually nurses don’t think of themselves as heroes, however, in this crisis we were brave, courageous and noble, all of which are attributes of a hero. Yes, we did choose this profession to help people, but I am sure not one of us expected to be in the situation we were thrown into. We didn’t sign up for battle, but there we were fighting shift after shift this unknown enemy. All we had was a name, COVID19. We didn’t know how to treat it or how it would respond to any treatment we tried. We continued to show up to work, all too aware of the risk to ourselves by the very real possibility of becoming infected.

As the days went on during the crisis our fear of losing essential PPE grew. We were told to conserve PPE the best we could so as not to run out. Everyone was vigilant in their PPE use. We each had a paper bag with our name in which to store our N95 and face shield and were able to replace them as needed. Huntington Hospital faced this challenge and made sure each and every one of us had access to the proper PPE. We all saw the horror stories on the news about how some healthcare workers had to make their own PPE when supplies ran out. We were fortunate that our hospital was on the side of their employees and would not accept anything less than appropriate PPE. Employees were kept up to date with daily emails.

Each and every one of us is part of Huntington Hospital history. We have all done and seen things never experienced before in the history of this hospital. We all rose to the crisis pushed upon us. I saw co-workers go out of their comfort zone to care for their patients. Even the nurses in critical care were pushed into situations never before seen. Other units were converted to critical care units. SICU and CICU were made full critical care. Cath Lab, PACU and even a newly created ICU in the old ED held COVID 19 patients. Those units were never meant to be inpatient units, but yet those nurses were able to work in unison to provide critical patient care. Additional medical units were also created to care for the excess number of patients. Our med/surg units were able to handle patients who were so sick that, perhaps, under normal circumstances would have been in the ICU or CCU. We should all look back and be proud of how each unit banded together and did not let their co-workers fall. We all had the same goal of caring for our patients despite the tragedy put in front of us.

We don’t know what the future may hold, but let’s never forget how we all came together as one and continue to move forward and improve. We need to learn from what didn’t work and do better. The hospital has formed a few committees to do exactly that. Our one goal is to administer exemplary patient care. This Is Us!

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**“Nurses work 12 hours a day: 4 hours caring for patients and 8 hours washing our hands.”**

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# State of Emergency

by Joan Aliperti, RN - Secretary

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On March 13, 2020, President Trump declared a National Emergency under the Stafford Act, freeing up funds which can be used to pay medical personnel, purchase medical supplies, establish additional medical treatment arrangements and sites and ideally bolster the hospital infrastructure within the United States to better withstand the expected tidal wave of patients. And boy, did those patients come.....our members rose to the occasion; we worked in unfamiliar units on different shifts with unfamiliar staff. Because of the masks we may never know what those staff members really look like.

The union Board was asked many questions from members during this time. Most asked, "Can

they do this?" and "Are they allowed to do this?" They, of course, were Administration. With the declaration of the national emergency the answer was, "Yes, they can."

With a national state of emergency all bets are off. A national state of emergency declaration poses a unique challenge for nurse staffing preparedness. These are relatively rare events that require a response above and beyond what existing resources can handle.

Our members definitely went above and beyond. Hopefully "the next surge" never comes and we can go back to our normal jobs and duties in the hospital.

Nursing is one of the Fine Arts; I had almost said the finest of Fine Arts.

~ Florence Nightingale (1820 – 1910)

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

**the Christmas tree in the ED waiting room is decorated with items from the supply cart.**

**you invent a new game called, "specimen, specimen, who's got the specimen?"**

**suddenly, anesthesia's jokes are actually funny.**

**your reply to the patient who asks, "Have you ever done this before?" in reference to starting an IV is, "I saw it done once on an episode of ER."**

**you pull up to the drive-up window at McDonald's at 0800 and ask for a big mac and fries.**

**you only like documentary TV shows about nursing.**

**your sole purpose in life is simply to warn others.**

**people compliment you because you're wearing "civilian clothes."**

# Acquisition and Use of Hours in Your Lifetime Bank

by Heather Hemingway RN, BSN - Second VP

We have had some questions regarding the 37.5 hours of vacation bonus hours.

All full time members received the 37.5 paid vacation hours in their Lifetime Bank on June 15th. All part time, per diem and newly hired full time members who worked on site during the COVID-19 recognition period will receive payment based upon the following formula:

$$\frac{37.5 \text{ hours} \times \text{hours worked}}{375 \text{ hours (37.5 hours} \times 10 \text{ weeks)}} = \text{hours received in paid vacation bonus time}$$

If a member changed from full time to part time or per diem status during the COVID-19 recognition period, then the paid time vacation hours will be granted to that member based on whichever status the member spent the majority of hours working.

Members on an approved leave for all or part of the recognition period are eligible to receive the paid vacation time hours as follows:

- Full time members will receive the 37.5 hours paid vacation.
- Part time members will have their paid vacation hours prorated based on the above formula, except that the proration will be based on their scheduled hours rather than hours worked as stated in the formula, for the duration of the leave.
- Per diem members will have their paid vacation hours prorated consistent with the above formula, except that the proration will be based on an 18.75 hour work week rather than actual hours worked for the duration of the leave..

To receive the paid vacation hours, eligible members must be on the hospital's payroll on the grant date. Members will not receive paid vacation time if a letter of resignation has been submitted and the member is on 'terminal time'. This is due to policy that states vacation hours cannot be used during your last four weeks of employment unless approved at the time of resignation.

Once granted, the COVID-19 paid vacation hours will be the first paid hours members use. The COVID-19 paid vacation hours may be carried over and used in subsequent years, but will not be paid out upon a member's separation from employment with the hospital.

## How to Withdraw Time from your Lifetime Bank

1. Go to the Employee Intranet Home Page and select **my HR>Self Service**.
2. Login to my SelfService using your credentials.
3. On the Employee Self-Service Page, click **my TIME**.
4. Go to **My Information** and click **My Requests**.
5. Use the time period drop down menu to select the applicable time period for when you would like to request time off from your Lifetime Bank. Then, left click on the day(s) that you would like to request time off. They will
6. change color when selected.
7. Select whether you would like to request time off in **days or hours. This example will walk you through a day selection.**
8. Make sure the correct **start** and **end** dates are selected, then click **Submit**.
9. You will see confirmation of your submission under the My Current Requests section. The selected days will also read LFBK (submitted) when the time is properly submitted.

Please check with your immediate supervisor to verify that she/he sees your request in Kronos and enjoy your Vacation Bonus Hours!!

# FYI

by Jane Hubert, RN – Treasurer

## BENEFIT HOURS

Members cannot carry forward more than 450 benefit hours as of October 31<sup>st</sup> into the following calendar year. Members may exceed the 450 hours during a calendar year provided that the accrual is reduced to 450 hours by October 31<sup>st</sup> of that year. Members who have more than 450 benefit hours accrued on October 31<sup>st</sup> 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 and should request to schedule the excess hours by September 15<sup>th</sup>. If a member is denied the opportunity to use the excess hours, he or she should request the denial in writing and notify the HHNA as soon as possible. Members 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 benefit hours can be requested from the Vice President responsible for Human Resources and will be granted in exceptional circumstances. You can ask for up to 150 hours every two years. Payment for benefit hours instead of using benefit hours cannot be used as a substitute for, or alternative to taking vacation.

## HOLIDAY PAY and Hot Pink slips

Members working a holiday will be paid one and a half times the member's regular compensation rate. In addition, members working a holiday have the option of accruing the holiday hours worked as benefit hours and receiving an additional paid day off at a later date **OR** they can receive an additional day's pay for the holiday hours worked. The additional day's pay will be paid from a member's accrued benefit hour total to which holiday hours are added. To receive the additional day's pay fill out a hot pink slip and submit the slip to the Nursing Office on the day of the holiday worked

*Refer to pages 30 and 32 of your CBA regarding the above topics and contact the HHNA with any questions.*

### MEDICAL DICTIONARY FOR HEALTH CARE

DONORCYCLE ..... motorcycle  
INTENSE PAIN ..... torture in a tent  
LYMPH ..... walk unsteadily  
RED PIPE ..... artery

## Editorial by Marion Catanzaro, RN

NYSNA has filed suit against the state of New York and two hospital systems, Montefiore Medical Center System and the Westchester Medical Center. NYSNA alleges the NYS Department of Health didn't provide nurses with adequate essential PPE and told covid infected health workers to return to work before state guidelines advised. The lawsuit further alleges the environment in the health care systems was, war-like and that health workers were without the essential PPE and tools they needed to do their jobs and keep themselves safe.

National Nurses United, the nation's largest union and professional association of direct care registered nurses is petitioning OSHA to issue an emergency temporary standard to protect frontline workers, patients and the public from the potentially deadly respiratory illness in the present and a permanent standard for the future.

Knowing what we do now, nursing unions across the country are mobilizing to ensure that when something like this happens again nurses will be working in a safer environment and will have whatever they need to care for patients and keep themselves safe.

# July 14<sup>th</sup> Quarterly Meeting Update

Due to Covid 19 we will be unable to hold our regular meetings. The meeting agenda is posted on the website:

[WWW.HHNAurses.org](http://WWW.HHNAurses.org)

Please take a moment to review it. Union Board members will be available to answer questions and address your concerns.

Gillies 1 & 2 - 7AM & 12-2PM

Sammis - 7-8PM

A limited number of members will be allowed in the conference rooms. Please plan accordingly.