



# THE INFORMER

July 2014  
PRESIDENT'S MESSAGE  
by Pat Mills, RN

## HEED THE WARNING

Working in healthcare, we are in contact with patient medical records every day. They are a vital part of our job, we have become very familiar with them and they are easily accessible to us, as they should be, in order to treat our patients safely and competently.

Because of the ease of accessibility, there is the potential for any one of us to act before thinking. You might see the name of a former patient who is now on another unit in the hospital. You wonder how she is doing and think about looking at her medical record to check. You see the name of a fellow employee, someone you know who has been very ill in the past and about whom you are very concerned. You just want to see how he is doing. You are working with a patient on your unit who has been very difficult to manage and you notice that your patient's sister has just been admitted to a different unit in the hospital. You think that maybe the sister's medical record could give you some insight on your patient and how to better manage her.

**STOP RIGHT THERE.** Accessing the medical record of a patient who is not directly under your care is a HIPAA violation, regardless of your intent. It is considered snooping. It is against Hospital policy and against the law. Inappropriate access to or sharing of patient information is the equivalent of "breaking and entering." You could lose your job.

Fairwarning, a privacy breach detection system currently in use at many facilities in the Health System, will be coming to Huntington Hospital in the very near future. This system actively monitors all electronic medical record systems to detect inappropriate access. **DON'T TAKE THE RISK!**

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

***9/4 Council on Nursing Practice\****

***10/14 HHNA quarterly meetings***

***9/9 Unit representative meeting 7pm – 1 South***

***11/6 Council on Nursing Practice\****

***10/2 Council on Nursing Practice\****

***\*Council meetings begin at noon in the One South Conference Room***

## Seniority / Longevity Dates and 25 years of Union Contracts

by Joan Aliperti, RN - Secretary

This past October a seniority and longevity list was hung on the bulletin board near the cafeteria. All members were asked to check their dates and to email the union if they thought the listed dates were incorrect. Many members responded that the dates, indeed, were incorrect. Since that time the Board has been meeting once a week with Donna Cice, the head of Human Resources, to correct the dates. This task is very difficult and time consuming because of various reasons.

Many union members have invested many years at Huntington Hospital and their employment spans several union contracts. Because some language has been changed from contract to contract regarding status and classifications, such as, per diem to part time or full time status, LPN to RN status and leaves of absence just to name a few, it is difficult to determine these dates in many cases.

We will continue to work on this important issue, but please be patient.

If you are one of the members who emailed us and need your dates to be rectified soon because of retirement or if you are applying for a new position where seniority is the deciding factor, please notify Human Resources and the Union as soon as possible.

Hopefully this will not be a problem for much longer; it has been suggested that this process will be automated in the near future.

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## INFECTION CONTROL

by Jo Ann Pirro, RN - Treasurer

We have filed for an arbitration against the hospital for removing the four hours of infection control education from Professional Development Day at the Dolan Family Health Center.

We realize license renewal is ongoing, so in the interim one of our members has found a website that gives you 4 credits in infection control for \$14.95 that satisfies the New York state requirement for licensing renewal. The website is [infection.elitecme.com](http://infection.elitecme.com). Thank you to HHNA member Nicole Rapisardi, RN!

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**FYI** – If you don't feel well while you are at work or if a supervisor thinks you are experiencing a physical problem and that you should be examined by a doctor in the ED, you are not obligated to be examined in the ED. You have the option of refusing to go to the ED and making an appointment to be examined by your own physician.

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest accomplishment, or the smallest act of caring, all of which have the potential to turn a life around.  
~ Leo Buscaglia, PhD

# CARING FOR OURSELVES/CARING FOR OTHERS

by Judy DiBartolo, RN, HN-BC

Holistic nursing is defined as “all nursing practice that has healing the whole person as its goal” (AHNA & ANA 2013). It is a science, a practice and a way of being. In health care, we have been so preoccupied by the disease model that we take little time to imagine how optimal healing and wellness manifest. Research has demonstrated that our thoughts and feelings enact changes in nearly every cell and organ system of the body. Understanding the philosophy of Holism has enlarged my thinking, changed my lifestyle patterns and my sense of well being.

Exploring holistic nursing and integrative health care for 25 years has transformed my life personally and professionally and continues to drive me towards creating more caring and healing values in our clinical setting at HH. Because of my lifelong study, self reflection and various self care practices, I am able to keep my enthusiasm and passion for what I believe. Through the Council for Holistic Nursing, I hope to inspire others to dream more and learn more about how to lead change and advance health for both themselves and our community.

Embracing the “***Ritual of Quiet Time***” is an opportunity for nurses to care for themselves as well as care for others. We all know that our hospital is too noisy, that there is a sense of frenzied activity, even turbulence on the units working against patient recovery. We are pushed to the max with overwhelming tasks that drive us further and further from the heart of nursing. Uncontrolled stress depletes our energy, is self perpetuating and radiates affecting all. It’s time to try something different and promote more rest and relaxation by controlling the external environment at least for an hour each afternoon starting at 3p. Let’s see if it changes our consciousness in little ways and perhaps even our bodies as we begin to soften, clear our minds and breathe comfortably in a healthier work environment. Just as the Brahms’ Lullaby melts our hearts each time we hear it announcing childbirth perhaps embracing the ***Ritual of Quiet Time*** will equally touch our spirits. As we feel better, more caring and compassion for ourselves and each other will radiate like the ripple effect.

Florence Nightingale in her own way spoke about creating environments that allow healing to happen for the patients as well as the caregivers. She would have been very proud of what we are doing at HH as we try to make holistic nursing philosophy and practice integral with our everyday routines. I was energized when I heard Jean Watson present the ritual at the AHNA conference years ago and both Myrna and Susan have been visionary in supporting my efforts. Judy Moran has been by my side every step of the way. Let’s be patient and help each other as we change long standing patterns of practice, organization and priorities. Holistic nurses are called to be leaders in health care transformation and participating in the success of ***Quiet Time*** is one way to start making the shift happen.

## **Clarification of Retirement Plans**

by Pat, Mills, RN – President and Lisa Quintero, RN – First VP

**Defined Benefit Plan** - The Health System contributes to the Defined Benefit Plan; what your pension payment will be can be calculated. The calculations are based on your salary and longevity payments. All members hired or rehired on or before 12/31/11 are entitled to a fully paid non-contributory Defined Benefit Plan.

Those hired before 12/31/08 are entitled to a full pension at the age of 62 with 25 years of service. Members with 25 years of service and who are at least 55 years of age can retire between the ages of 55 and 62. The retirement penalty will be 5% per year for each year retired prior to 62. Employees without 25 years of service will continue to lose 5% per year for each year prior to age 65. For members working at HH on or before 12/31/08, final average earnings means the average annual earnings paid to a participant during the highest three consecutive years in the ten year period immediately preceding his/her normal or early retirement or termination of employment, whichever occurs first. The annual pension will be determined by multiplying the number of years of benefit service by 1.3% of their final average earnings. Members working at HH on or before 12/31/08 will have the above percent increased to 1.7% commencing with the thirteenth year of benefit service.

Members hired on or after 1/1/09 will be eligible for full retirement at age 65. For these members, final average earnings means the average annual earnings paid to a participant during the highest five consecutive years in the ten year period immediately preceding retirement. The annual pension will be determined by multiplying the number of years of benefit service by 1.3% of their final average earnings

**Defined Contribution Plan** – Employees hired after 1/1/12 will participate in the Health System's pension plan which is comprised of a 403B Savings Plan and a Cash Balance Plan.

The Cash Balance Plan is automatic after 1 year of employment and is 3% of your eligible annual pay funded by NS/LIJ. Members cannot make contributions to this plan.

Employees and the Health System contribute to the 403B Savings Plan. 403B Savings Plan eligible employees who do not make an active election to contribute to this plan within 30 days from being hired will be automatically enrolled with a 3% annual contribution. NS/LIJ will contribute an additional 3% after 1 year of employment. You can increase what NS/LIJ will contribute to your 403B by increasing your contribution to 6% annually at which time NS/LIJ will increase their 3% to 5% annually. You can contribute more than 6%, however, the highest Health System contribution is 5%; if you add this 5% to their 3% contribution to the Cash Balance Plan, NS/LIJ is contributing 8% to your combined accounts. Percentages deposited are calculated on your salary and longevity payments.

What your pension payment will be cannot be calculated because it is based on varying contributions and the success of your investments.

All employee contributions are 100% vested. However, there is a six year vesting schedule for NS/LIJ contributions.

Please Note: All members are eligible for a 403B, however, there will be no NS/LIJ contribution if you are in the Defined Benefit Plan.

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## Administration of Retirement Funds

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by Jo Ann Pirro, RN - Treasurer and Jane Hubert, RN – Second VP

NS/LIJ has switched to Transamerica for our retirement investments. NS/LIJ and HHNA were dissatisfied with MetLife. The funds you had with MetLife are the same funds you now have with Transamerica, but the difference is that if there is any revenue it goes to you and not to Transamerica as it did when MetLife kept a percentage of the revenue. The change took place on April 1, 2014 when the balance from your MetLife account was transferred to a Transamerica account.

Transamerica was with Staten Island Hospital and NS/LIJ was looking into other companies when Staten Island recommended Transamerica. Transamerica's only focus is managing hospital retirements; it is all they do.

Roderick Uriarte is the roll out person for Transamerica across the country, but Huntington's contact person is Mr. Paul Joseph. He can be reached at 914-268-8787. His e-mail is [paul.joseph@transamerica.com](mailto:paul.joseph@transamerica.com). Please check your email for the days Mr. Joseph will be at the hospital. He is also available for private appointments. You can transfer your money from accounts, such as, Nationwide, Prudential, etc. to Trans America. Paul Joseph can advise you.

To use the Trans America website you must go to [nslj@trsretire.com](http://nslj@trsretire.com) and sign up with a user ID and a password. Mony, Diversified and Transamerica are the same company. If you had funds in Diversified or Mony you may already have a user ID and password. If you prefer not to use the website, business can also be conducted using your phone by calling 1-844-675-4547.

On Transamerica's website there is an Outlook view showing if you are on track to reach your

retirement goals. It tells you if your outlook is rainy, cloudy, partly sunny or sunny with rainy meaning you have to add more money and sunny meaning you're right on track. You can do automatic increases that coincide with your raises at the click of a button that can be changed as you like. We usually receive our salary increases October 1<sup>st</sup> so you can put in an increase every October 1<sup>st</sup> and it will automatically change your deposit by the amount you want. You can use any date, for example, you can have it coincide with your longevity increases.

You can do pre-tax contributions from 1% - 75% of your annual salary up to the 2014 government maximum of \$17,500. If you're over 50, you can put in an extra \$5,500 annually to a pre-tax account. You can also have an after tax account. One of the pro's to that is the money would be available to you whenever you want it. You wouldn't have to wait until retirement to use it. You can place 1% - 10% of your annual salary in an after tax account. When you enter the percentage you want to deposit in an account on the website it shows up as a dollar amount according to your salary

There is also a Vanguard target retirement fund. You say when you want to retire and it tells you how you should be investing your money. It provides you with a mixed portfolio to get you to a sunny outlook.

**Fees** MetLife was \$8 per year + 0.055% of your account balance as a fund charge per year.

Transamerica is a \$60 flat fee per year that is billed quarterly. So, as your money grows your fee is a fixed amount.

## **Editorial** – by Marion Catanzaro

### **“Right to Work” and “At Will Employment”**

The definitions of a “right to work” state and an “at will employment” state are generally misunderstood and are frequently blended. Most believe both laws protect employees which isn’t true.

In a right to work state non-union employees working in a union environment are offered options. Twenty four states are right to work states; New York is not.

Every state recognizes at will employment. Employees work at the will of the employer. The employer can terminate a worker or change the terms of employment with no notice or consequence for any reason or for no reason at all unless the worker is covered by a collective bargaining agreement, or the state recognizes basic exemptions allowed by the federal government, but which are decided on by individual states. The three exemptions are public policy, implied contract and covenant of good faith and fair dealing. New York only recognizes the implied contract exemption.

Having a supervisor tell you, “We love your work. You have a job for life,” might be construed by the employee to be an implied verbal contract, but probably not by the employer or the courts. If employers apply the implied contract exemption they ask employees to sign at will employment contracts, but include wording in the contract or personnel handbook that employees will only be terminated for just cause.

The language on page 43 in the current NS/LIJ Health System Employee Handbook states, “The Health System may terminate your employment, at any time, for any reason, other than those prohibited by law”, such as, a person’s race, color, religion, sex, age or handicap status. **Page 56 of your contract states, “Except as stated in Section 4 (Probationary Period), an employee will not be demoted, suspended, otherwise disciplined or discharged except for just cause.”**

This contractual language and the ability to grieve a problem and take it to arbitration by a third party are fundamental reasons for belonging to a union.

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

**anyone in your family hits their head, the first thing you do is grab a penlight and check their pupils.**

**every time you get a bad headache, you’re sure you’ve either had an aneurism rupture or have developed a brain tumor.**

**you never give up on repeat admissions because you believe in miracles.**

**you know it’s a full moon without having to look at the sky.**

**bed alarms equal dramatic Olympic style running to your patient’s room.**

**your relatively stable patient codes ten minutes before the end of your shift.**

**you know what a “HAT” is.**

**you’ve eaten apple sauce and graham crackers for lunch from your med cart because you’re so busy.**



# HHNA Quarterly Meetings

## Tuesday, July 8, 2014

Meetings will be held at the following times and places:

7:30 am	1 South
12 noon	1 South
1:00 pm	1 South
7:30 pm	1 South

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.

