



THE INFORMER

October 2016

PRESIDENT'S MESSAGE

by Pat Mills, RN

Medication Administration Policy

During the past several months, we've been made aware of several HHNA members who are not documenting correctly when distributing medications, particularly narcotics.

It is policy that when a pain medication is given you should evaluate and document the level of pain the patient is experiencing and then administer the pain medication correctly by scanning the medication and the patient's arm band; this step should not be bypassed. After a period of time passes you should go back and document the patient's level of pain relief resulting from the medication. Also, if the full dose of the medication is not administered, the policy should be followed regarding any amount of waste which needs to be documented with another RN.

I know these steps are time consuming, however, if you want to continue to practice at Huntington Hospital you need to follow the policy in place for the safe administration of narcotics.

What has been happening is that some members are not following the policy and are being accused of diverting narcotics which, unfortunately, in some cases is true. If you have a drug problem, you can hand in your license, receive treatment and return to work if you follow the SPAN and PAP programs.

Remember, you only get one opportunity to seek treatment and return to work.

Dates to Remember:

10/6 *Council on Nursing Practice – noon**

10/11 *Quarterly meetings**

11/3 *Council on Nursing Practice – noon**

12/1 *Council on Nursing Practice – noon**

12/6 *Unit Rep dinner – Joanina's in
Huntington Village – 7pm*

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

HOLIDAY WORK OBLIGATION by Lisa Quintero, RN - First VP

It's time in many families to start planning activities related to the fall and winter holidays. To do that you must know what your holiday work obligation is. This information can also be found in your collective bargaining agreement.

AWSP (10 and 12 hour shifts)

Full time and part time day shift employees shall be required to work (2) of the following: Thanksgiving, Christmas Eve, Christmas Day or New Year's Day.

Full time night shift employees shall be required to work three (3) of the following : Thanksgiving Eve, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve or New Year's Day.

Part time night shift employees shall be required to work two (2) of the following: Thanksgiving Eve, Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve or New Year's Day.

7.5 hr Shifts

Full time day shift employees shall be required to work either Christmas Day or New Year's Day.

Part time day shift employees will be required to work either Christmas Day or New Year's Day.

Full time evening shift employees will be required to work two (2) of the five (5) holiday or holiday eves from Thanksgiving through New Year's Day

Part time evening shift employees will be required to work two (2) of the five (5) holidays or holiday eves from Thanksgiving through New Year's Day.

Full time night shift employees will be required to work three (3) of the six (6) holiday or holiday eves which shall include the Eve or the Day of Thanksgiving, Christmas or New Year's

Part time night shift employees will be required to work two (2) out of six (6) holidays or holiday eves which shall include the Eve or the Day of Thanksgiving, Christmas or New Year's.

MEDICAL DICTIONARY FOR HEALTH CARE

BOWEL.....a letter like a,e,i,o,u

COLIC.....a sheep dog

ENEMA.....not a friend

NODE.....was aware of

PROTEIN.....favoring young people

TUMOR.....more than one

You know you're a nurse if

you self-diagnose.

you write a patient report and have to translate it for Medical records because of all the acronyms.

you have a tendency to laugh at your patient's "big problems."

you've informed your co-workers who can/cannot work on you if you collapse.

Northwell Health Benefit Plan and Annual Wellness Credit Program Facts

by Joan Aliperti, RN – Secretary

This article will, hopefully, make the wellness program clearer for **the 59 members who chose the Northwell Health Benefit Plan**. This insurance is also known as the United Healthcare Value and Buy-Up or CareConnect Employee Plan.

If participants in this plan take a proactive approach to their preventative care routine in 2016, they will be rewarded with paycheck credits beginning January 2017. Each wellness action is worth \$260 which will be credited to the participant's paycheck each pay cycle in 2017. If all four actions are completed by October 31, 2016, employees will be credited a total of \$1,040 in 2017. Although you are encouraged to complete as many pledges as your physician recommends, the maximum amount of pledges that are eligible for paycheck credits is four; the Health Assessment which is due by Dec. 31, 2016 and three others from the following list:

- | | |
|----------------------------|---------------------------------------|
| 1. Physician Wellness | 6. Colorectal Cancer Screening |
| 2. Dental Exam | 7. Cervical Cancer Screening |
| 3. Vision Exam | 8. Health Survey for a Covered Spouse |
| 4. Breast Cancer Screening | 9. Financial Wellness Video |
| 5. Skin Cancer Screening | 10. Feinstein GAP |

Once completed, the date of action or service is electronically uploaded to the participant's Wellness Summaries for viewing when logged in to mySelfService. Please note that all actions are voluntary. There is no penalty for not completing wellness actions. Those new to the Northwell Health Benefit Plan will automatically be credited for the four wellness actions. New hires and newly enrolled participants will have six months to satisfy the program's requirements. If newly enrolled employees don't comply within six months, their paycheck credits will cease at that time. If a pledge is completed in November/December, you will still receive the credits for those pledges in 2017 but they will be delayed up to eight weeks and won't be retroactive.

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 and those who are denied reasonable

opportunity to utilize benefit time in excess of 450 hours may be paid for those hours at the prevailing rate of pay. Payment in lieu of benefit hours may be requested from the Vice President responsible for Human Resources and will be granted to those who can demonstrate they were denied the opportunity to use benefit hours when they requested. Pay in lieu of benefit hours 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, but 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.

COUNSEL'S REPORT

Davis & Ferber, LLP
1345 Motor Parkway
Islandia, NY 11749
(631) 543-2900
By: Alex J. Kaminski

UNDERSTANDING YOUR FMLA RIGHTS: Eligibility and FAQs

As a Huntington Hospital (HH) employee, you may be entitled to protection under the Family Medical Leave Act (FMLA). In order to ensure your rights are protected and you receive the FMLA benefits you are entitled to, it is important that you know the eligibility requirements and the answers to questions that frequently arise.

If you are an eligible employee, the FMLA provides you with up to **12 weeks of unpaid, job-protected leave** from work under certain circumstances, including:

- if you are unable to work because of a “serious health condition;”
- if you must care for an immediate family member (spouse, child, or parent) with a “serious health condition;”
- the birth and care of a newborn child;
- in connection with your adoption of a child or foster child placement; or
- certain qualifying exigencies if you or an immediate family member is an active duty military member.

FMLA ELIGIBILITY - You must meet the following criteria to qualify for FMLA:

- you have worked for HH for at least 12 months;
- you have at least 1,250 hours of service for HH during the past 12 months; and
- your work location has 50+ employees within 75 miles (e.g. Huntington Hospital).

FAQs:

1. What is considered a “Serious Health Condition?”

A mental or physical condition that causes any of the following: (1) incapacity/treatment with inpatient care; (2) incapacity requiring absence of more than 3 calendar days from work per a health care provider’s orders; (3) incapacity due to pregnancy/prenatal care; (4) incapacity/treatment for a serious chronic condition; (4) incapacity that is permanent or long-term due to a condition for which treatment may not be effective (e.g. Alzheimer’s, terminal diseases); or (5) absences for treatment and recovery for a condition that would likely require incapacity of more than 3 days if left untreated (i.e. Chemotherapy).

2. What is considered a “Serious Chronic Condition?”

A condition that: (1) continues over an extended period of time; (2) requires periodic visits for treatment to a healthcare provider; and (3) causes or may cause episodic incapacity. You can invoke FMLA for anticipated periods of incapacity/treatment that will/may arise as a result of such a condition.

3. Do I have to supply medical documentation for FMLA leave?

Yes. HH may request healthcare provider certification and a second/third opinion (at HH’s expense), but it must be kept confidential and separate from your general personnel file. HH may not request such documentation for leave to bond with a newborn, foster, or adopted child. If requested, HH must give you at least 15 days to provide certification.

4. What information can HH request?

Information on the certification may include: healthcare provider contact info; date of onset and expected duration of condition; appropriate medical facts about the condition; justification for absence (why condition renders you unable to work); statement of care that you must provide if leave is for family member; and, for intermittent leave or reduced schedule, information showing medical necessity for intermittent leave or

schedule adjustment (treatment, expected duration/frequency of periodic incapacity). For FMLA purposes, **HH cannot request medical records beyond the certification and cannot require you to sign a release for such.**

1. What if my doctor fills out the medical certification incorrectly?

You cannot be denied initially. HH must give written notice of what additional info is required to complete the certification and provide an additional 7 days to provide it.

2. What information must HH provide regarding FMLA?

HH must: (1) post notice in the workplace of FMLA rights/responsibilities; (2) include FMLA info in handbooks or provide FMLA info to new hires; (3) provide you notice of whether you are eligible for FMLA within 5 days of a qualifying request; (4) provide an explanation of why if HH asserts that you are not eligible; and (5) notify you whether leave you take is being deducted from your FMLA entitlement.

3. Can HH refuse to grant FMLA leave or hold my use of FMLA leave against me?

No. If you qualify, HH cannot deny FMLA leave. Further, HH cannot discipline you in any way for using FMLA leave and cannot count FMLA leave under any absence control policy. HH can only count FMLA leave against you for purposes of a bonus for attendance or days/hours worked, if applicable.

4. Can HH require me to be cleared before coming back to work?

Yes. As long as HH universally applies a policy, they can require such certification. HH can require you to undergo a "Fitness for Duty Exam" so long as HH makes you aware of this when FMLA leave is approved.

5. Does Alcoholism qualify as a serious health condition for FMLA leave?

Yes. It simply must meet the same criteria as any other "serious health condition." However, you cannot use FMLA to recover from the effects of alcohol abuse itself (i.e. you cannot invoke FMLA for a hangover).

6. Are there any exceptions to "immediate family" under FMLA?

In loco parentis is an exception to the "immediate family" requirement under FMLA. *In loco parentis* refers to a situation where an individual takes on the role of a parent to a child under 18 or an individual over 18 who is incapable of self-care due to a disability.

7. Can the Collective Bargaining Agreement (CBA) affect my FMLA rights?

Yes and no. The CBA between HH and the Huntington Hospital Nurses' Association (HHNA) can **never** take away or diminish any FMLA rights. However, the CBA can, and does, expand on your FMLA rights.

Your CBA permits you to collect pay for certain time off under FMLA, whereas FMLA only entitles you to unpaid leave. Namely, you can use your accrued sick leave, subject to CBA's requirement for such, while out on FMLA for your illness/incapacity. Your CBA also permits you to annually use 3 days' worth of sick leave to care for a child, parent, or spouse and 1 day off for a birth/adoption. Finally, your CBA greatly expands your ability to take an unpaid leave of absence, including: up to 12 months for personal injury/illness; up to 12 months for certain studies; and 3-5 months for childbirth/adoption (time allowed depends on service time). Please note: this is not an exhaustive list and these benefits are subject to the terms of Articles 7-8 of the CBA.

8. What happens if HH misleads me about my FMLA rights?

If HH expresses, via policy or otherwise, that you're eligible for FMLA under certain circumstances and you rely on this, HH must grant you FMLA even if you do not actually qualify.

There are numerous other questions that arise under FMLA on a regular basis. These are simply some of the more common questions that individuals have regarding their FMLA rights. It is important that you understand your FMLA rights so that you can utilize them when needed and avoid any issues from a mistaken belief that your situation falls under FMLA if it does not. If you believe you are improperly being denied FMLA leave, are being retaliated against for invoking FMLA, have questions regarding your eligibility under FMLA, or run into any other issues relating to FMLA please feel free to call us.

Qualify for Pension Credit

by Jo Ann Pirro, RN - Treasurer

For some reason Northwell is having trouble posting the correct pension hours on mySelfServe. It is temporarily on hold. Full-timers don't need to worry because they work more than 975 hours a year which is the required number of hours you must work to qualify for pension credit.

Part-timers who work **less** than 0.5 FTE's should go through their paychecks to make sure they have worked enough hours **over** their FTE designation to qualify for pension credit for 2016. If you haven't, try to pick up some extra hours before the end of the year to reach 975 hours. Email the union through our website @ hhnurses.org if you have any questions.

Labor never quits. We never give up the fight – no matter how tough the odds, no matter how long it takes.

~ George Meany, American labor leader

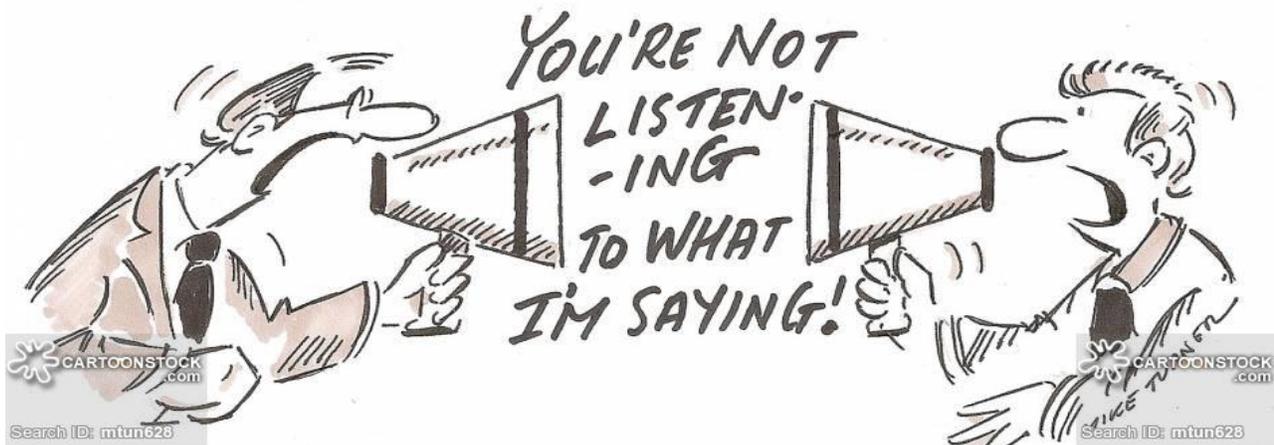
Editorial by Marion Catanzaro, RN

Newsday ran an article on June 16th with an Associated Press byline telling of how 4,800 nurses were on strike at five hospitals in Minneapolis, Minnesota. The major points of contention between the nurses and Allina Health, the company that manages all five hospitals, were: wages, health insurance, nurse/patient ratios. On June 26th Boston newspapers reported that a strike by 3,300 nurses at Brigham and Women's Hospital represented by the Massachusetts Nurses' Association was averted when an agreement was reached. Their major issues were: wages, nurse/patient ratios, security improvements for patients and staff. Do these issues sound familiar?

It seems that these are issues discussed at every nursing contract negotiation and although it may appear that progress is being made at glacial

speed, especially regarding nurse/patient ratios, the important thing is that there is on-going discussion not only at the negotiation table, but in the media. When more and more people become aware of issues, especially those that could affect them personally during a hospitalization, there will be more discussion which will lead to change.

All you have to do is compare your HHNA contracts to see the progress made through the years. Some progress is very subtle, for instance, the words staff to patient ratio didn't appear in early contracts yet they are in your most recent contracts which indicates the effect of organized labor at the local level and management's public recognition of the problem and their initial attempt to address it



MEANINGFUL NEGOTIATIONS?

HHNA QUARTERLY MEETINGS



October 11, 2016

Meetings are to be held at the following times and locations:

7:30 AM - Gillies 3
12:00 and 1:00 - Sammis Board Room
7:30 PM - Gillies room 1,2 and 3



Breakfast, lunch and dinner will be available.

Remember: to be a member in good standing it is required that PT/ FT employees attend 2 meetings a year and PD employees must attend 1 meeting a year.

Visit the HHNA website at HHNANurses.org