



THE INFORMER

October 2017
PRESIDENT'S MESSAGE
by Pat Mills, RN

IMPORTANT ISSUES

Swipe In/Swipe Out

It is your responsibility to badge (swipe) in and out via the Badge reader on your unit when you report to work and when you leave.

Recently, several members were notified they would not be paid for the shifts for which they hadn't badged in or out. There are steps you can take in the event the Badge reader is not working or if you forget to badge in or out. You must fill out a Missed Swipe form, have it signed by your manager or charge person and be sure it is attached to the sign-in sheet that goes to Nursing Administration the next time the attendance sheets are collected.

Patterns become suspect when the same members aren't swiping in or out; either lateness or leaving early is surmised. If you don't address these errors in a timely manner, your paycheck will be affected and it could take 4 to 6 weeks to resolve this payroll error. Therefore, be sure to badge (swipe) in and out correctly.

Diversion

As I'm sure you all know by now, it's your responsibility not to participate in the diversion of narcotics for any reason. It's part of the Narcotic Waste Policy that you are responsible to actually witness the waste by the nurse who is to administer the medication or the waste of a medication removed incorrectly.

When a medication is diverted you are just as responsible if you sign as a witness and don't really witness the waste as the person initiating the diversion and you can be considered an accomplice in diversion.

Diversion can result in termination of employment, loss of your RN license and even criminal charges under certain circumstances.

Don't think you're doing your friend a favor by not really witnessing. Do yourself a favor and be sure to witness properly.

New Job Postings

Every Thursday morning the hospital posts available positions. As HHNA members you have the advantage of having first rights to apply during the first week. All applications must be received by 4pm on the following Wednesday.

Keep this in mind when considering a new position because you will cut down your competition from outside the hospital by applying the first week.

FYI

by Jo Ann Pirro, RN – Treasurer

HEALTHCARE ENROLLMENT

Open enrollment for health care in 2018 is upon us. The dates for signing up for your medical insurance and FSA account are November 27, 2017 through December 8, 2017. You can sign up in Intranet under MY HR to mySelfServ. You won't be able to choose your medical insurance after these dates without a life event occurring.

Please note that if you've had Care Connect in the past, you must choose another insurance as Care Connect will no longer be available due to Northwell's withdrawal from New York State's Insurance Market. Care Connect was removed as an option on 9/1/2017. So, as of this writing, your options are the Huntington Hospital Nurses' United Health Care Plan, Northwell's Value Plan and Northwell's Buy-Up Plan. Benefit Guides should be available by mid-October.

BENEFIT TIME DEADLINE

As stated on page 32 of 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. You can exceed 450 hours during the year, but the total has to be reduced to 450 by the end of October. It's your responsibility to use your benefit time so losing time is not an issue for you. However, if you requested benefit time during the year and were unreasonably denied, you should be paid straight time for hours over 450.

Dates to Remember:

10/5 Council on Nursing Practice – noon*

10/10 Quarterly Meetings

11/2 Council on Nursing Practice – noon*

12/5 Unit representative dinner

12/7 Council on Nursing Practice – noon*

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

MEDICAL DICTIONARY FOR HEALTH CARE

CARPALhow you get to work
CHIROPRACTOR.....an Egyptian doctor
INTERN.....one after another
MEDICAL STAFF.....a doctor's cane
ORGANIC.....an organ repairman
PATHOLOGICAL.....a reasonable way to go
SEROLOGY.....the study of English knighthood

Utah Nurse's Arrest and Violence Against Nurses

by Joan Aliperti, RN – Secretary

Many of our members saw the video on social media a few weeks ago of a nurse being arrested by a police officer in a Utah hospital. The nurse, Alex Wubbels, was following hospital procedure when she wouldn't allow a police officer, Jeff Payne, to draw blood from an unconscious patient without consent or a warrant. The same laws apply in New York.

Police body-camera video shows Wubbels calmly explaining that she could not allow a blood draw from a patient who hadn't been arrested or consented unless police had a warrant. They did not, but Payne insisted and put her on the phone with his lieutenant who said she would be arrested if she didn't agree. The dispute ended with Payne handcuffing Wubbels and dragging her outside while she screamed and said, "I've done nothing wrong!" We have a duty to collaborate with law enforcement, but we have a greater duty to our patients.

When the aggressor is the police it kind of leaves you questioning, 'What's next?' Who do you call above the police officer for help? Nursing administration should be notified immediately and should escalate the chain of command as needed. Alex Wubbels did what she was supposed to do and it was clear that the arrest was completely mishandled, was inappropriate and didn't need to happen.

Also, keep in mind that a physical attack against an RN on duty is a Class D felony, subject to a maximum of seven years in prison. It's long been looked upon that when a nurse gets spit on, verbally abused, pinched or hit over the head with something that it's just part of the job. Well, it's not! Violence in the workplace for nurses is very under-reported. Nurses are either afraid to come forward or aren't sure if what is happening to them is classified as violence. Most commonly reported acts of violence include spitting, biting, hitting and shoving.

With the NYS Violence Against Nurses Law which went into effect 11/1/2010, nurses joined the already protected groups of police officers, firefighters and emergency responders.

The Right to Representation

by Jane Hubert, RN - Second VP

Being part of a union enables a member to have the right to representation. Under a landmark U.S. Supreme Court case, Weingarten rights were established.

Weingarten rights guarantee an employee the right to union representation during an investigatory interview. When a member is asked to have a discussion with her/his manager or supervisor the member should ask the manager or supervisor if the discussion could in any way lead to discipline, termination or affect the member's personal working conditions in any way. If the answer is, "Yes", the member should request to have union

representation at the meeting. It is the member's responsibility to notify the union for representation. The member can't be punished for requesting union representation and has until 10:00am of the following day to consult with a HHNA Board member and be available for a meeting. Ideally, the interview is conducted during the member's regular shift, but if not, the member will be paid straight time or overtime, whichever is applicable.

Please be sure to document details of the event to be discussed and your request for union representation so that the Board can assist you optimally.

ISSUES Form

by Lisa Quintero, RN – First VP

Occasionally we may be placed in a situation we find unsatisfactory. It may be related to a patient assignment, staffing issue, working on another unit, or an issue with a co-worker or supervisor to name a few. Depending upon the situation there are steps you can take to rectify the issue.

Follow the chain of command. If your issue requires immediate attention, such as, patient safety or staff safety, notify your charge nurse. If for some reason the charge nurse is unable to correct the situation, call your supervisor on duty. You don't have to wait for the nurse in charge to call supervision.

You may also notify the Union by phone @ 631-757-5206 or via the website, HHNANurses.org. It's always beneficial to fill out an Issues Form that is available from the Union at Quarterly Meetings. Issues Forms should contain the 5 W's: Who, What, When, Where, Why.

- **WHO** was involved? Include managers and/or supervision. Are there any witnesses?
- **WHAT** happened or failed to happen? It is very important to stick with the subject at hand. When we're angry or upset it's easy to include other situations or issues that may not be directly related.
- **WHEN** did the issue occur, on what day and at what time?
- **WHERE** did the issue happen, the nurses' station, hallway, patient room, etc.?
- **WHY** did it happen?

Keeping the 5 W's in mind when you write out your narrative will help your thoughts stay organized and on track. Document your issue as soon as possible while all of the facts are fresh in your memory. Finally, always review what you have written for accuracy. If an Issues Form is not immediately available, document your account on a piece of paper and follow the 5W's rule.

You know you're a nurse if

you've ever wondered if it would be illegal to keep a defibrillator in the trunk of your car.

you always remember never to say always and never.

you've ever held a 14 gauge needle over someone's vein and said, "Now you're going to feel a little stick."

you've ever had to contend with someone who thinks constipation for 4 hours is an emergency.

you've ever bet on someone's alcohol level.

you believe waiting room time should be in proportion to the length of time from symptom onset: "You've had pain for three weeks. . . have a seat . . . we'll get to you in three days."

you call subcutaneous emphysema Rice Krispies.

you can tell the difference between a doctor's order and the ground around a chicken farm.

NYS CONSTITUTIONAL CONVENTION

Vote “No” on November 7th to oppose holding a Constitutional Convention. It is wasteful and unnecessary. If approved, next year every state senate district will have to elect three delegates to attend a convention the following year in Albany. If those delegates agree upon an amendment the public still has to vote for approval. Millions of special interest dollars will be spent on delegate elections and millions more will be spent to staff and run the convention. For what? We already elect people to represent us in Albany who can amend the Constitution at any time without a convention. Two terms of the Legislature, or separately elected sessions of the Legislature, have to approve an amendment in successive years and then it goes to the public for approval.

So, why all the commotion? Special interest groups are trying to hijack our democracy. For example, look at the group demanding public employees convicted of crimes forfeit their pensions. Nobody condones criminal behavior, but employees work 20, 30 or more years to earn those pensions. Private sector pensions are not forfeited and in 1940 the NY Constitution was amended to protect public employees’ pensions, too. Nevertheless, the forfeiture group has had a lot of success. Legislation was passed in 2011 that allows pension forfeiture for public officials hired thereafter who are convicted of a crime related to public office. The forfeiture group also successfully lobbied the Legislature for a Constitutional Amendment to be put on the ballot this year (without a Convention) that all present and future elected officials who are so convicted will forfeit their pensions.

But, in this age of extremism, enough is never enough. Some public employees still have Constitutional protections and the only way to completely strip it from all of them is to amend the Constitution. Since the Legislature won’t, the forfeiture group needs a Convention to circumvent the Legislature, elect its own delegates, and rewrite the Constitution to fit its whims. Of course, if we have a Convention there’s no guarantee which special interest group’s delegates will win or what Amendments they will propose. Actually, that’s more than wasteful and unnecessary, it’s downright scary.

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Editorial by Marion Catanzaro, RN

A few months ago I was driving into a supermarket parking lot when I noticed workers carrying picket signs at the lot's entrances and exits. Initially I didn't understand because the store was opened for business. I stopped and spoke with a couple of the picketers and found out it was an informational picket by the meat department workers who were asking customers not to shop there in support of them protesting unfair working conditions. I drove out of the lot and did my shopping elsewhere.

I remembered the first HHNA negotiation almost thirty years ago when we were only a couple of hours away from going on strike. We'd held informational pickets to inform the public of the labor dispute; we were interviewed by local newspapers and Channel 12 News. We were in contact with other labor unions that pledged their allegiance if we went on strike, which meant other union workers would not cross our picket line. This was powerful because it meant truck deliveries and pick-ups would sharply decrease. No one thing prevents a strike, but outside support has to be a factor. Support other union workers when the opportunity arises.

Registered nurses at Boston's Tufts Medical Center had a one day walk-out (strike) on 7/12/17, but the hospital kept the striking nurses out four additional days while using replacement workers. Nurses returned to work on 7/17. The union and the hospital resumed negotiations on 8/31 with a federal mediator. The biggest disagreement is over management's desire to change the pension plan from a defined benefit plan to a defined contribution (403B) plan.

In recent conversations the medical center offered to delay the change for 18 months, but the union rejected the offer saying most individuals would experience "significant losses" under the new plan. The union proposed a multi-employer pension plan for its 1,200 members, but management felt it was too risky and management would not have the control they do now. I'll include an update of this situation in the next newsletter.

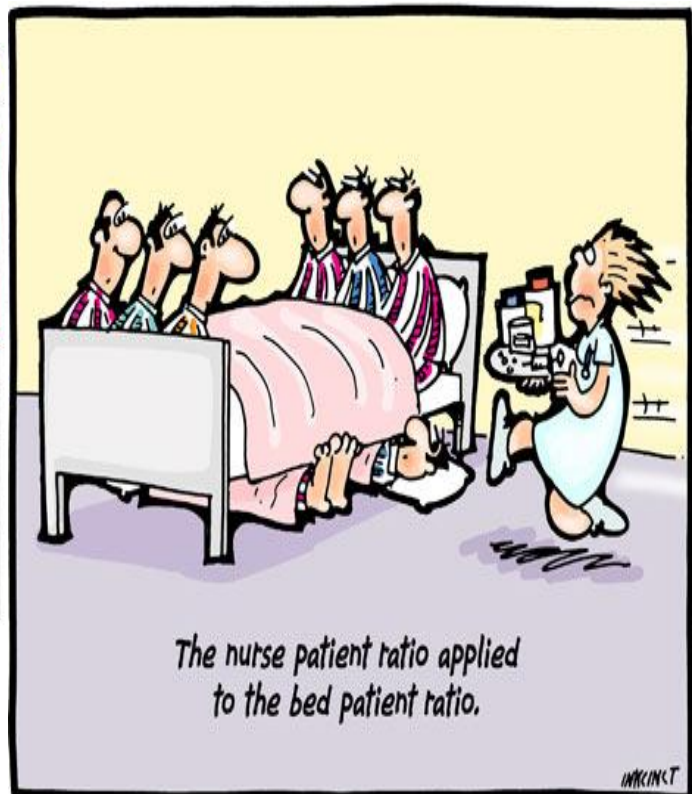
When fewer workers have unions, the standard of living falls for everyone and the gap between the rich and poor grows.

~ John Sweeney, President of the AFL – CIO 1995 – 2009

About a Nurse



"I got wise and purchased the most comfortable shoes on the market. The good news is I only have 40 more payments on them."



The nurse patient ratio applied to the bed patient ratio.



HHNA Quarterly Meetings

Tuesday - October 10th, 2017

Meetings will be held at the following
times and locations:

7:30 am - Gillies 3

12 noon - Sammis

1:00 pm - Sammis

7:30 pm - Gillies 1 and 2

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