



# THE INFORMER

October 2019  
PRESIDENT'S MESSAGE  
by Pat Mills, RN

Following is a summary of several grievances we resolved since the distribution of the April newsletter in which I listed the HHNA's grievances that were unresolved at that time.

- #14-06 This grievance regarding ilearns is still open. We need to hear from our members as to whether or not you are able to do them during work time.
- #16-09 A process for our members to follow regarding co-pay reimbursement for physical therapy at Starz has been agreed upon.
- #18-05 When you work mandatory overtime you are entitled to have ten hours off between shifts. You can come in up to two hours later than originally scheduled and be paid by HH for those two hours rather than using your benefit time.
- #19-01 If there is a patient in the PACU during the night shift, one member may sign out for charge pay.
- #19-02 Mandatory overtime in the Cath Lab:
  - a) Members have six weeks (no later than 10/24) to submit payroll correction slips (blue slips) to make a claim for additional overtime payments in connection with this grievance.
  - b) The hospital then has six weeks (no later than 12/5) to review, approve payment, contact the union or otherwise respond to the payment request.
  - c) The union will meet with Cath Lab members to review what steps to follow regarding Mandatory overtime as stated in the CBA.
- #19-05 The hospital will pay members who took the Humanism class during non-working hours as per the CBA.
- #19-07 The hospital has agreed to accept a member's resignation instead of a termination.
- #19-09 An issue regarding EP members has been resolved and the grievance has been withdrawn.

There are still some open grievances for which there are arbitrations scheduled in November, December and January. We are currently preparing for these.

At the January quarterly meetings we will request that three members volunteer to serve on a nominating committee for the purpose of nominating candidates for the five HHNA Board positions that expire May 2020. The time necessary to serve on this committee is minimal and will be paid for by the union. We ask our members to consider serving on this committee and/or becoming a candidate for a Board position.

# SETTLEMENT OF HHNA GRIEVANCES 18-04 and 19-03

by Lisa Quintero, RN – First VP

In addition to the grievance resolutions outlined in the President's message the HHNA Board has been successful in getting a written and signed agreement with hospital management resolving grievances 18-04 and 19-03, both of which involve the on-call units and the discrepancy regarding the payment of on-call compensation. We've spent many hours discussing this issue and have avoided the time and cost of arbitration by reaching an agreement.

The union has made it very clear to management that the contract rules have not been followed regarding proper pay. You may recall these issues being discussed at quarterly meetings. In the past, if an on-call nurse was called to work shortly before the start of a regularly scheduled shift, that nurse was not getting paid the four hour minimum on-call rate as the contract states. The hospital now agrees to pay the on-call rate for on-call time prior to the regularly scheduled shift and the OT rate in lieu of the regular rate of pay for the remainder of the call-in period only.

The Board appreciates your continued support and input.

## TVR SERVICE

by Jo Ann Pirro, RN - Treasurer

It has come to the attention of the union that the TVR personnel are sometimes using the nursing staff to discuss payment of the television and phone service of the hospital. Please note that it is not the responsibility or a function of any member to discuss any money exchange for any service the hospital provides.

The TVR staff has been informed, yet again, that it is their responsibility to discuss the cost and

how payment will be made with the patient no matter when the patient is admitted. If the patient is admitted in the middle of the night they can speak with the patient or with the patient's family over the phone.

While this may seem trivial to some, spending time on duties such as this during your shift adds up and is time you won't have to finish your own assignment.

### Dates to Remember :

**10/3 Council on Nursing Practice\***  
**10/8 Quarterly meetings**  
**11/1 Vacation request deadline on  
ICU, SICU, CCU, CICU and OR  
for 1/2/20 to 6/14/20**

**11/7 Council on Nursing Practice\***  
**11/15 Vacation approvals due**  
**12/5 Council on Nursing Practice\***  
**12/10 Unit Rep dinner – Joanina's**  
**1/9 Council on Nursing Practice\***  
**1/14 Quarterly meetings**

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

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

# New Pension Calculator

by Jo Ann Pirro, RN – Treasurer

We are no longer getting paper reports on our pension plan, therefore, members should be checking their pensions online to make sure they are:

- a) enrolled in the appropriate plan because an enrollment error was recently discovered and subsequently corrected.
- b) on track with their plan strategy; additional funding may be necessary to reach your retirement goals.

The Northwell Health Retirement team has put together a pension calculator that estimates your pension so you can get an idea of its value. This calculator replaces the mailed paper estimates.

If you were hired or rehired on or before December 31, 2011, you were automatically enrolled in the Huntington Hospital defined benefit pension plan under the grandfathered formula found on page 43 of the CBA.

If you began work at the hospital prior to December 31, 2008, you are eligible for full pension at age 62.

If you began work between December 3, 2008 and December 31, 2011, your full pension starts at age 65.

If you were hired or rehired after January 1, 2012, you will participate in the Health System's pension plan which is comprised of the following: a 403B Savings Plan and a Cash Balance plan. You must select the Health system's 403B plan in order to secure the proper match for the 403B savings plan.

403B Savings Plan - the member may start contributing to a 403B plan 30 days after the date of hire. The employer will contribute 3% of the member's eligible salary to the 403B beginning on the one year anniversary date if you work 975 hours or more a year. The employer will also provide a 1/3 employer match on member contributions up to 6% (up to a maximum of 2% of eligible employee earnings) also beginning on the one year anniversary date.

Cash Balance Plan - members working at least 975 hours a year are also eligible on their 1 year anniversary date for automatic employee contributions in the amount of 3% of the employee's annual salary to a cash balance account on a quarterly basis.

The pension calculator website is: [Northwell.edu/mybenefitcenter](http://Northwell.edu/mybenefitcenter) - please note that your password and ID for the Pension calculator are not the same as your universal ID and password.

To log on:

Your User ID has nine digits:

The first two digits are the two numbers of your birth month with 0 as the first digit for single digit months.

The third and fourth digits are the two numbers of your birthdate with 0 as the first digit for single digit dates.

The last five digits are the last five numbers of your social security number.

Your Password has six characters:

The first two characters are the first two letters of your last name in lower case letters.

The next two characters are the last two digits of your year of birth.

The last two characters are the last two digits of your social security number.

For example:

**Name** Florence Nightingale **DOB** 05/12/1820 **SS#** 069-24-1976

User ID 9 digits - 051241976 = user ID

Password 6 characters - ni2076 = password

When you first log onto the website it will ask you to change your password to something you will remember.

# Need for Physician Order for Oxygen Therapy

by Jane Hubert, RN – Second VP

It has come to the attention of the Union that patients are receiving oxygen without a physician order.

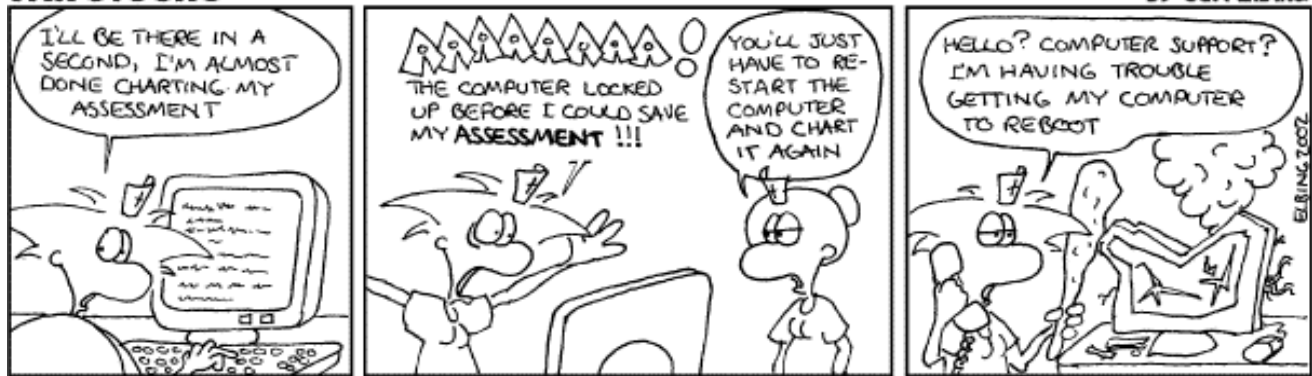
There are times when a patient is having trouble breathing and is placed on oxygen without an order, however, we must obtain a physician order for the use of oxygen, as with any other medication administration, as soon as possible.

Not obtaining the order can lead to delays in proper respiratory therapy, improper documentation, not meeting the requirements for home therapy, inaccurate insurance payment and a delay in patient placement after hospitalization.

Check to make sure that your patient who is receiving oxygen has the correct order in place.

## Nurstoons

by Carl Elbing



### MEDICAL DICTIONARY FOR HEALTH CARE

- ADMINISPHERE .....where hospital administrators work
- AHF .....acute hissy fit
- BUG JUICE .....antibiotics
- CHOCOLATE HOSTAGE .....constipated
- FIBRILLATE ..... to tell lies
- GOK ..... God Only Knows
- JACK BAUER ..... a doctor up and working after 24 hours
- LOBSTER ..... a sunburned patient

Nurses don't wait until October to celebrate "Make a Difference Day". They make a difference every day!

~ Author unknown

# Continuing Education Classes for Certification

by Joan Aliperti, RN – Secretary

We've had some questions regarding refresher classes for certifications.

The classes are paid for by the member. Members must submit a formal request to attend refresher classes and the classes need to be approved by Staff Development. Once they are approved by Staff Development members should put in a request for the time off required to take the class. You will be paid for attending the review class with education pay which is straight time. The certification test should be taken within 120 days of the review class. If you pass the test, the hospital will reimburse you for the cost of the test.

Remember, the hospital will pay a maximum of \$1,200 for each certification. That's \$2,400 annually for a full time member and a prorated amount for a part timer. Per diems will be reimbursed to take the exam, but do not receive the differential for being certified. Many of the CEU's needed to renew can be used towards both certifications. Give yourself a raise and get certified!

## Nurstoons

by Carl Elbing



www.nurstoons.com

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

**you go to work with a fever of 102.**

**your kids think it's normal to talk about bodily functions in public.**

**you believe in the aerial spraying of Prozac.**

**you can't imagine ever wearing heels after a day at work.**

**your shoes have been seized and quarantined by the Centers for Disease Control.**

**your eight year old tells all her friends about periods and puberty on the playground.**

**you've had to leave a patient's room before you burst out laughing.**

**you start every conversation with, "So, today at work there was this really gross thing."**

**you've discovered a new condition called "Hypo-Xanax-emia".**

## **Editorial** by Marion Catanzaro, RN

We've printed articles regarding bullying, physical abuse and violence in "The Informer", but we haven't addressed sexual abuse. I hope the reason isn't that we accept it as part of the job because it's been around forever and we don't feel empowered to do anything about it.

In the 1800's Florence Nightingale attempted to protect her nurses from sexual harassment with curfews, strict dress codes, behavior modification and selecting only those nurses with high moral character, These remedies imply that nurses were responsible for the harassment. In 1908, the first published material about sexual harassment appeared in the magazine, Harper's Bazaar. It wasn't until 1964 with the passage of the Civil Rights Act that sexual discrimination was deemed illegal and it wasn't until 1986 that the Supreme Court recognized sexual harassment as a form of sexual discrimination. Change has been painfully slow; however, with the establishment of the #MeToo movement awareness has been heightened.

In general, the existence of any of the following conditions can create an environment in which sexual harassment is more likely to occur: perceived tolerance of the harassment, men outnumber women, male dominated leadership, symbolic compliance with Titles VII and IX, lack of leadership to address sexual harassment, hierarchal power structure. You can see why sexual harassment can be pervasive in most healthcare environments.

If you ever feel you are a victim of sexual abuse/discrimination at work, you can speak to your charge nurse, supervisor or whomever you feel comfortable speaking with or you can speak with a Board member and ask the HHNA to intervene on your behalf with management. I advise the latter route because the issue won't get lost going up the chain of command ladder. Speaking with the union also creates a paper trail that can be referred to in the future in the more than likely event there are more complaints. In your CBA hospital management and the union have agreed to ".....provide a model and framework for constructive resolution of any disputes that may arise between them, as well as the means for formulating continuing programs directed at improvements of mutual concern."

Management hears one voice when you speak; when the HHNA speaks they hear over six hundred voices. There is strength in numbers.





# HHNA Quarterly Meeting

## Tuesday, October 8, 2019

Meetings will be held at the following times:

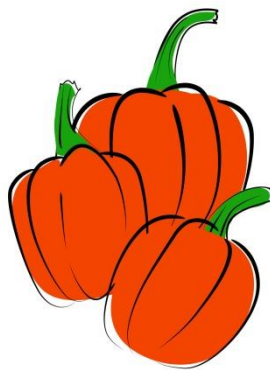
7:30 am - Gillies 3

12 noon - Sammis

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 and Per Diems must attend 1 quarterly meeting a year.

Visit the HHNA website at [HHNANurses.org](http://HHNANurses.org)