



THE INFORMER

July 2017
PRESIDENT'S MESSAGE
by Pat Mills, RN

CHARTING

Remember that when you're charting you are placing information in the patient's medical record which is a legal document.

Think about what should be included and what shouldn't be included, such as subjective statements that are accusatory or which blame any individuals or groups. Statements of this type reflect your opinion and are not necessarily factual. Remember HIPPA (Health Insurance Portability & Accountability Act) is a factor here.

HIPPA also has to be taken into consideration whenever you give computer generated papers to a patient. Some patient information pages are not patient specific and don't pose a problem because they have no name on them. However, printouts such as discharge forms are patient specific and should only be given to that patient. Patients tend to read the information they are given when they get home and then call to speak to someone at the hospital when they see someone else's name. Although unintentional, this is a HIPPA violation. The solution is simple: check any printed information you give a patient for accuracy.

Dates to Remember:

- | | | | |
|------|---|-------|--|
| 7/11 | <i>Quarterly meetings</i> | 10/10 | <i>Quarterly meetings</i> |
| 9/7 | <i>Council on Nursing Practice - noon*</i> | 11/2 | <i>Council on Nursing Practice – noon*</i> |
| 9/12 | <i>Unit representative dinner @ Joanina's</i> | 12/7 | <i>Council on Nursing Practice – noon*</i> |
| 10/5 | <i>Council on Nursing Practice - noon*</i> | | |

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

Visit the HHNA website at HHNANurses.org

Safeguard Your Workplace

by Jo Ann Pirro, RN – Treasurer

Violence and abuse directed towards healthcare workers by patients and their family members are occupational hazards in hospitals and have gone unreported for years. Because we have the mindset of, “Oh well, it’s just part of the job,” we don’t confront it and nothing changes. Well, we cannot have that attitude anymore. It isn’t part of the job

There hasn’t been a month that’s gone by in the last few years that you haven’t heard or read of violence occurring in hospitals. In 2015 a surgeon in Boston was shot and killed by a patient’s family member. A nurse was raped by a patient who was under arrest; the officer guarding him unshackled him so the patient could use the urinal. The list goes on and on. Granted, these examples are not as common as our daily encounters with abuse which include verbal assault, sexual harassment and intimidation. There is no one size fits all solution, but I do know that **NO** violence or abuse should be tolerated. **EVER!**

Please report to security anything that makes you feel uncomfortable. When security is aware of a situation they will respond.

For instance, on my unit last month we felt uncomfortable with a patient and his visitors. We brought the situation to Nursing Administration and Security was called to let them know how we felt. Security made hourly rounds and made it a point to check with the charge nurse to see if anything had happened and asked to be notified if the patient received visitors. It made the nurses on the unit feel more comfortable for the remainder of that patient’s stay.

Remember to report, report, report; nothing can be done if no one knows you’re feeling unsafe. You have to be pro-active regarding your own safety.

Security’s extension is 2323 and they can also be reached by the Operator via their two-way radios.

MEDICAL DICTIONARY FOR HEALTH CARE

BARIUM what to do when treatment fails
CORTISONE the local courthouse
GENOTYPE the kind of girl Gino likes
ICU peek-a-boo
MINOR OPERATION coal digging
PARALYZE two far-fetched stories
SCAR a rolled cigar leaf
TRIPLE BYPASS better than a quarterback sneak
WEAK seven days

Mandatory Overtime

by Lisa Quintero, RN – First VP

It has come to the Union's attention that there may be some discrepancy regarding mandatory overtime. It is, however, clearly defined in the contract: "Mandatory Overtime is overtime that is required by Nursing Administration at the end of the shift, except such work that is required to complete the shift, e.g. charting/rounding." Fortunately this is a rare occurrence, but it happens.

For example, an oncoming shift was going to be very short staffed due to multiple sick calls. Unfortunately there was no way to cover the shift with per diems, part timers, or volunteers. The only other choice was to mandate a nurse from the off-going shift which Nursing Administration did. Shortly thereafter the Nursing Office called and said that someone had to volunteer to stay. Administration cannot MAKE anyone volunteer. If a short staffed unit becomes a safety issue it is Administration's job to cover it and that may be with mandatory overtime. Be aware that if you volunteer to stay for overtime you are no longer eligible to receive the mandated pay rate. Also keep in mind that you may not work more than sixteen consecutive hours.

Those members who work in Endoscopy, Special Procedures and Electrophysiology who volunteer to stay beyond their completed shift for procedures which begin WITHIN one hour after completion of their shift will receive premium compensation rates in addition to overtime pay. These nurses do not need to be mandated nor can they be denied their rights to the premium compensation rates. This language is clearly stated in the contract.

Overtime for missed meal periods or end of shift work is a more common occurrence. Be sure to notify Nursing Administration as early as possible regarding any potential overtime. As soon as you know you won't get a meal period call supervision to inform them so they have the opportunity to possibly send relief. Do not rely on the nurse in charge to make this call for you, it is better to speak with supervision yourself. Too many times people are getting their missed meal period overtime denied because they call at the end of the shift. Don't let that happen to

you. Call early. Supervision may not be able to send relief, but if you call early they can't deny the overtime. The same rules apply to end of shift work. If you think you will be more than 15 minutes past the end of your shift to finish your work, call supervision as soon as possible. Take the 5 minutes out of your very busy schedule to call so your time cannot be denied. If, despite following the rules, supervision refuses to give you the overtime, be sure to fill out the overtime slip. Hand it in to the Nursing Office and, most important, send a copy to Pat Mills' mailbox in the Nursing Office. This way the Union can intervene on your behalf and get you the overtime you are entitled to.

Everyone's time is valuable and we deserve to be compensated for it. This is our job; we do not have to work for free.

About a Nurse



"I know it's been a rough shift,
but look at the bright side...
only 7 hours to go."

Congratulations Graduate!

by Joan Aliperti, RN – Secretary

This is just a reminder that if you recently graduated with a BSN, Master's or Doctorate degree or became certified, you need to notify Nursing Administration within a month of obtaining your degree or certification.

All of these milestones increase your salary. Based on FT status the entitlement for a BSN degree is an annual increase of \$1,800 and the entitlement for a Master's degree or a Doctorate degree is \$2,100. A certification increases your salary by \$1,200 annually and the hospital will pay for up to two certifications. PT employees will be paid a proportionate benefit.

Payment for these differentials will be retroactive for only one month from the date a member submits proof of the degree or certification.

Although it is true that only about 20 percent of American workers are in unions, that 20 percent sets the standards across the board in salaries, benefits and working conditions. If you are making a decent salary in a non-union company, you owe that to the unions. One thing that corporations do not do is give out money out of the goodness of their hearts.

~ Molly Ivins, Author and political commentator – (1944-2007)

Compulsory Annual Workforce Requirements

by Jane Hubert, RN – Second VP

The NYS Department of Health mandates that all employees of the Medical Staff employed or providing services at a Northwell Health hospital are required to provide an annual health assessment. Huntington Hospital requires all employees to complete the Annual Health Assessment Form and to complete tuberculosis screening.

The Human Resources department rolls out Mandatory Annual Workforce Requirements in September for compliance at all facilities. All members should read about

these requirements which will be posted on the the Northwell website, I-Learn.

Failure to achieve compliance with the Annual Health Assessment and TB screening requirements will result in penalties which include unpaid administrative leave and docking of Benefit Time for full and part-time members and removal from the schedule for per diem members.

Please contact Employee Health, Human Resources or the HHNA with any questions.

Editorial by Marion Catanzaro, RN

Two months ago Governor Andrew M. Cuomo announced the passage of legislation that allows public and private sector union members in New York State a full deduction of their union dues beginning in the 2018 tax year.

Currently union dues can be deducted on federal tax returns, but only if the union dues coupled with other items, such as uniforms, exceed two per cent of the filer's gross adjusted income. The new state law allows members to deduct all union dues regardless of the portion of their income the dues represent.

Governor Cuomo said, "We're going to make it easier to join labor unions by allowing the dues to be deductible from your state taxes."

On the national level, there is a federal regulation requiring hospitals that participate in the Medicare program to "have adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed." Because of the regulation's indistinct language and the failure of Congress to enact the Registered Nurse Staffing Act, individual states (14 states at present) have passed their own staffing laws. Seven states require hospitals to have staffing committees responsible for staffing policy. One state requires facilities to have a CNO or designee to develop a core staffing plan. Five states, of which New York is one, require "some form of public reporting." While the language in these state laws goes a little further than the federal regulation it is too broad and allows too much room for interpretation.

Staffing laws in only two states include numbers in their language. California includes in its law that a required minimum nurse to patient ratio be maintained at all times by unit. Currently, Massachusetts law is specific only to ICU's and requires a 1:1 or 1:2 nurse to patient ratio depending on a patient's stability.

Professional nursing organizations lobby at the state and federal levels for solutions. You can lend your support by contacting your state and federal legislators to let them know what you want. Just find them online and send them emails a few times a year. It requires little effort and just may make a difference.

Safe Levels of Patient Care



FYI

The hospital's Wi-Fi system has recently been changed. If you're at the hospital, but not on duty, such as when you are on a break or during your meal period, and you want to use the hospital Wi-Fi you now need to sign on to it. It no longer connects automatically like it used to. Sometimes you have to log on more than once a day so be aware of the Wi-Fi symbol on your phone so all of your phone's data is not being used up unnecessarily.

You know you're a nurse if

you have more than five pins on your uniform.

you believe real friends help you move dead bodies.

you are willing to beg, borrow or steal not to work the night daylight savings time goes into effect.

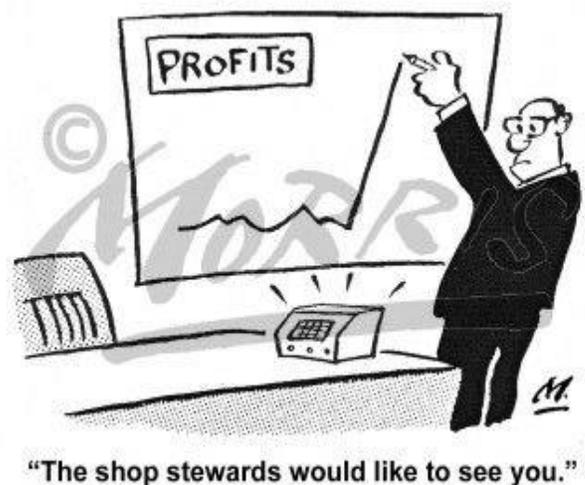
you think medic alert tags make fine presents.

you refer to ammonia capsules as a "seizure cure."

you can identify the PID Shuffle and the Kidney Stone Squirm at 15 feet.

you think the On-call Nurse program is a satanic plot.

your idea of a meal break is drinking your coffee before it gets cold.





HHNA Quarterly Meetings

Tuesday - July 11th, 2017

Meetings will be held at the following
times and locations:

7:30 am - Gillies 1 and 2

12 noon - Gillies 1 and 2

1:00 pm - Gillies 1 and 2

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 members must attend 2 quarterly meetings a year. Per Diems members must attend 1 quarterly meeting a year.

