

## REINHARDT COMMISSION RELEASES REPORT: SEVERAL HPAE RECOMMENDATIONS INCORPORATED

Following a year long study, the Governor's Commission on Rationalizing Healthcare Resources, led by Princeton University economist Uwe Reinhardt, issued their report on January 24th.

The Reinhardt Commission was established in response to a serious crisis among New Jersey hospitals. Five New Jersey hospitals have filed for bankruptcy since July 2006 and 15 hospitals have closed in the last decade. The Commission was charged with identifying the causes of hospitals' financial distress and making recommendations to "stabilize New Jersey's troubled healthcare system."

Press reports of the Reinhardt Commission's report have primarily focused on so-called "overbedding" in several areas of New Jersey, including north Jersey. But while too many hospital beds in a region may be a cause of some hospitals' financial problems, the Commission identified other factors that have led to closures and bankruptcies.

It is these factors - including a lack of oversight by the state, inadequate funding for hospitals, and the failure of hospital Boards to follow the best practices of governance and transparency – that HPAE has been emphasizing for a number of years.

HPAE is looking forward to working with Governor Corzine and the New Jersey Department of Health and Senior Services to implement real solutions to make the state's healthcare system work for patients and caregivers.

### Governance of New Jersey Hospitals

#### *Key Points*

- **Nearly all New Jersey hospitals are non-profit institutions – while many of these non-profit boards have exercised effective oversight and governance, some have failed to keep pace with best practices for non-profit governance. This has negatively affected hospital performance in some instances.**
- **Conflicts of interest can threaten the integrity of the governance process. Hospital boards should have strong and explicit conflict of interest policies.**
- **Effective oversight requires that hospital boards are adequately trained and engage in best practices for financial oversight. Hospital boards should establish effective training programs and follow best practices for hospitals in audit and compliance committees.**
- **The composition of hospital boards helps ensure that the hospital is responsive and accountable to the community. Hospital boards should ensure that they are representative of key stakeholders complemented by adequate technical expertise in key areas of oversight.**
- **General principles of fiscal responsibility and transparent governance may be derived from principles articulated in the Sarbanes-Oxley Act of 2002. The Department of Health and Senior Services should review those principles and require that hospitals adopt those practices appropriate to hospital governance.**
- **Transparency helps ensure community accountability. Hospital boards should maximize transparency of financial performance data and measures of clinical quality.**

*Reinhardt commission's recommendations on hospital governance support HPAE's position*

# The Impact of Hospital Closures

by HPAE President Ann Twomey and Susan M. Cleary, President, 1199J AFSCME

When hospitals close, it is not just a matter of moving patients, or shifting ambulance routes, or even improving the finances of the other hospitals – it is a significant and permanent loss for our communities, for nurses and healthcare workers, area residents, and patients. The impact can be devastating on access to needed healthcare, on unemployment rates, and on the profits of family and local businesses.

Yet the decisions that lead to a hospital closing rests not in the hands of those most affected, but in the hands of self-selecting hospital Board members, bondholders and creditors, and ultimately state agencies – even while the causes of these crises can also be traced to poor decision making by Hospital Boards, and ‘too-little, too-late’ intervention by our state agencies.

Since Pascack Valley Hospital in Bergen County closed its doors, stories abound of long ambulance rides, ambulances diverted from hospital to hospital, long waits for hospital beds, and even longer waits in our remaining emergency rooms. For the patients and their families, and for the nurses and health care workers trying to take care of these patients, having ‘too many beds’ doesn’t seem to be the real problem. In Essex and Passaic Counties, where experts also claim to be ‘over-bedded’, area residents are similarly fearful as plans advance to close more hospitals - two out of three local Catholic hospitals in Essex County, and one of two remaining hospitals in the City of Paterson. In our third largest city of Paterson, we now have only one hospital remaining, and no hospital that will provide women’s reproductive services. How did we allow this to happen? And, more importantly, how will we stop the cycle of hospital failures?

While a recently released report of the Governor’s Commission on Rationalizing Healthcare Resources did review a fairly comprehensive set of problems underlying our health care system, unfortunately, many of the news articles and editorials focused on the issue of ‘too many beds’ in northern NJ as the cause of our health care crisis.

Is the issue too many beds – or too little oversight and accountability for how our healthcare dollars are being spent by private hospital boards of directors?

While northern New Jersey does have more hospitals in closer proximity to each other, we also suffer from older infrastructures for our hospitals, more competition from surgery centers, and a complete lack of coordination and cooperation among hospitals for shared services and therefore improved efficiencies. Hospitals compete with each other for services and amenities that they think will bring in more money, but often these plans backfire, as they did at Pascack Valley Hospital and others.

No state agency has had the will or authority to step in as our hospitals incurred significant and often unwise debt in order to launch new services, build or expand. We have had a ‘hands-off’ state policy towards hospital finances and patient care, even though when poor decisions are made, our communities pay the ultimate price.

Prior to the Commission’s report, our unions testified on the need for transparency and accountability to the community by hospital Boards; and for oversight and earlier intervention by state agencies into hospital debt and financial practices. We argued for establishment of standards and ‘best practices’ for hospitals to receive bonding through our state agencies, incurring debt that in reality, we all must re-pay, through taxes, increased health care costs and the ultimate price of bankruptcy and hospital closures.

*continued on page 6*

*This appeared as an Op-Ed in the Star-Ledger on February 17, 2008. Susan Cleary’s union, 1199J/AFSCME, has been affected by the closure of Barnet Hospital in Passaic and St. James Hospital in Newark.*

## NEWS FROM THE HPAE Committee On Political Education

### We Asked, You Answered – What HPAE members want in a Presidential Candidate

With more health care cuts looming in the federal budget, and a strong national debate over health care reform, HPAE members understand that the outcome of the Presidential and Congressional races this year will have a direct impact on our working lives.

In responding to a questionnaire sent out to all HPAE members by our Committee on Political Education (COPE), HPAE members are letting their union know what they want from a Presidential or Congressional candidate. And COPE will, in turn, let the candidates know what they need to do to earn HPAE support.

#### In our survey, we asked:

- What information do you want HPAE to provide about candidates for office in 2008?
- What information is most valuable to you in deciding who to vote for?
- What do you want in a candidate’s platform on health care reform, labor rights and social security?
- What issues are most important to you in choosing a Presidential or Congressional candidate?

#### Here’s what you said:

Most members want HPAE to rate the candidates by very specific criteria: where the candidates stand on health care and labor rights, social security and retirement issues. HPAE members also want COPE to provide candidate positions; responses to questionnaires, and voting records.

#### On the Issues:

Health Care Reform was rated as critical to almost every member responding to the survey. Most wanted universal and comprehensive coverage, but also rated highly was the need to include preventive care and maintain the individual’s choice of doctor and coverage. All of our members want to know how a candidate’s health care plan will be paid for – and they want to eliminate or reduce the profits and power of insurance companies. Members agreed that the most important part of a health care reform plan was to make sure that health care is affordable for everyone – followed closely by keeping their current plan and improving access to care.

It is clear that our members understand the importance of their union, and their right to a voice through their union. All of our members said they wanted candidates who supported the Employee Free Choice Act and the overturning of the Kentucky River decision that threatened the union rights of workers. Members also opposed the privatization of social security, and felt even more strongly about wanting candidates who will fight the elimination of worker pensions. And of course, members support safe staffing and a federal ban on mandatory overtime.

When asked to rate the importance of national issues – health care reform and social security/retirement security were listed as most important – followed closely by the economy and labor rights. The War in Iraq was consistently chosen as among the top five.

Apparent in many of the survey answers was the members’ interest in having HPAE provide credible information on key issues – and selecting candidates based on hard evidence, voting records and strong stances on HPAE issues.

In 2008, COPE will focus providing our members information on the candidates’ stances on our key issues. Our COPE will review the voting records of Presidential candidates; review Congressional candidate questionnaires and conduct screening interviews for challengers in NJ districts.

We will publish this information on our website, in the Clarion, and in special candidate fact sheets over the next few months. Contact [jpierce@hpae.org](mailto:jpierce@hpae.org) for more information on our COPE, or to get involved.



# HPAE LOCALS IN ACTION



## Negotiations Updates:

**Runnells Hospital:** The Local 5112 has begun negotiations for a successor contract at Runnells Specialized Hospital in Berkeley Heights, NJ, a county-owned facility. Even though the contract expired December 31st, it remains in effect until a new agreement is reached.

The biggest issue facing Local 5112, which represents approximately 60 Registered Nurses, is retiree health benefits. The County currently provides a subsidy towards the health insurance premium, but the value of the amount has been reduced from 75% of the premium to approximately 25% in the decade since the amount was last increased. The local is exploring several options, including an increase in the current subsidy, having the County contribute to the HPAE Retiree Medical Trust, or accepting reduced wage increases in exchange for full retiree health benefits for those who retire with 25 or more years of service.

### Essex Valley Visiting Nurse

**Association:** Local 5122, which represents RNs and LPNs who provide home health care services in urban Essex County, is preparing to begin negotiations on a renewal contract. The current agreement expires April 30.

Due to a series of poor management decisions that caused a reduction in clients, the membership of Local 5122 has declined. In addition, the agency was cited by the state for numerous deficiencies. In response, Essex Valley put in a new management team, and the local leadership is working with management to implement the necessary corrections.

At the same time, the negotiating committee is looking to make

## HPAE Local 5029: Laid Off, but Not Forgotten

Pascack Valley Hospital (PVH) has been closed since late November. This was a devastating event that affected the lives of over 400 HPAE Local 5029 members. After the closure, some of the RNs and technical staff represented by Local 5029 went to work at other HPAE-represented hospitals, such as Englewood, Bergen Regional, Meadowlands, and Christ Hospital. Other ex-PVH employees took jobs elsewhere in the area. Several Local 5029 members are still looking for work.

But HPAE has not stopped representing these long time members of the Union. We are actively engaged in the on-going bankruptcy proceedings, doing what we can to ensure the best possible settlement from the PVH estate for our members. As the bankruptcy court seeks buyers for the building and property, we've also supported efforts to ensure that the ultimate buyer of PVH is a health care provider who recognizes the employees' right to have a collective voice through HPAE.

The HPAE State Executive Council authorized the establishment of an emergency health care fund for any former Local 5029 member who is having trouble paying for their health care. In fact, over one hundred Local 5029 members have received money from this fund, which is funded through individual donations and the "rebate" monies of HPAE local unions.

HPAE Local 5029 President Shirley Terwilliger stated "the timing of closing the hospital was very difficult for the

members. With it happening just before the holidays and the end of the year, proved to be over whelming for most. The members of Local 5029 thank everyone for their support. The assistance fund was truly appreciated. HPAE is also offering assistance to the members in job searches, continuing education and answering any questions that they have regarding the bankruptcy hearings and unemployment benefits, eg grant monies, training etc. This only proves further why you need to be a Union member. Unions are not just for work benefits, health and safety in the work place but a great support network in difficult times. I'm glad HPAE is my Union."

Many of the ex-PVH employees have signed up to become "at-large" members of HPAE, which entitles them to certain benefits and enables them to continue to receive all union publications.

Meanwhile, the HPAE Local 5029 Executive Board continues to meet on a regular basis. There are plans to hold a social get together to maintain contact among all former PVH employees. This is especially important in the event that PVH is purchased by a health care provider. We will be encouraging our members to seek employment at the new facility.

So even though PVH has shut down and left its employees out in the cold, Local 5029 members are not forgotten; they remain very much part of our Union Family.

## UMDNJ LOCAL 5094 GETS ORGANIZED

Local 5094 represents approximately 2400 professional employees at the University of Medicine of Dentistry and New Jersey. Our members work in Newark, New Brunswick, and other sites throughout the state of New Jersey, doing a wide range of work. We represent social workers, medical researchers, computer analysts, mental health clinicians, and many other job titles.

Given the number of job titles and work sites, it's a challenge to reach out and involve all of our members. That is why the Local 5094 leadership launched an innovative

program sponsored by our national union, the American Federation of Teachers: the Membership Consolidation/Internal Organization (MCIO) program.

Through the MCIO program, local officers and Reps have received training on how to better mobilize and involve our members. According to Judy Cunha, Local 5094 Co-President, "This is a very exciting training program that will benefit all of our members, especially our newest members. We are proud that our local was one of the locals chosen by the AFT to participate in the nation-wide training."

## OFFICERS' TRAINING FOR SJH

Following the successful conclusion of contract negotiations, RNs at South Jersey Healthcare (SJH) voted for their local officers. The newly-elected officers of Local 5131 then attended a new officers training program on January 29th and 30th conducted by HPAE state officers and staff. The purpose of the two day training program was to provide the officers with the tools and resources that they need to be effective leaders. Although challenged by the tasks ahead, the new Local 5131 Executive Board members left the training program determined to build a strong and effective union at SJH.



Local 5131 officers (l-r): Michelle Silvio, President; Aimee Viggiano, VP of Elmer; Mary Jane Stephenson, VP of Community Services/ Bridgeton; Beth Manganaro, VP of RMC; Kelly Hobbs, Treasurer; Shana Weisgerberber, Secretary; Karen Bailey, Grievance Chair

# EDUCATION CORNER



## RNs Alert: License Renewal 2008

The NJ State Board of Nursing would like to remind everyone that they are gearing up for the 2008 renewal period. You should do so as well.

If your address has changed since 2006 you should fill out the on-line form for address change immediately.

N.J.A.C. 13:45C-1.3(a)7 requires that all New Jersey licensees provide a timely notice of any change of address from that which appears on the licensee's most recent license renewal or application.

If your MAILING ADDRESS is not current, you will not receive your license renewal form or any other Board mailings. To ensure that you will receive all Board mailings you must immediately send the Board your current address information.

This can be done on-line @ <http://www.state.nj.us/lps/ca/nursing/nursecoa.htm>

If you have made a legal name change since 2006 it is imperative that this legal name change be reported immediately to the New Jersey Board of Nursing. You must mail the following items to the Board office c/o Professional Board Consumer Service Center, PO Box 45046, Newark, New Jersey 07101.

Your PRINTED former name, your PRINTED new name, Your license number (be sure to include the two-letter prefix with your license number) AND a copy of your marriage certificate, decree of divorce or court order.

During the month of March the BON will be sending out reminder postcards with instructions for on-line renewal of your license. It is highly recommended that you renew on-line!! The turn around time for on-line renewal is approximately ten business days. It can take up to one month or longer with paper renewal. An on-line renewal Q&A is available @ <http://www.state.nj.us/lps/ca/nursing/nurfaq.htm>

This year the NJ State Board of Nursing will be asking if you have attained thirty hours of Continuing Education credits. A Q&A regarding this new requirement is also @ <http://www.state.nj.us/lps/ca/faq/cefaqs.htm>. Only some licensees will be selected for an audit but review the information and be prepared.

This year will be the first year that all RNs will be required to be criminal history background checked in order to be eligible for renewal. If you have not completed the forms and gotten finger printed go to this site, [www.state.nj.us/lps/ca/chbc/chbcinfo.htm](http://www.state.nj.us/lps/ca/chbc/chbcinfo.htm)

In this issue, we begin a regular feature in the Clarion for HPAE members. In addition to providing an update on HPAE's education and training activities, we will answer a frequently asked question on labor unions or employees' rights. The first question is:

### **Why do health care professionals need to be part of a labor union? *Isn't being part of a union inconsistent with being a professional?***

Professional employees have joined unions in increasing numbers over the last twenty years. In fact, according to the AFL-CIO's Department for Professional Employees, over 5 million professional employees are represented by labor unions. That's 1/3 of all union members in this country.

The stereotype of the typical union member as being a white male factory worker, miner, or trucker has less and less connection to reality. Women now constitute 44 % of all union members. Nurses, social workers, respiratory therapists and other health care professionals have become a central part of the labor movement.

Health care professionals have joined unions because hospitals and other health care facilities have increasingly focused on the bottom line, to the detriment of patient care, working conditions, and professional development. In this context, understaffing and floating, as well as inadequate wages and benefits, have become common.

As individuals, there is often little that we can do to change these work place realities. Management's response to individual complaints is often, "If you don't like it here, you can find another job that is more desirable to you."

In response, some health care professionals do find other employment. Others decide to stay at the facility and just try to endure the bad conditions. But there is another, more positive response. It is to come together with co-workers and create a collective organization that can advocate for the needs of health care professionals and other workers.

That collective organization is called a union. Because we are stronger as a part of a collective organization than as individuals, we have the ability with our union to negotiate with management, to have a "voice" in our working conditions, wages, and benefits.

With that collective voice, health care professionals can fight for quality patient care, for better working conditions, and more training and education. It is through being in a union that health care professionals are treated as professionals, not just as "labor costs."

In short, being part of a union is vital if we want to preserve our professions and enhance our professionalism.

### **HIPAA TRAINING AT COOPER**

HPAE and Cooper University Hospital are partnering to provide training on HIPAA for all Registered Nurses at the hospital. Kathy Gialanella, an attorney specializing in this law, will be doing the 1 ½ hour training over the next several months. Cooper RNs will receive 1.5 contact hours for the training workshop.

## HPAE Council of Retirees (COR)

### **BUSH BUDGET WOULD SLASH MEDICARE BY NEARLY \$200 BILLION**

President Bush released Feb. 4 a fiscal year 2009 budget request that includes a \$178 billion cut in Medicare over five years and a major decrease in Medicaid. Under the budget request, most of the reductions in Medicare spending would result from decreases in reimbursements to hospitals, nursing homes, hospices, ambulances and home-care agencies. Hospitals that serve large numbers of low-income residents would be particularly hard hit, losing \$25 billion over five years. The budget request also would freeze Medicare reimbursements to nursing homes in FY 2009 and payments to home health agencies through 2013. The budget request leaves untouched the estimated \$150 billion in overpayments to Medicare Advantage plans. The non-partisan Medicare Payment Advisory Commission recently called for elimination of these overpayments, a position strongly supported by the AFT. The president's budget proposal also calls for making permanent the 2001 tax cuts, which largely benefit wealthy Americans. Such a move would reduce revenues to the federal government by an estimated \$3 trillion in the 10-year period beginning in 2009.

AFT President Edward J. McElroy urged Congress to reject the president's budget proposal and replace it with a plan that better reflects the nation's values and priorities. "Seven years of irresponsible tax cuts, bad economic policies and soaring military spending have landed the nation in a deep fiscal hole," McElroy said. "The president's FY2009 budget proposal digs that hole deeper, increasing the deficit to \$400 billion while saddling children, seniors and other vulnerable populations with the brunt of cuts to vital public services." Congressional Democratic leaders have termed the proposal "dead on arrival."



## AFT President and Secretary-Treasurer to Retire

HPAE is affiliated nationally with the American Federation of Teachers (AFT), which represents over 1 million members in the U.S. Recently, we received notice that the AFT President and Secretary-Treasurer will not be running for their offices at the July convention of the AFT. The following is a statement from Ed McElroy, AFT President.

I want to let you know that AFT secretary-treasurer Nat LaCour and I plan to retire at the AFT convention this coming July. Nat and I shared our plans today with the AFT executive council at our regularly scheduled meeting.

It has been my privilege to lead this great union and to work with so many of you to advance our mission. I am proud of the accomplishments we have achieved, which include driving member activism and political involvement deep into the union, helping shape crucial policies affecting our members and those they serve, and planning for and adapting to the changing landscape in which we operate.

The customary elections process described in the AFT bylaws and constitution will be carried out at our July convention, where delegates will elect the AFT officers and 39 vice presidents. AFT executive vice president Antonia Cortese will stand for re-election. I am confident that the AFT will continue to grow in strength and numbers, and will remain at the forefront of the fight to improve the lives of all Americans.

I want to say a few words about Nat LaCour, who, as I mentioned, also plans to retire this summer. Nat was an incredibly effective president of the United Teachers of New Orleans, and has been equally indispensable as an AFT national officer. Nat's counsel and capabilities have benefited our union more than I can say.

A union's strength is in its members. You are the AFT. You are our strength, our voice, our presence and our promise. The fact that you are receiving this message indicates that you have taken a stand for your union and for our movement. I want to thank you, and I want to urge you to continue to make your union strong. I know Nat joins me in wishing you—and our wonderful union—the very best.

In unity,  
Edward J. McElroy  
AFT President

### HPAE RETIREE MEDICAL TRUST: AN UPDATE

Below is a statement of revenues and expenses for the HPAE Retiree Medical Trust for 2007. The Trust provides reimbursement of medical expenses for retirees.

In 2007, the Trust began to receive contributions from or on behalf of participating employees. Currently, there are 2817 participants in the Trust.

During the year, no benefits were paid out. However, the Trust issued its first reimbursement checks in February 2008 to several HPAE members who left employment with their employer and who had reached the age of 55, the minimum eligibility age for receiving benefits.

For more information on the Trust, please contact Mike Slott, a Union Trustee and HPAE Education Director at [msslott@hpae.org](mailto:msslott@hpae.org).

### HPAE Retiree Medical Trust Statement of Revenues, Expenses, and Changes in Fund Balance January 1, 2007 to December 31, 2007 – Unaudited (in \$)

<b>REVENUES:</b>	
MANDATORY EMPLOYEE CONTRIBUTIONS	479,078.00
EMPLOYER CONTRIBUTIONS	3,376.00
INTEREST AND DIVIDENDS	5,535.00
<b>TOTAL REVENUES</b>	<b>487,990.00</b>
<b>EXPENSES*:</b>	
BENEFITS	-
ADMINISTRATIVE FEE	24,850.50
FIDUCIARY INSURANCE	-
FIDELITY BOND	-
TRUSTEE MEETING EXPENSE**	-
LEGAL	7,660.62
ACCOUNTING	12,000.00
ACTUARIAL OFFICE	32
<b>TOTAL EXPENSES</b>	<b>44,543.00</b>
<b>EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENSES</b>	<b>443,446.00</b>
FUND BALANCE, BEGINNING OF YEAR	0
FUND BALANCE, END OF YEAR	<b>443,446.00</b>

\*Based on a decision of the State Executive Council, certain "start up" legal and administrative expenses not included in this statement were assumed by the Health Professionals and Allied Employees (HPAE).

\*\*The Trustees did not receive any compensation for performing their duties.

### STAFFING DISCLOSURE REGULATIONS FINALIZED: UNION'S POSITION PREVAILS

On January 24, 2005, Acting Governor Codey signed a bill requiring hospitals and nursing homes to publicly disclose the number of nurses and other health care professionals working on their units, as well as the ratio of staff to patients on each unit. In recognition of HPAE's leading advocacy for the bill, Acting Governor Codey invited HPAE representatives to attend the bill signing.

Although the bill was supposed to go into effect in six months, the process of writing regulations to implement the bill was stalled by bureaucratic inertia and a dispute over how to tally the number of staff, and the ratio of staff to patients.

The New Jersey Hospital Association (NJHA) took the position that counting the number of staff present an hour before the end of shift and dividing by the number of patients would be the easiest way to determine the ratio of staff to patients. In other words, the hospital would do a "body count" of all staff present at that time and report that as its staff to patient ratio.

HPAE and others argued that this method would lead to inaccurate data and faulty reporting. We argued that an alternative method more accurately reflects staffing levels because it is based on Full Time Equivalents (FTEs). This method uses the number of healthcare staff hours divided by the number of patients to derive the ratio. For example, in the case of overlapping shifts, there may be six staff present, but only two of them have been on the unit for the last three hours of the shift. The ratio, assuming thirty patients present, would be reported as 1:5 using the NJHA methodology. When the FTE method is used, the ratio is 1:6.6, which better reflects the actual staffing ratio.

In the end, the Department of Health agreed to use the FTE formula. This represents a great victory and a step forward in reporting how hospitals staff their facility. As was the intent of the law, the public will be able to determine how many healthcare staff will be available to care for their loved one.

Just as important, this precise data can be analyzed and compared across hospitals. Research can be conducted determining thresholds for safe staffing numbers. Incidents and adverse events can be measured against the number of staff present and best practices or safe staffing numbers can be recommended. Everyone who participated in this process should feel a sense of pride and accomplishment in helping to better care for our patients.

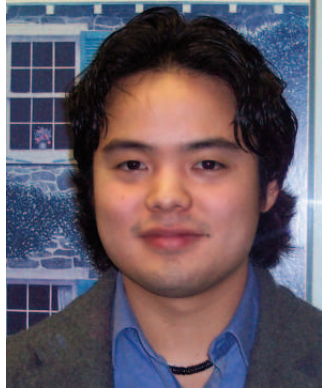
# New Staff Members



## Lisa Leshinski, Staff Rep

Lisa Leshinski has taken a position with HPAAE as a staff representative. Lisa brings 13 years of organizing and legal experience to the job. She is admitted to practice law in Pennsylvania and New Jersey, and recently left a labor and employment law practice in Philadelphia to join our staff. Some of you may remember Lisa, who worked as an

organizer for HPAAE from 1998-2002. In that role, Lisa organized the Cooper Hospital registered nurses and Bayonne Hospital service and technical workers. She will be the staff rep for our newest local at South Jersey Hospital.



## Michael Kunizaki, Organizer

My name is Michael Kunizaki and I am thrilled to be here. Since graduating from the University of Michigan, I have been working with and organizing, direct care providers for the developmentally disabled and childcare providers. After watching my beloved great-aunt suffer the consequences of her nurse's poor working conditions, I promised myself that someday I would be in a position to make a difference. I am grateful for the

opportunity to work with health care workers, and look forward to being a part of improving the quality of care in New Jersey.

## The Impact of Hospital Closures

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Too often, it is our experience that members of hospital Boards often conduct business with their hospital, posing a conflict for decision-making that can put the interests of their private business before the interests of the community. The Commission's Report called for adoption of best practices and training for Boards of Hospitals, rightfully calling current Boards 'self-perpetuating'.

The Report notes that one hospital's closure 'automatically' helps the finances of other area hospitals. Without a long-range planning process with the goal of maintaining needed services, facilitating shared services among area hospitals, and developing alternative uses for hospitals in danger of closing, a hospital's closure will not automatically serve other area hospitals, and certainly will not serve patients, workers or surrounding communities. This is abundantly clear to those of us living and working in Bergen, Passaic, Hudson and Essex counties.

The Report groups hospitals together in geographic areas, and determines excess bed capacity based on those areas without adequate consideration to insurance restrictions, physician patterns and transportation limitations. We need a regional planning process for coordinating and delivering healthcare services that must be grounded in the realities of how and where our residents obtain their health care. Without that process, when a hospital which delivers 1000 babies a year closes in the Ironbound section of Newark, -- who assures that other hospitals are close enough and ready to take over that service? When a hospital in Paterson closes that provides reproductive services to women, who makes sure that women still have access to essential care?

In fact, the state can and must establish a regional system that requires area hospitals to work together to develop plans for shared services; to allocate resources in a cooperative manner in order to best serve our communities; and to assure that our patient care dollars are wisely spent, --- and that healthcare will be there, nearby, when we need it. We hope that the NJ Legislature will act immediately to save our communities' health care.



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