

# STAFF NURSES' ASSOCIATION

## SNA NEWS

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**APRIL  
2011**

*Special points of interest:*

- Nurses' Week
- Clinical Ladder
- **Alert** Concerning Workscape
- 2010-2012 Contract Draft
- Work Schedules
- Float Care Partners
- Prescription Drug Coverage
- Adequate Scheduling for Med-Surg Depts
- Emergency Dept.
- Disability Reserve
- PTO Accrual
- Acuity

### NURSES' WEEK 2011

Nurses' week at SRMH this year will be celebrated with at least 2 events. The Professional Registered Nurses Committee (PRNC) is coordinating a celebration of Nursing on Wednesday May 4th from 1-7pm at the Friedman Center in Santa Rosa. This event features speakers, awards, beverages, food and a chance to connect with other Nurses.

On Friday May 6th, SNA will be hosting our traditional Ice Cream Social in the SRMH Cafeteria from 2-5pm.

We look forward seeing you at both events.

### CLINICAL LADDER

As yearly evaluations and Clinical Ladder renewals approach in May & June, Staff Nurses are preparing documentation to substantiate the completion of requirements for either 3 (SNIII) or 5 (SNIV) criteria.

Please consult Carenet for the Clinical Ladder Guidelines. These guidelines explain the requirements for completing each of the criteria in more detail than the SNA contract. For example, for the committee criteria, you must have proof of 75% attendance at meetings, written documentation of your contributions to the committee, and documentation of how you have informed your colleagues in your dept. of the committee activities and effect on those Nurses.

You are welcome to consult with the SNA Board regarding fulfilling the criteria for SNIII or SNIV.

### \*ALERT\* CONCERNING WORKSCAPE

Workscope is the company that SJHS is currently using to administer: COBRA, Flexible Spending Healthcare Accounts, health insurance for LDM's (legally domiciled members), and the Retiree Medical Benefit.

## **\*ALERT\* CONCERNING WORKSCAPE CONT.....**

A number of Staff Nurses have had difficulties with this company's accuracy and follow through on issues. If you have difficulties, please contact Victoria Ashley, Director Human Resources, ext. 5424 for assistance.

## **2010-2012 CONTRACT DRAFT**

The SNA Board is now reviewing the 2nd draft of the new contract. The 1st draft had quite a few errors. We are hopeful that a correct version will be sent to print soon.

## **WORK SCHEDULES**

Work schedules are to be posted 10 Days in advance of the beginning of the new schedule (e.g. posted 2/24 for the schedule beginning 3/6)

There are a number of Nursing depts. that are not compliant with this contractual stipulation. We've asked Kathy Hardin, CNO, to follow up on this issue.

## **FLOAT CARE PARTNERS**

Care Partners have been hired and have completed orientation for the Float Care Partner staffing (2 Care Partners/Unit Secretaries floating amongst depts. 1pm-6am each day) mandated by the new contract. Some of these Care Partners are already working and the remaining ones will start soon.

They are scheduled to rotate amongst Med-Surg depts. during their shift. Jean Cress, their Manager, welcomes comment on the schedule.

The SNA Board has expressed our concern on a number of occasions about length of time required for the Hospital to fulfill this contract staffing requirement. Kathy Hardin, CNO, echoes the same concern. She states that the volume of applicants for the positions (over 60) slowed progress as they were each interviewed.

## **PRESCRIPTION DRUG COVERAGE**

The SNA Board has discussed our concerns about requiring mail order rather than using local pharmacy's for routine prescription medication for Staff Nurses and family members, with both Victoria Ashley and Debra Miller of HR. Those concerns include unsafe mailboxes, post office boxes that are too small to accommodate bulky packages, and difficulties some Nurses have had with timely refills.

Debra Miller, VP of Human Resources has indicated to the SNA Board that Staff Nurses may contact either Victoria Ashley or herself concerning their difficulties with mail order meds and exceptions may be made.

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## **ADEQUATE STAFFING FOR MED-SURG DEPTS**

While examining Med-Surg schedules for the period 3/6-4/2/11, the SNA Board has noted that Float Travelers who were contracted to meet staffing needs in Med-Surg during the winter census and sick call coverage have been scheduled for quite a few shifts in the first weeks of March in an attempt to reach CORE staffing. This leaves them unavailable for their intended purpose.

We've informed Kathy Hardin, CNO and other members of Nursing Administration. As it turns out, the Travelers have left as their contracts are now expired.

The SNA Board will continue to monitor schedules.

## **EMERGENCY DEPT.**

The SNA Board continues to strategize with, and advocate for, Staff Nurses in the ED.

ED Nurses are to be commended for the stand they have taken on behalf of patient care in 3 separate forums and subsequent meeting with Hospital Administration.

As a result of the issues brought forward in the forums, Hospital Administration has generated a plan for follow up and Nurses will be evaluating the success of the plan in the coming months.

### **These are the major issues to be resolved:**

- Holding patients in the ED for lack of beds in the hospital results in poor care for the patients waiting for beds and for the ED patients who are piling up in the waiting room, ED halls, and ambulances. The ED is not usually staffed to care for inpatients as well as ED patients.
- ED & CCD Nurse/Patient Ratios are not maintained when the ED is busy and ED Nurses feel that they cannot give safe patient care when they have one critical care patient and 3 other ED patients.
- The ED facility and equipment is not sufficient to handle a surge of patients.
- Lead Nurses end up with patient care assignments when the ED is busy or when sick calls cannot be covered. Then Lead Nurses cannot effectively fulfill their role of coordinating care, flow of patients, etc.
- ED management is not found to be as supportive of patient care as they could be.
- Working relationships with physicians are sometimes problematic.

ED Nurses are angry & demoralized about their inability to provide safe patient care and quality patient care on an assured basis.

## **EMERGENCY DEPT. CONT.....**

The SNA Board is reinforcing the concerns indentified by ED Nurses based on AUP's and conversations with Nurses. **We advise Nurses to report unsafe care through AUP's & to contact the California Dept. of Public Health regarding the failure to maintain ratios.**

## **DISABILITY RESERVE**

In the transition from sick time to Disability Reserve (DR) on January 1, 2011, there were errors made by the Hospital in calculating the number of hours for the Disability Reserve and Extended Sick Leave accounts for 43 Staff Nurses.

The error was corrected by the Hospital and Nurses affected were notified.

### **Concerning access to Disability Reserve hours:**

- Staff Nurses cannot access DR hours to cover illness absences from work for the first 7 calendar days of illness. **PTO must be used** to cover these scheduled work days.
- If you are hospitalized or have an out-patient procedure that requires time off, **you may access DR immediately.**
- After 7 calendar days, you can access Disability Reserve accrued hours to cover ill absence from work. However, you will have to fill out an edit sheet or payroll adjustment form in order to alert payroll.
- You are not required to apply for State Disability until you are absent from work due to illness for 14 calendar days or more. You may want to apply after 7 calendar days of absence if you do not have DR hours.
- However, an illness absence from work of longer than 7 calendar days requires that you apply for a Leave of Absence for the period of absence of 7-14 days.
- So, although you are not required to apply for State Disability for an absence of less than 14 calendar days, you must complete the LOA paperwork form the Hospital.

The SNA Board has been discussing access to DR, and requirements for LOA's and State Disability since January. Initially, it was apparent that the payroll dept would not pay DR unless it was integrated with State Disability. That error was corrected.

We will continue to discuss the issue of the LOA requirements for illness absence from 7-14 calendar days. **This requirement seems ridiculous.** Nurses are often back to work before they even receive the LOA paperwork.

## **PTO ACCRUAL**

Nurses with 12, 13 or 14 years of service and Nurses who will achieve at least 12 years of service during 2011, should, per contract accrue PTO at the 15 years of service level (.15hrs/hr worked).

However, because the SJHS computer system for PTO accrual cannot be changed to accommodate this accrual enhancement, the difference between the system PTO accrual level (.13461hrs/hr worked) will be added to eligible Nurse's PTO bank 2x/yr in January & July.

The SNA Board has raised the issue that a Nurse may plan a vacation "based on the .15hrs/hr worked accrual level" for May, prior to the additional hours being added to the Nurse's bank. Their PTO bank therefore may not show an adequate number of PTO hours for their vacation.

Debra Miller, VP of HR indicates that these Staff Nurses may contact either herself or Victoria Ashley for their actual number of PTO hours.

## **ACUITY**

### **The Acuity Committee is currently focused on:**

- Implementation of a valid Acuity Scoring Tool for Pediatrics and NICU
- Identifying criteria for acuity staffing that differentiated the need for an RN vs Care Partner.

The investigation of the Hospital's failure to staff to Acuity by the California Dept of Health is on-going.

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