

# STAFF NURSES' ASSOCIATION

## SNA NEWS

MESSAGE LINE:

575-8853

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WWW.SNANEWS.COM

**August  
2011**

*Special points of interest:*

- Transition in Nursing Administration
- Financial/Retirement Counselor
- Assignment Under Protest
- ED
- Leaves of Absence
- L&D/Antenatal Testing
- Acuity Committee
- Acuity Staffing
- Lead Nurses with Pt. Assignments

### TRANSITION IN NURSING ADMINISTRATION

Since the retirement of Kathy Hardin CNO, the SNA Board is working closely with Todd Salnas COO, Nursing Directors and members of Human Resources to continue to pursue the issues affecting Staff Nurses and patient care at SRMH.

### FINANCIAL/RETIREMENT COUNSELOR

A reminder- SNA offers a total of 2 visits with Barbara Chown, a retirement/financial counselor. This benefit is available to SNA members (Staff Nurses who do not direct their SNA dues to charity).

Please contact the SNA message line 575-8853 or e-mail us at SNA's website [www.snanews.com](http://www.snanews.com) if you are interested in an appointment.

### ASSIGNMENT UNDER PROTEST

AUP's are to be filed when you feel that a situation during a shift of work is unsafe.

Some examples:

- Unsafe staffing due to high patient acuity, number of staff or lack of qualified staff
- Unsafe physical environment
- Malfunctioning equipment

Filing an AUP documents that you have met your duty to your RN license by informing the Hospital Administration of the unsafe situation.

Remember- Discuss the unsafe situation with your Manager/Shift Administrator **before** filing the AUP. This gives Administration an opportunity to fix the situation.

## **ASSIGNMENT UNDER PROTEST CONT.....**

Some patient care situations also merit a QA (pimenic). However, **QA's are not subpeonable, AUP's are.** Therefore an AUP can be used to help defend a Nurse if necessary.

AUP forms and instructions for filing are available on SNA's website. You may complete the form at the end of the shift if necessary. Please follow the directions at the bottom of the form for where to send copies of the form. Copies are to be sent to your Manager, SNA, PRNC and a copy kept for yourself.

## **ED**

The SNA Board continues to monitor and discuss on-going issues with staffing, patient care and working conditions in the ED, we appreciate the information and feedback we receive from ED Staff Nurses.

Holding patients waiting for inpatient beds while maintaining lawful Nurse/patient ratios, rest and meal breaks and the timing of breaks are currently being discussed. We clarified the timing of meal breaks for Nurses working 12hr shifts at Nursing Coordinating Council in August. While discussion of the issues is helpful, it is sometimes necessary for SNA to consider further steps in order to resolve issues.

## **LEAVES OF ABSENCE**

The St. Joseph Health System has made the decision to use an outside agency, Sedgwick, to monitor leaves of absence.

The SNA Board has concerns about this decision and has questioned Debra Miller, VP of HR regarding this move.

SRMH policy states that SRMH HR retains the right to approve LOA's. The letter sent to employees does not make that clear.

Our concerns are, in part, due to Sedgwick's history of administering workers compensation claims at SRMH.

Debra Miller indicates that Sedgwick will be administering LOA's according to SRMH policy and SNA contract. Human Resources will have oversight over Sedgwick and will be monitoring them.

Please report any difficulties with Sedgwick's administration of Leaves of Absence to SNA, the Benefits Center and, if necessary to Debra Miller.

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## **LABOR AND DELIVERY/ANTENATAL TESTING**

We continue to be concerned for the Staff Nurses and patients in these departments. Since the “merge” of Antenatal Testing into L & D, staffing to meet the needs of both patient populations has been very difficult. Staffing in L & D alone has been unsafe at times.

Lead Nurses (L & D, Post Partum and NICU) have been required to take patient assignments on many shifts in June, July and August. If L & D is busy, they do not have a Nurse to spare to care for patients waiting for Antenatal testing. Nurses returning from Leaves of Absence have improved the picture somewhat for Antenatal testing, but not necessarily for L & D. Travelers have been hired to cover LOA's. In some cases there have been problems with traveler's qualifications and/or their willingness to float.

The SNA Nurses encourages Perinatal Staff Nurses to continue to document unsafe situations (AUP's) in order to protect their licenses and to provide information that can be used to leverage change.

## **ACUITY COMMITTEE**

The Acuity Committee is in the process of collating the data from the test of RN Acuity Staffing criteria.

Very early analysis indicates that the need for an additional RN to meet acuity staffing needs maybe rare. However, the criteria may assist Lead Nurses to define and justify an additional RN when the need exists.

The committee is also studying and discussing the effects of including or excluding sitters in the workload tool for scoring acuity and therefore the GRASP utilization %.

Staff Nurse members of the Committee are disturbed to see how often the care partner assigned to a shift for acuity staffing has to take a sitter assignment in the department and is then unavailable to assist with other patient care needs.

The committee has begun discussion of developing Acuity Staffing guidelines for care partners when the GRASP utilization % exceeds the currently specified 105% or 110%.

## **ACUITY STAFFING**

The CA Dept. of Public Health is **monitoring** the Hospital's compliance with **their plan of correction** with regard to acuity staffing and the discrepancies from the specifications of Title 22.

The SNA Board appreciates Staff Nurses' efforts to monitor and report the lack of acuity staffing in your depts. **Please continue to report these shifts. Do not assume that the issue is resolved or that acuity staffing per guidelines will never be enforced.**

## **ACUITY STAFFING CONT.....**

The extraordinary number of patient falls in July (20) is of deep concern to all. We cannot help but believe that the failure to staff to acuity guidelines played a part.

50 shifts from 6/1/11 to the present writing of this newsletter have been reported to SNA of the Hospital's failure to staff to Acuity Staffing Guidelines in Med-Surg depts. We are aware that not all shifts without acuity staffing are reported to SNA.

## **LEAD NURSES WITH PATIENT CARE ASSIGNMENTS**

Staff Nurses have reported 39 shifts or partial shifts in June, July and early August when Lead Nurses have had to take a patient assignment because the Hospital has failed to staff the shift with the Nurses required to meet Nurse/Pt. ratio requirements in addition to the Lead Nurse.

The SNA Board continues to express concern and draw Administration's attention to this violation of the SNA contract and the Arbitrator's ruling in response to the SNA Grievance that proceeded to arbitration.

We are consulting with SNAS's attorney and proceeding with further steps to enforce the SNA contract.

**STAFF NURSES' ASSOCIATION**

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