

# SNA NEWS

Fax: 575-8138

January  
2010

Special points of interest:

- SNA Officers 2010
- Membership Meetings 2010
- SNA Membership Meetings During Negotiations
- Hospital Financial Margin
- Todd Salnas C.O.O.
- Clinical Ladder
- Endoscopy
- Acuity/GRASP
- Performance Evaluations
- Care Documentation

## HAPPY NEW YEAR!

The SNA Board extends our best wishes to you and your family for a happy, healthy 2010.

### SNA OFFICERS 2010

President (2009 & 2010)	Sue Gadbois
Vice President	Stacy Lewis
Secretary	Kery Poteracke
Co-Treasurers	Cathleen Lukrich Michael Broussard
Board Member	Charlotte Schatz

### MEMBERSHIP MEETINGS 2010

January 22	June 4
March 26	November 19

Meetings held at 1:30 & 4p  
at the SNA office  
401A College Ave. (Corner of College & Glenn)

## **SNA MEMBERSHIP MEETINGS DURING NEGOTIATIONS**

Friday August 20

Fridays in September	Sept. 3	Sept. 10
	Sept. 17	Sept. 24

**Meeting times 1 & 4p, Location to be announced**

## **HOSPITAL FINANCIAL MARGIN**

OSHPD data for the financial quarter ending September 30, 2009 indicates that the Hospital reported a \$5+ million dollar margin for 7/1/09- 9/30/09. The \$5 million is in addition to the \$7+ million margin reported for the Quarter ending 6/30/09.

## **TODD SALNAS C.O.O.**

The SNA Board made it a point to meet with Todd Salnas, the new Hospital Chief Operating Officer. At the recent meeting which Kathy Hardin also attended, the SNA Board informed Todd of 3 on-going issues of concern:

1. Hospital staffing is in violation of the contract when Lead Nurses are not staffed in addition to the Staff Nurses required to satisfy Nurse/Patient ratios.
2. Hospital staffing for departments/shifts that does not meet acuity staffing criteria (also a violation of the contract)
3. Care documentation reports completed by Staff Nurses that detail the patient care they are unable to complete. Many of the reports are of grave concern because of their implications for patient safety. (Todd was given a copy of the Summary Report which he reviewed prior to our meeting).

The SNA Board felt that the meeting was productive and Todd indicated that the background information we provided was helpful.

---

## **TODD SALNAS C.O.O. CONT.....**

We then briefly discussed the Patient Safety Report. This report was generated from information gathered by surveying employees in specific departments. The plan is to further survey departments- including Critical Care, Telemetry and Ortho.

Common themes have emerged from the survey thus far:

- Staff feel consistently short staffed & overwhelmed
- Respect/Trust is an issue between employees and management in some departments
- Lack of a 24/7 Lift Team is problematic
- Handoffs- Shift-to-shift & department-to-department need work
- Communication is incomplete and “loops” are not closed
- Budget is considered to be the top priority of Hospital Management/ Administration over patient safety

**Stay tuned.....**

## **CLINICAL LADDER**

Please be certain to consult the Clinical Ladder Guidelines when preparing your application/ re-application for SNIII/IV. (Guidelines are available on CareNet with the Clinical Ladder criteria, application, etc.)

The Guidelines explain what is required for each criteria and will assist you to prepare adequate documentation to substantiate your completion of the criteria.

There have been a number of questions recently regarding Community Service and what is meant by “on-going” service. The intent of recognizing Community Service is to recognize Nurse’s “engagement” in their communities. Therefore, on-going means throughout the year. Volunteer hours concentrated in a six-month period does not demonstrate active engagement in the community according to Administration.

---

## **ENDOSCOPY**

Staff Nurses in the Endoscopy Department recently had the opportunity to meet with their management team and a member of the SNA Board to discuss issues related to staffing their department. Unpredictable patient volume, last minute scheduling of patients, unknown patient acuity, physical space constraints, and efforts to satisfy physician's needs create a chaotic environment that does not meet patient's needs and detracts from the Nurse's well being.

The meeting was felt to be productive by those who attended. The timing proved to be fortuitous as the department was just beginning a Rapid Improvement Event (RIE) concentrating on the same issues. During the meeting, we were also able to clarify contract language regarding staffing the Lead Nurse, in addition to Staff Nurses.

## **ACUITY/GRASP**

The revised Acuity Scoring Tool was tested for validity by Med-Surg/Tele departments in mid Dec. & passed with flying colors! This means that patient acuity scoring results done by Staff Nurses were very close to the Lead Nurse Questionnaire results indicating what optimal staffing for the shift would have been.

We commend the Acuity Committee members & all of the Staff Nurses whose tireless efforts made this successful!

This yearly process of revising the scoring tool & testing for validity is an important part of assuring accurate acuity data.

The SNA contract requires the Hospital to staff according to GRASP acuity criteria established by the Acuity Committee.

**\*Please notify the SNA Board when your shift is not staffed to GRASP criteria.**

**WE NEED:** Dept., Date, Shift, Utilization % & how "short staffed"

By phone (message line- 575-8853)

E-mail (website- [snanews.com](http://snanews.com)) or Care Documentation Form on website

## **PERFORMANCE EVALUATIONS**

The SNA Board continues to pursue our Association Grievance against the Hospital regarding the timing of Nurse's Performance Evaluations.

Hospital Administration declared their intention this last August to change all Staff Nurse Evaluations to May/June each year. Staff Nurses due for evaluations on their PESRD from September 2009 forward have not received their evaluations that were due per specifications of SNA contract Article XIV and Appendix D.

A memo to all employees on 1/11/10 from Victoria Ashley announced the Hospital's intention to proceed unilaterally on this issue, declaring that all evaluations would occur in May/June of each year.

Aside from the many concerns that the SNA Board has about the impracticalities of this change, we cannot simply ignore the contractual stipulations that specify evaluation dates for Staff Nurses.

The meeting scheduled with Hospital Administration to discuss this issue as part of the grievance procedure on 1/12/10 was postponed at the last minute by the Hospital. The meeting has been rescheduled for 2/1/10.

## **CARE DOCUMENTATION**

It is important to continue to document the patient care you are not able to complete during a shift. Please use the electronic form provided on SNA's website, [www.snanews.com](http://www.snanews.com).

The **data** that you have generated and continue to generate **is compelling.** **Especially now, as the Hospital focuses on patient safety.**

We will be updating the summary report from 8/09 in the near future.

Data submitted since 8/09 illustrates the same themes as the most common criteria reported are:

Delay in implementing new orders, Timely administrations of routine meds, Timely administration of prn meds.

Using the Care Documentation form is an important & useful way to advocate for patient care at SRMH.

**STAFF NURSES'  
ASSOCIATION**

401A COLLEGE AVE. SANTA  
ROSA, CA 95401

Phone: 575-8853

Fax: 575-8138

E-mail: [snanews@sonic.net](mailto:snanews@sonic.net)

Presorted Standard

US Postage

PAID

Permit #233

Santa Rosa, CA



**SNA**