

STAFF NURSES' ASSOCIATION

SNA NEWS

MESSAGE LINE:

575-8853

FAX: 575-8138

WEBSITE:

WWW.SNANEWS.COM

JANUARY 2012

Special points of interest:

- SNA Officers 2012
- SNA Membership Meetings 2012
- Overtime Pay
- Acuity Committee
- Acuity Staffing
- RN Staffing Plan

*****HAPPY NEW YEAR*****

SNA OFFICERS 2012

Sue Gadbois	President (2yr term 2011& 2012)
Stacy Lewis (PACU)	Vice President
Cathleen Lukrich (PCS)	Treasurer
Kery Poteracke (Urgent Care)	Secretary
Charlotte Schatz	Board Member
Laura Hansen (Neuro)	Board Member

Thank you for participating by voting in this election.
As always, we are honored to represent you.

SNA MEMBERSHIP MEETINGS 2012

SNA membership meetings will be held 1:30 & 4pm at the SNA office @ 401A College Ave. The building is located on the northeast corner of College & Glenn. 2 blocks east of Hwy 101. Parking is at the rear of the building & on Glenn street.

Friday 2/3/12
Friday 5/18/12
Friday 11/16/12

The meetings scheduled during Aug./Sept. will be held during contract negotiations. Stay tuned for the location. See you there!
Location of the following meetings to be announced. 1:00 & 4pm

Friday 8/17/12
Friday 8/31/12

Every Friday in September 9/7, 9/14, 9/21 & 9/28

OVERTIME PAY

Debra Miller, VP HR informed SNA that as of 2/5/12, the Hospital will unilaterally implement it's plan to change the defined workday. Staff Nurses' overtime pay could be affected by this change.

The "workday" has been defined as 12a-11:59p for 35+ years. And, for 35+ years the Hospital has ignored the definition of the workday when paying overtime. For example, Nurses working the night shift begin their shift at 11p on one workday and finish their shift at 7:30a on the next workday. Night shift nurses have been paid overtime pay if they worked more than 8 hrs for the shift. Another example, PM shift Nurses have been paid overtime if they worked beyond 12a, even though hours were worked on the next workday. And there are many examples of Nurses working 10 or 12hr shifts that span multiple workdays.

Both the SNA Contract & CA wage and hour law state that Nurses shall be paid the overtime rate for hours worked in excess of 8hrs in a workday. Both leave "workday" undefined.

According to the Hospital's plan, Nurses will be assigned to one of five different 24hr workdays depending on the Nurses' usual shift. The new workdays are:

12a-11:59p, 2a- 1:59a, 8a-7:59a, 12p-11:59a, 2p-1:59p

Under this new system, Nurses working overtime hours that are not within their assigned "workday" will not be paid overtime for those hours unless the Nurse worked the day before or the day after. Then those hours would be recorded in addition to hours worked the previous or the next day resulting in overtime.

Even with five defined workdays, we are concerned that the workday assigned to Nurses will not capture the hours worked by Nurses. Nurses work unpredictable hours at times in order to respond to the Hospital's needs. We are also concerned for Nurses assigned to variable shifts who work days, pms and sometimes night shifts all in one pay period (eg. OR, PACU)

The Hospital is required to negotiate changes to long-standing practices if it concerns wages, hours and conditions of work.

SNA is opposing this unilateral change of 35+ yr pay practice.

We cannot imagine failing to pay the overtime rate for overtime worked!

We find it unconscionable for the Hospital even to consider doing so.

SNA has proposed contract language to be added to Art. VIII-HOURS OF WORK

A. Daily Overtime that would protect overtime pay for hours worked in excess of 8,10, or 12hrs regardless of the workday definition. As this newsletter is written, we have yet to receive a response.

After 2/5/12, it is very important for you to examine your paycheck stub carefully to determine whether you have been paid overtime rate for the hours you worked in excess of your 8,10, or 12hr shift. Please report any failure to pay the applicable overtime rate of pay ASAP to SNA via e-mail @ www.snanews.com or message line 575-8853.

ACUITY COMMITTEE

Members of the Acuity Committee are frustrated by the lack of progress on a number of acuity issues.

ARU is concluding another week of testing their acuity tool for validity. Hopefully the test results will indicate that they can move forward to staff to acuity.

NICU and Peds are scoring patients and monitoring has begun to assure that scoring is reliable. This is important progress after many months of delay.

The Acuity Committee continues to advocate for the adoption of the committees' recommendation for RN acuity Staffing Guidelines. The occasions when an additional RN is needed rather than a Care Partner are rare but compelling.

The committees draft recommendation for Acuity Staffing Guidelines when a sitter is required has been languishing in a state of inertia. The committee re-emphasized the importance of this issue at the last committee meeting and we reviewed the details again with Linda Phillips.

And, of course, the committee continues to monitor the lack of and deterioration of care partners acuity staffing. We have made the implications for patient care clear and advocated for solutions for meeting acuity staffing guidelines.

ACUITY STAFFING- OR THE LACK THEREOF

Well, it's definitely lack of acuity staffing in med-surg depts. In fact, many shifts this fall and especially in December were not staffed to matrix with Care Partners, let alone acuity.

Med-surg Nurses report very unsafe patient care situations with very ill patients, many of them confused and at risk for falling, multiple fresh post-ops, patients receiving chemo, patients in restraints, isolation, and patients who are neutropenic. Patient acuity has been very high over the last few months and acuity staffing unavailable for many, many shifts!

We could not be more concerned on behalf of patients and Nurses and we appreciate your continued efforts to report acuity data to SNA.

The SNA Board has communicated our concerns and the urgency of correcting acuity staffing on multiple occasions- Nursing Coordinating Council, Acuity Committee, e-mail to Todd Salnas, COO, and Karen Long interm CNO, and in person to Todd Salnas.

The Hospital was "cited" by the CA Dept. of Public Health for the failure to meet Title 22 requirements for acuity staffing. The DPH continues to monitor the Hospital's compliance with their plan of correction that they submitted in response to the DPH. In fact, we understand tht the DPH visited the Hospital recently in December on a day that the Hospital was not able to staff to acuity in most, if not all, med-surg depts.

ACUITY STAFFING- OR THE LACK THEREOF CONT.....

Both Linda Phillips, Nursing Director, and Todd Salnas, COO, have assured the acuity committee and the SNA Board that care partner and Acuity staffing is their next project. It can't happen quickly enough!

RN STAFFING PLAN

The "benefitted" Staff Nurse positions meant to enable med-surg depts. to be able to schedule and staff to CORE were posted and filled.

Todd Salnas has assured us that positions vacated by internal transfers and on-going vacancies created by Nurses leaving SRMH will be posted and filled for med-surg depts. The SNA Board is monitoring this by comparing terminations against posted positions.

A med-surg Relief Pool has been established with the goal of enabling the Hospital to respond to increased census and Staff Nurse absences (eg. Sick calls or emergencies).

23 med-surg Relief positions were posted and filled within a few weeks. Most of these newly hired Staff Nurse are either new grads or Nurses without acute care experience.

An 8 wk orientation/training program is underway that includes a week of clinical orientation in each dept. with didactic classes 1 day/wk and mentor support. It is expected that these Nurses will be ready to contribute to staffing by mid-March.

These Nurse will be scheduled and assigned work from the Staffing Office. Current Relief Nurses who are assigned to a specific med-surg dept. will remain assigned to these depts. Work for all relief Nurses in med-surg will be scheduled and assigned each shift per contract and policy rules. Since all med-surg staffing is coordinated by the staffing office and because med-surg Nurses are considered as one large group, we believe that Relief Nurses will work shifts according to contract specifications.

However, please notify SNA if you feel that as a Relief Nurse you are not being scheduled correctly or have been cancelled incorrectly.

STAFF NURSES' ASSOCIATION

401A COLLEGE AVE.
SANTA ROSA, CA 95401

Message Line: 575-8853
Fax: 575-8138
E-mail: snanews@sonic.net



SNA

**HAPPY
NEW YEAR!**

Presorted Standard

US Postage

PAID

Permit #233

Santa Rosa, CA