

SNA NEWS

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June
2010

Special points of interest:

- Nurses' Week
- Michael Broussard
- Hospital Financial Update
- Compassion Fatigue
- Performance Evaluations Grievance
- Acuity/GRASP updates
- Acuity Staffing
- White Boards
- Lead Nurses with Patient Care Assignments
- Overstaffed Depts.
- Perinatal/Endoscopy Depts.
- Contract Negotiations 2010
- Connecting w/Negotiations

NURSES' WEEK

Thanks to all of you who made the Nurses' week festivities possible- especially the members of the PRNC who arranged massages and cupcake treats. Your efforts are much appreciated.

MICHAEL BROUSSARD

Michael has resigned from the SNA Board as Co-Treasurer. We have valued Michael's contributions to SNA and his efforts on behalf of Staff Nurses, and we wish him the best in his new position as Nurse Manager of 4W.

HOSPITAL FINANCIAL UPDATE

The SNA Board continues to monitor the financial data reported by the Hospital to the U.S. Government (OSHDP).

They reported a margin of over \$2.5 million for the quarter ending 3/31/10.

The total margin for the last year 3/31/09 - 3/31/10 is nearly \$19 million!

Compassion Fatigue, Burnout and Secondary Traumatic Stress Syndrome

With all the changes in healthcare: increased role responsibilities, higher acuities, the pace of change, and witnessing the suffering of others, we as nurses can find we are “running on empty”. According to a Canadian study, close to one fifth of nurses reported that their mental health had made their workload difficult to handle , and over 50% of nurses had taken time off because of a physical ailment. Eight out of ten nurses were found to have accessed the EAP (Employee assistance program).

Compassion Fatigue is defined as stresses related to the relationship between nurse and patient. There can be a feeling of nothing left to give. Burnout stresses the nurse experience within and related to, the work environment. Secondary traumatic stress can occur when there is witnessing of the horrific suffering of others, leaving a lasting aftereffect. These can result in suboptimal patient care, increased errors, higher absenteeism, and leaving our profession. All are regarded as occupational hazards.

All three of the above are interrelated and can take its toll mentally and physically on the caregiver. Some of the symptoms can include:

- fatigue
- chronic negativity and cynicism
- anger and irritability
- reduced ability to feel sympathy and empathy
- disturbed sleep
- substance abuse to mask feelings
- recurrent physical ailments, such as gastrointestinal problems and recurrent colds
- feeling ineffectual in our work
- finding little compassion toward co-workers

The good news is that there is currently much research going on about these topics, as they are affecting a significant caregiver population globally. There are solutions, but perhaps the first step is recognizing if you have a problem. There is an assessment tool called the “Professional Quality of Life Scale” available on line along with many tools for prevention and healing.

The websites below are excellent resources:

<http://www.proqol.org> (has the assessment tool)

<http://www.compassionfatigue.org>

If anyone has any questions please feel free to contact Therese Miller at Therese.Miller@stjoe.org

She also has copies of the assessment tool, and is interested in helping find solutions to this problem.

PERFORMANCE EVALUATION GRIEVANCE

SNA's Association Grievance against the Hospital will be presented to an arbitrator on August 11, 2010. Our grievance is based on the Hospital's violation of the contract with respect to Nurses' performance evaluation dates.

*****Important*****

Please notify SNA if you do not receive your evaluation by 6/30/10.

And/or

You lose you SNIII/SNIV

****As a result of confusion over meeting/satisfying the criteria requirements over a shorter/longer time frame since your evaluation date was moved.****

ACUITY/ GRASP

Staff Nurses in the Perinatal Depts. are beginning the process by scoring patients. However, their scoring tools are out of date and need revision. Linda Phillips will be working on those revisions with Nurses and Managers.

The Scoring tool for ARU also requires revision as it hasn't been updated since they moved from the Fulton Campus. Linda Phillips will also be working on those revisions including Nurses and Managers.

On 4N, criteria that captures the necessary interventions for stroke patients has been incorporated into the scoring tool.

Since the incorporation of Progressive Care into 4W, the 4W scoring tool has been evaluated to be certain that all of the interventions for Progressive Care Patients have been captured.

Critical Care has been concentrating on scoring patients and making assignments based on patient acuity.

Thanks to a study conducted by Gloria Haddad and Terry Lee, 2C Ortho now has the means to more accurately anticipate the acuity scores of total joint patients who will be admitted post-op on the next shift.

ACUITY/STAFFING

The Acuity Committee is working on criteria that determines when an additional RN, rather than an additional care partner is required to meet Acuity Staffing criteria. (For example, patient census over 25). We plan to make this determination by late May.

Meanwhile.....

ACUITY/STAFFING CONT.....

The SNA Board and members of the Acuity Committee are well aware that there are many shifts when the Hospital does not staff according to the Acuity Staffing Criteria based on the GRASP utilization %. Most often, this is due to a shortage of care partners.

The Staffing Office and Linda Phillips are also tracking utilization %'s and Acuity Staffing. This data shows that between 11/09 to 2/10 the Hospital staffed to acuity criteria an average of 50% of the time that extra staff were warranted.

We continue to pressure Hospital Administration to meet the contractual requirements that the Hospital staff according to acuity criteria.

Our discussions indicate that they do plan to establish Care Partner and Staff Nurse Pools. Once care partners and Nurses are hired into the pools, the Hospital can draw upon this resource to respond to staffing needs.

Stay tuned.....

WHITE BOARDS!

Members of the SNA Board have had many discussions with members of Administration, HR, Nursing Directors and Nursing Managers concerning the approach taken by Managers to discipline Staff Nurses for incomplete white boards.

We have made the point that Nurses must constantly prioritize patient care based on the most urgent needs. Missing an hourly pain score on a patient may be the result of responding to a pressing issue for another patient!

Hospital Administration believes that improved Patient Satisfaction Scores are tied to the use of the white boards. Many hospitals in the area are using them. The Hospital does have the right to impose new policies.

The merits of the white boards aside, the SNA Board continues to disagree with the punitive approach taken by some of the Managers. We did ask HR to step in and monitor the disciplines to assure that proper steps were followed.

We are very concerned that the expectations of Staff Nurses during a shift border on the impossible. Care Documentation forms verify that there are shifts when Nurses cannot complete the care required by MD orders and Hospital Policy. If the emphasis of care shifts to completing white boards, what isn't the Nurse able to get done?

The SNA Board has discussed these concerns with Hospital Adm. and voiced the question: If the Nurse isn't able to complete all of the required patient care, including white boards (e.g. turning q 2hrs, ambulation, etc.) What would they advise Nurses to give up?

The response has been that Nurses have to do things differently- for example- not change linen for every patient every day and/or not bathe every patient every day.

Our feeling is that linen changes and full baths may have already gone by the wayside in many circumstances!

LEAD NURSES WITH PATIENT CARE ASSIGNMENTS

The SNA Board and the Staffing Office have each been tracking shifts when Lead Nurses have patient assignments because the dept. is not staffed to ratios + Lead Nurse.

There were quite a few shifts from January-March 2010 when this occurred.

Once again, when short staffed- Plan A (call everyone to work extra) fails, there is no Plan B!

Before determining our next steps, we're waiting to see if the Staff Nurse Float Pool is Implemented and whether it works to eliminate these Staffing situations.

OVERSTAFFED DEPTS.

There are a number of depts. where Staff Nurses have received an inordinate number of MROHs or have had to float excessively.

Hospital Administration insists that they are determined not to layoff Nurses so, they are exploring ideas and implanting plans that are tailored to each of these depts.

PERINATAL & ENDOSCOPY

These are specialty depts. staffed by Nurses with defined sets of skills particular to their specialty. This makes it difficult/impossible for these Nurses to float to most depts. or to seek a transfer to another dept.

Therefore, in these depts., various alternatives are being considered by Hospital Administration.

1C/PALLIATIVE

These depts. combined approximately 1 year ago after Palliative Care moved from Sotoyome Campus to 3E which was then closed due to low patient census.

Because the combined Staff of Palliative and 1C Nurses exceeds the staff needed for 1C, Nurses from the combined staff float every shift. Some Nurses report that they haven't had a consistent patient assignment for consecutive shifts for almost 2 years.

Hospital Adm. Has determined that they are unlikely to re-open Palliative Care in the near future and it is time to reduce staff on 1C/Palliative Care.

Hospital Adm. And the SNA Board have consulted and agreed on a plan based on past procedure and contract provisions.

1C/PALLIATIVE CARE CONT.....

The process will make positions in Med-Surg available first to volunteers and then the least senior Nurses in the combined Palliative and 1C depts., in order of seniority. These are positions that have been “held”, rather than posted over the last months.

The SNA Board is monitoring the process closely.

CONTRACT NEGOTIATIONS 2010

Negotiations Survey

WOW! What a great response! Staff Nurses achieved a new record this year-over 35% of SNA members completed and returned their survey. Thank You!

As we write this newsletter we are analyzing results and will share the top issues identified by Nurses in the future.

SNA Negotiating Team

Sue Gadbois	Kery Poteracke
Stacy Lewis	Charlotte Schatz
Cathleen Lukrich	Laura Hanson

Laura Hanson has consented to join the team. Laura works on 2E, neuroscience. This rounds out the team with her med-surg perspective.

Contract Research

The SNA Team is in the process of reading and researching Nurses’ contracts locally and from Bay Area Hospitals. This “Market” research is an important tool as we argue for proposals for contract changes or for maintaining current contract provisions.

Proposals for Contract Changes

The SNA Team is also working on writing proposals for contract changes based on survey results and market research.

CONTRACT NEGOTIATIONS 2010 CONT.....

Connecting with Negotiations

It is very important for you to stay connected once the Negotiation Process begins August 2010.

1. Message Line 575-8853- Out going message updated after every meeting with Administration.
2. Website snanews.com- Updated as changes occur in proposals.
3. e-mail network- Alerts are sent out with important info/events.
Make sure we have your e-mail address!
4. Membership Meetings-
Friday August 20 & every Friday in September 1p & 4p
Location TBA, probably at the Methodist Church on Montgomery Drive.
5. Negotiation Sessions with Administration- Scheduled meetings will be posted.
You're welcome & encouraged to attend.

SNA HISTORY

Read all about it!

The SNA History will be arriving in your mailbox sometime early July.
It's quite a tale about Nurses standing strong together.

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SNA

**Getting Ready for
Contract Negotiations
2010!**

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