

STAFF NURSES' ASSOCIATION

SNA NEWS

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**JUNE
2011**

Special points of interest:

- Summer Fun
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- Antenatal Testing Dept.
- OR Scheduling
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- Patient Handling/
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- Med- Surg Private
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- Staff Nurses'
Evaluations & Patient
Satisfaction

SUMMER FUN

The SNA Board hopes summer brings you some good times with family and friends

NURSES' WEEK

We'd like to thank the members of PRNC for all of their thoughtful efforts in creating a special celebration of Nurse's Week this year.

NEW CONTRACT

The 5th draft of the new contract is (fingers crossed for no computer glitches) the final draft.

Once it is signed by Kevin Klockenga (as this Newsletter is written, we've been waiting for his signature for 2 weeks), we will review a hard copy from the computer disc provided by HR and send it to the printer. The printer will then mail your contract to you.

This particular process of achieving an accurate draft of the contract has been frustrating and has taken much longer than in years past. Members of the HR dept. struggled with a variety of computer program challenges while preparing the contract drafts.

RETIREE HEALTH BENEFIT

The Hospital sent letters regarding the new Retiree Health benefit that is effective 7/1/11 to Staff Nurses within the last month.

RETIREE HEALTH BENEFIT CONT.....

Staff Nurses who qualify for the benefit by age and years of service and who retire between 7/1/11 and 6/30/15 have the choice of two benefits. One is the current benefit that includes monthly/yearly reimbursement for medical expenses. Nurses who are at least age 55 with 15 years of service qualify for this benefit. The second choice is the new plan which Nurses qualify for at 60 years of age with 20 years of service and includes a lump sum amount for reimbursement for medical expenses that does not “sunset” with Medicare eligibility.

Each plan has both positive and negative aspects for individual Nurses depending on their circumstances. As the contract stands now, the choice of two plans is available until 6/30/15. As of 7/1/15, only the newer plan will be available. The SNA Board is available to help Staff Nurses to understand each plan in order to figure out which is the best for them.

We remain very concerned about aspects of the new Retiree Health benefit.

In particular:

- Nurses cannot qualify for the benefit until they reach age 60. We are aware of a number of Nurses who have been forced to retire from acute care nursing prior to age 60 (often as a result of work injuries).
- The dollar amounts provided in the new benefit are sub-standard by market comparison (other area hospitals offer \$25,000-\$35,000)

ANTENATAL TESTING UNIT

Staff Nurses working in the Antenatal Testing Dept. (part of the Perinatal Dept.) are experiencing changes in their roles and patient care responsibilities.

Hospital Administration has decided to “fold” Antenatal testing into Labor and Delivery and create a new role- Labor Triage Nurses. This new role involves additional skill expectations and training.

The Hospital also changed the hours that the testing center is open for patients. However, due to SNA’s intervention, the two Antenatal Testing Center Nurses will not be required to change their working hours since they were hired specifically for day shift.

The SNA Board continues to be concerned on behalf of the ATC Staff Nurses as well as for all the Staff Nurses in the Perinatal Dept. due to the implications of this change for patient care, reductions of hours, etc.

OR SCHEDULING

Members of the SNA Board continue to work with the very dedicated members of the OR scheduling committee working out the particulars of scheduling work shifts, on-call shifts, vacations, and reduction of hours.

EMERGENCY DEPT.

We would appreciate more feedback from ED Staff Nurses regarding the progress on plans developed by Administration to respond to the issues you brought forward at forums earlier this year.

The SNA Board questions Administration about this progress but we would like to hear from Staff Nurses as well.

We are particularly concerned about the Hospital's failure to staff the ED appropriately when Critical Care patients are held in ED. We have clearly communicated this concern to various levels of Hospital Administration. However, there does not seem any indication of a plan on their part to correct the situation. We encourage Staff Nurses to continue to report when CCD nurse/patient ratios are not maintained in ED.

2 CENTER

Staff Nurses working on 2C are working with the SNA Board to refine the patient care and staffing issues that have worried and concerned Staff Nurses.

For example:

- Hospital's failure to staff to matrix & acuity
- Geographic difficulties with the dept. layout
- The lack of consistent & properly trained care partners
- High rate of patient turnover

We will be strategizing about how to bring these issues forward and seek effective follow up from Hospital Administration.

ACUITY STAFFING

The CA Dept of Public Health, charged with upholding Title 22 requirements, have found multiple discrepancies in the Hospital's compliance with Title 22 requirements to staff based on patient acuity.

The Hospital must submit a plan of correction to DPH in response to each discrepancy.

The discrepancies identified included the failure to staff to acuity staffing guidelines in each med-surg dept.

ACUITY STAFFING CONT.....

In addition, in the telemetry depts. 4W and 4N, it was noted that the Managers told the Lead Nurses not to staff to acuity.

The lack of an acuity system in Pediatrics was also listed as a discrepancy.

The DPH will be monitoring the Hospital's compliance with the plan of correction as well as the adequacy of the plan itself.

It is important for Staff Nurses to continue to document when their shifts are not staffed to acuity guidelines.

The Acuity Committee will be testing a list of criteria for RN acuity staffing guidelines that would determine when an additional RN is warranted to staff for acuity in med-surg depts.

PATIENT HANDLING/TRANSPORT TEAM

The SNA Board has questioned Hospital Administration why it delayed posting the relief position for the Pt. Handling Team. The relief position was vacated for approximately three months prior to the posting.

Meanwhile, there were a number of shifts that were not scheduled and staffed to contract specifications.

So far, we're unable to find a member of Hospital Administration who can explain the delay.

MED-SURG DEPTS & CORE SCHEDULING

It is not a surprise that med-surg depts. are not always scheduled to CORE for each shift.

Leaving shifts scheduled short results in a number of staffing problems including Lead Nurses having to take a patient assignment.

MED- SURG PRIVATE ROOMS

Todd Salnas, COO has assured us the private room designation for 2E and 3E is a trial and an experiment.

Nurses are concerned about patient census numbers where the staffing matrix will not include a care partner.

It seems appropriate that Staff Nurses direct feedback to Todd. (Todd.Salnas@stjoe.org)

STAFF NURSES' EVALUATIONS & PATIENT SATISFACTION

Staff Nurses are puzzled, discouraged, and outraged to discover that they are marked down to a "1" on the patient satisfaction criteria on their evaluations. Turns out, all nurses are to receive a "1" on this criteria regardless of their contributions to patient satisfaction or personal recognitions from patients and families.

Kathy Hardin's reply to our questions about holding all Nurses responsible for the Hospital's low patient satisfaction scores was that everyone is responsible for patient satisfaction as a whole.

Staff Nurses know patient satisfaction is the natural outcome of nursing care that is supported at the bedside. Regimented punitive actions against Nurses for low patient satisfaction scores in the Hospital- especially since many aspects of patient satisfaction are beyond Nurse's control- are not likely to inspire cooperation with Administration on this issue.

Be reminded that step increases in pay are now totally divorced from evaluation scores as of the new contract.

STAFF NURSES' ASSOCIATION

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Summer**