

SNA NEWS

Fax: 575-8138

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2008-2010 SNA CONTRACT

Members of the SNA Board have reviewed and corrected four drafts of the new contract. We will review a hard copy of the electronic version we've delivered to the printer and then printing can begin. A copy of the new contract will then be mailed to your home.

SENIORITY DATES

While working with Staff Nurses affected by the layoff, the SNA Board discovered that a number of Nurses had inaccurate seniority dates recorded. Apparently, HR processes and systems have failed to accurately calculate the impact of leaves of absence on seniority dates.

Seniority dates are crucial in determining job bidding, vacation preferences, reduction in hours, layoff and recall. We are very concerned about this discovery. We have been assured by the HR department that they are scrutinizing seniority dates and making the necessary corrections for Nurses affected by layoffs.

Members of the SNA Board are working closely with Staff Nurses affected by the layoffs to be certain that their dates are correct.

PER CONTRACT APPENDIX D

Your seniority date is initially equal to your hire date as a Staff Nurse. The date is adjusted, “moved” forward for the time equal to the unpaid portion (over 30 days) of a non-worker’s compensation leave of absence.

Example: A Staff Nurse was hired on 2/1/06. In 2008, the Nurse took a 6 month pregnancy leave. The Nurse had enough sick time & ETO accrued to integrate with State Disability and be paid by the Hospital for 3 of the 6 months. The Nurse then had 3 months of unpaid leave. The Nurse’s seniority date is now moved forward to 5/1/06.

***We suggested, as a precaution, that you check your seniority date with HR.**

RETIREE HEALTH BENEFIT

At our Board meeting on 1/20/09, the SNA Board voted unanimously to reject the Hospital’s proposed new Retiree Health Benefit.

Our decision was based on the results of our analysis of the numbers of Nurses who would benefit from the new versus the old plan.

We are committed to pursuing this issue during contract negotiations 2010 in order to obtain a benefit that is competitive with other Hospitals in this area and which extends beyond Medicare eligibility.

STAFF NURSE LAYOFF

14 Staff Nurses in 5 departments are in positions either deleted or reduced by the layoff that began in early February. Nurses in Endo, PACU, Outpatient, EASE and Urgent Care are affected. Even though the most junior Nurses were identified in these depts. (with the exception of Urgent Care– see later in this article), many of them have 10 or more years of seniority.

Members of the SNA Board are working with these Nurses and members of Hospital Administration to maximize the Nurses’ options proscribed by contract. These include:

- 1) Bidding on open, posted positions. Displaced Nurses are given preference for these positions. We are monitoring these postings due to some initial confusion and errors with the positions listed.
- 2) The “bumping “ process proscribed by the contract:

STAFF NURSE LAYOFF Cont....

The most senior of the displaced Nurses who wishes to participate in the bumping process looks at the house-wide Nurses seniority list from the bottom up.

The displaced Nurse may “bump” a Nurse with less seniority from their position provided that:

- A) They are qualified to work in that Nurse’s position with 5 days orientation (plus 4 days for CRD learning if applicable) and willing to work in the Nurse’s category and shift (eg FT, Nocs).

And

- B) Provided that the “bumped” Nurse cannot by virtue of seniority bump another Nurse further down the seniority list. (Multiple “bumping” is not allowed).

This process is then repeated by the remaining displaced Nurses in order of seniority.

- 3) Displaced Nurses may also choose to accept the Hospital’s severance package.
- 4) All Staff Nurses who are actually laid off (including “bumped” Nurses are eligible for Recall.

Nurses with less than 5 years of service have recall rights for 6months.

Those with more than 5 years of service have recall rights for 1 year.

During the recall period, all posted positions are first offered to Nurses on the recall list. These Nurses have the first right to posted positions for which they are qualified In order of seniority.

URGENT CARE

Rohnert Park and Fulton Urgent Care centers are identified by contract and Hospital budget specs as two separate departments.

However, the Nurses assigned to these depts. Work from a single schedule and with rare exception, work at either center, interchangeably.

URGENT CARE Cont.....

When the Hospital determined that the Rohnert Park Center was “over budget” and identified 2 nursing positions to be deleted, 2 Nurses at Rohnert Park were slated for layoff. These 2 Nurses have quite a bit of seniority and much more seniority than a number of Nurses at Fulton.

The separation of these 2 depts. for budget purposes creates an “artificial” situation in which the junior most Nurses were not the ones identified for displacement.

The SNA contract has a provision in the layoff language that allows Nurses in a dept. affected by layoff to re-bid all remaining positions (after laid off positions are deleted) by seniority.

While this re-bidding option would not be helpful in the other depts. affected by layoff (because the most junior Nurses were identified to be affected), this contractual option does give the Urgent Care Center Nurses the ability to have the junior Nurses within the 2 Centers to be the ones affected.

Members of the SNA Board met with the Urgent Care Center Nurses on Monday 2/9/09 to discuss this option. After discussion, the Nurses, by a secret ballot, voted to re-bid positions at the Urgent Care Centers.

NEXT STEPS

The SNA Board will continue to monitor and oversee the layoff process as well as support displaced Nurses as they apply for positions, participate in the “bumping” process and the recall process as applicable.

3E MED-SURG MOVES TO 1 CENTER

The Staff Nurses of 3E face many of the same issues and difficulties experienced by 2C Ortho Nurses as they have moved to 1C.

1. The geography of the dept. makes teamwork difficult.
2. Depending on the location of their patient assignments within the dept., Staff Nurses are concerned that they cannot adequately observe their patients.

3E MED-SURG MOVES TO 1 CENTER Cont.....

3. Lead Nurses have potential responsibility for oversight of 32 patients, 2C has 28-30 patients.
4. Both Med- Surg and 2C Ortho can experience a lot of patient turnover which increases the challenge of organizing patient flow. In addition- 1C may include Progressive Care (Step-down) at some point and will also progress (after Nurses are trained) to caring for patients requiring telemetry. Each of these patient populations require different levels of care and different Nurse/Patient ratios. This sets up yet another challenge for staffing the dept. adequately, providing breaks, etc.

Members of the SNA Board will be meeting with the 1C Nurses to strategize regarding protecting their practice of Nursing, documenting unsafe care situations and pursuing necessary changes.

The SNA Board will be brainstorming ideas for how we can intervene and influence improvements for both 2C and 1C.

STAFF NURSES “WORKING OFF THE CLOCK”

The SNA Board continues to discuss the issue of Staff Nurse “clocking out” and then returning to work- usually to finish charting.

Staff Nurses have reported to us that 1-3 Nurses/shift in many depts. engage in this practice. Nurses indicate that they avoid recording overtime because they feel intimidated by their manager and fear discipline.

In our discussions with Administration we have made clear both the scope of the situation and why Nurses are not recording overtime worked.

Because computer charting records the time the Nurse makes an entry, it is possible for the Hospital to determine when Nurses are working off the clock in order to finish charting by comparing those entries with the Nurses time card.

Members of Administration indicate that they will be conducting their own audit to determine when and if this practice occurs.

STAFF NURSES “WORKING OFF THE CLOCK” Cont.....

The law regarding overtime indicates that the Hospital must pay for overtime worked-even if not recorded by the employee, but if the Hospital is aware that overtime is being worked.

As Care Partners and Unit Secretaries hours are substantially reduced-making the delivery of safe patient care marginal at best. It does not serve patients, other Nurses, or the Hospital to be dishonest about the time required to complete a patient care assignment safely.

As long as Staff Nurses have followed hospital policy by informing Lead Nurses/Managers of their need for overtime, had the overtime approved and can explain why the patient care assignment could not be completed in the 8hr/12hr shift, Staff Nurses cannot be disciplined. Late admissions or transfers, changes in pt. condition, high acuity with no additional staffing, computer problems with charting are examples of why Nurses legitimately have overtime.

We need to stand together and support each other on this issue.
If we don't- patient care and Nursing practice continue to erode at SRMH.

The SNA Board continues to brainstorm ideas and consult our attorney to determine steps that we can take to ensure that Nurses are paid for time worked.

3 HOUR CALL-BACK GUARANTEE

The SNA Board presented a proposal for contract changes based on the wishes of a majority of Nurses required to take call to member of Hospital Administration at the Nursing Coordinating Council meeting on January 20, 2009.

We then discussed aspects of this proposal at the Nursing Coordinating Council meeting on February 17th. As of the writing of this newsletter, we have nothing further to report.

“REWARDS PROGRAM”

Please note that the 15 yr Recognition is assured by the SNA Contract. This service award is now in the form of a check for Nurses reaching this milestone as of January 1, 2009, the check amount is equal to a trip for 2 to Hawaii including airfare, rental car, lodging and \$500 cash. This is now valued at \$5300.

The Hospital has chosen to discontinue the 30 yr trip award. This recognition was instituted independently of SNA by the Hospital and is not included in the SNA contract.

CHANGE IN CARE PARTNER AND UNIT SECRETARY STAFFING

We are saddened by the loss of colleagues and friends- the care partners and unit secretaries who've been laid off- and are very worried about how the work of patient care can possibly be done with far fewer of them.

The SNA Board is deeply concerned about Staff Nurses' ability to provide safe patient care given the matrix changes for care partners/unit secretaries.

While the task force comprised of Staff Nurses, Care Partners and Managers makes bonifide attempts to streamline processes and tasks, the concern is that Staff Nurses will be caught up with tasks like toileting, bathing, feeding, ambulating, etc and will not be able to adequately observe and assess their patients and therefore fail to detect or recognize a change in patient condition in time to intervene. This is the “failure to rescue” documented in research related to Nurse staffing associated with patient morbidity/mortality.

The SNA Board will be working with you to brainstorm and strategize how to deal with unsafe staffing situations.

The assignments Under Protest (AUP) mechanism is an appropriate documentation tool. We will be planning follow up and reporting processes in order to best use the information generated by the AUP's.

FLORIE TISCORNIA

Florie Has decided to resign her post as co-treasurer of SNA. We appreciate her years of service to SNA and Staff Nurses. Michael Broussard, Board Member has volunteered to step up to assist Cathleen Lukrich.

**STAFF NURSES'
ASSOCIATION**

401A COLLEGE AVE. SANTA
ROSA, CA 95401

Phone: 575-8853

Fax: 575-8138

E-mail: snanews@sonic.net

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