

# SNA NEWS

Fax: 575-8138

**March  
2010**

*Special points of interest:*

- Contract Negotiation Survey
- Updates
- Acuity/Staffing
- Association Grievance– Performance Evaluations
- Care Documentation Summary Report Update
- PTO
- ETO/PTO Comparison

## CONTRACT NEGOTIATIONS SURVEY

It's time to begin preparations for contract negotiations 2010!  
The current SNA contract expires September 30, 2010.

Your survey of contractual issues is enclosed in this newsletter. Your feedback and opinions are very important to the SNA Negotiating Team.

We want to approach this contract negotiations with strength as we battle so many issues concerning patient care. The SNA Team needs indications from you about what is important to you.

The SNA Team uses responses from this survey to determine proposals for contract changes and to substantiate membership support for those proposals.

Note the new section of the survey that addresses Admit Nurses, Float (PRN) Nurses, the Transport/ Pt. Handling Team and PTO.

Please complete the survey and return by April 30, 2010. The survey can be completed on paper & mailed to the SNA office:

401A College Ave.

Santa Rosa, CA 95401

or

completed on-line at [www.snanews.com](http://www.snanews.com)

We appreciate your time and thoughtful responses.

**Remember– our strength is our unity.**

## **UPDATES**

### **Lead Nurses with Patient Assignments**

Thank you for reporting when Lead Nurses are required to take patient assignments. Please continue to do so.

We are discussing each of these shifts with Administration and pressuring them to develop staffing plans that meet the demands of patient census and coverage for Nurse's time off.

## **ACUITY STAFFING**

The failure to staff according to acuity criteria seems to be at an all time high over the last few weeks. In fact, many shifts are not even staffed to matrix with Care Partners and Unit Secretaries.

The SNA Board continues to pressure Hospital Administration to take action that results in the appropriate number of Care Partners to staff to acuity.

Thank you for reporting data when your shift is not staffed to GRASP utilization % criteria- Date, shift, dept., utilization %

(message line, e-mail, care documentation form (on web site). With your help and the assistance of the acuity committee members, the SNA Board is amassing the data we need to pursue these violations of the SNA contract.

## **ASSOCIATION GRIEVANCE– PERFORMANCE EVALUATIONS**

The SNA Board has filed to submit the Association Grievance on Performance Evaluations to binding arbitration.

The SNA Board, together with SNA's attorney met with Hospital Administration and their attorney on February 1, 2010. It is apparent from this meeting and the subsequent written response from the Hospital that their plan to conduct all Staff Nurse evaluations in May/June is not consistent with the SNA contract.

## **CARE DOCUMENTATION SUMMARY REPORT UPDATE**

The SNA Board has updated the summary report from August 20, 2009 to include documentation forms filed by Staff Nurses on SNA's web site since that time. The most recent report 8/21/09– 2/16/10 is included here in this newsletter. **\*note** that the same criteria (e.g. delay in implementing new orders, delay in administering prn meds) score highly in this report as they did in the previous one.

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Copies of this report were delivered to Kathy Hardin, CNO & Todd Salnas, COO. Excerpts from free text messages accompanying individual care documentation forms (with all identification removed) were included in the reports submitted to them.

## **CARE DOCUMENTATION SUMMARY REPORT**

8/21/09 – 2/16/10

69 shifts documented including Med-Surg./Tele/ CCD

Charting (inadequate/incomplete)	49
Delay in implementing new orders	38
Turning pt. every 2hrs.	37
Timely admin. Prn meds.	36
Timely admin. Routine meds	34
Ambulation as ordered	23
Baths	21
Adequate observation of pts.	19
Oral care	19
Supervision of pt. on commode/in bathroom	18
Timely incont. Care	15
Pt./Family education	15
Adequate resource of float nurses	14
Foley care	11
Dressing changes	11
Restraint protocol	6
Adequate resource of LVN	4
Pulmonary toilet	4
Dysphagia protocol	1
Trach care	0

The SNA Board and Staff Nurses continue to be very concerned for patient safety, outcomes, and comfort. Many of the care criteria identified in the previous summary report are repeated here. We are urgently requesting that effective measures be taken to assure that Nurses can deliver safe patient care.

## PTO

Hospital Administration released information that detailed their PTO program **for non-contractual employees.**

PTO is a huge change from ETO. ETO is specified by the SNA contract. Contract changes must be negotiated.

PTO may be proposed by the Hospital at next contract negotiations. (Current contract expires 9/30/10). Therefore we thought it beneficial to share our analysis of PTO.

- ETO (earned time off) includes vacation and holiday accrual. The conversion to ETO from individual vacation and holiday accrual (decades ago) resulted in no loss of time for Staff Nurses.
- PTO (paid time off) is a combination of ETO and Sick Leave but results in the loss of time off. Sick Leave is split between PTO and Disability Reserve.
- For all work categories beyond 5 years of service, PTO and Disability Reserve accrual's is less than accrual with the current ETO and Sick Leave.
- A max of 5 days of Sick Leave is added to ETO to form PTO, for some work categories & years of service increments.

However, for some work categories and years of service increments, there is no sick leave time added to ETO to = (for example 12 yrs of service) PTO (see graph).

- Because PTO must be accessed first every time an employee calls in sick and because the Disability Reserve can only be accessed after 7 days of absence (using 5,4,5,3 days of PTO-depending on work category), for some work categories/yrs of service increments any sick occurrence would result in using vacation time to cover. In other cases, using more than 2-5 days of sick leave/yr will result in using vacation time.
- At 13 yrs of service, employees lose an entire day of vacation accrual/yr. compared with ETO.
- The Hospital's program does include accrual on overtime (not call/call back) which may benefit some employees.