

STAFF NURSES' ASSOCIATION

SNA NEWS

MESSAGE LINE:

575-8853

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WWW.SNANEWS.COM

**October
2011**

Special points of interest:

- Nominations for SNA Officers 2012
- Health Insurance Rates
- Lead/Teletech/Break Relief
- Acuity Committee
- Lead Nurse with Patient Assignments
- Acuity Staffing
- Standard Workday
- Hospital Financial Margin

NOMINATIONS FOR SNA OFFICERS 2012

Please call the SNA message line 575-8853 or email us at SNA's website www.snanews.com if you wish to nominate an SNA member for an SNA office for 2012. The office of President is not open at this time as the President serves a 2yr term (2010-2012)

The election of 2012 officers will be conducted in Dec. 2011.

A ballot will be mailed to you in the Nov/Dec Newsletter.

HEALTH INSURANCE RATES

Debra Miller, VP of Human Resources has not yet informed the SNA Board whether the amount Nurses pay as their portion of health insurance premiums will change in 2012. The contract requires that the Hospital inform SNA by 10/31 each year of the health insurance premiums for the following year. We had hoped to have that information in time to report it with this newsletter.

LEAD/TELETECH/BREAK RELIEF

When telemetry depts. are staffed without a teletech, Lead Nurses have been required to "sit tele" as well as fulfill their Lead responsibilities. That combination is unfeasible enough. But, in addition, managers of the tele depts. have required that Leads also provided break relief coverage for the other Nurses on shift.

Various Lead Nurses approached the SNA Board with their concerns about maintaining patient safety while being responsible for Lead functions, tele monitoring, and patient care during break relief.

LEAD/TELETECH/BREAK RELIEF CONT.....

Consultation with the CA Dept. of Public Health (DPH) validated Lead Nurses' concerns. Hospital policy requires that staff assigned to monitor tele must recognize dangerous rhythms and respond appropriately. DPH confirmed that the Lead Nurse who is also responsible for monitoring tele for the shift could be held responsible if a lethal rhythm were missed and a patient experienced a negative outcome.

This issue was brought to Kathy Hardin, former CNO, and she confirmed that a Lead Nurse who is also monitoring tele **should not** also provide break relief coverage. Although she confirmed this on 6/3/11, the practice and expectations in the telemetry dept. continued.

The SNA Board asked Debra Miller, VP HR to research this issue in July. She reported back to us that Laurel Mastro, Director of telemetry depts. had misunderstood and would be confirming with Kathy Hardin that Leads in this situation should not provide break relief coverage.

We felt compelled to continue to follow up on this issue as Lead and Staff Nurses in tele depts. told us that their managers had not corrected their previous instructions for Leads to cover break relief while sitting tele.

As a result of a productive discussion with tele managers, they have agreed to inform Staff Nurses at the next staff meeting, that Leads are no longer held to the requirement to cover breaks while sitting tele.

ACUITY COMMITTEE

RN Acuity Staffing Guidelines

Thank you for your participation in the test of staffing criteria for RN acuity staffing in med-surg depts.

In the particular patient care circumstances that require an additional RN for acuity staffing, the criteria developed by the acuity committee have been validated.

The criteria will be available (perhaps on a shared computer "G drive") to Lead Nurses to use in order to articulate their dept's. need for an extra RN for acuity staffing. The Lead Nurse must identify and validate the patient care circumstances that meet 4 of the 8 criteria.

Sitter impact on acuity staffing

The acuity committee is in the process of finalizing a recommendation for acuity staffing guidelines when a sitter is necessary.

In the past and in many situations currently as well, providing a sitter when ordered by a physician or dictated by hospital policy, was the only response to a GRASP utilization % that qualified for care partner acuity staffing.

ACUITY COMMITTEE CONT.....

Sitter impact on acuity staffing cont....

However, providing a sitter as the sole response to acuity staffing requirements does not meet Tile 22 requirements to provide for individual patient care needs for all patients in the dept.

The acuity staffing recommendation that the Acuity Committee is working on, provides for the acuity staffing needs of all the patients, not just those patients requiring a sitter.

Stay tuned.....

LEAD NURSES WITH PATIENT ASSIGNMENTS

As the SNA Board contemplated returning to arbitration to impel Hospital Administration to meet it's contractual obligations to staff to **Nurse/Patient ratios plus the Lead Nurse** in most depts., we offered to meet with members of Administration once again to discuss the issue.

The SNA Board and members of Adm. met on 9/20/11. At that meeting, Todd Salnas COO, Debra Miller VP of HR, Karen Long, Interm CNO, and Nursing Directors Linda Phillips, Laurel Mastro, & Ken Jones presented an idea that would provide more staffing resources.

The SNA Board has indicated our philosophical agreement with the idea that was presented, with some stipulations.

The stipulations include the continued involvement of the SNA Board on the progress and evaluation of the implementation of the plan.

The Hospital's plan for improving staffing in med-surg depts. involves increasing the number of Regular (benefitted) Nurses in some depts. in order to be able to more reliably staff to CORE with the added provision of staffing for coverage for the average amount of time off taken by Nurses. This would cause the Hospital to rely less on Relief and Casual Pool Nurses to achieve CORE scheduling. It may also result in less difficulty in granting time off for Nurses.

We will know more as members of Hospital Adm. develop their ideas and plan. We are hopeful that these ideas will result in actions that cause med-surg to be staffed adequately a greater percentage of the time. Currently, med-surg is averaging a patient census of 118 while being budgeted for an average of 111 patients.

The Hospital's current plan (plan A) for responding to lack of CORE scheduling, increased census, and/or Nurses time off is to call all Nurses for extra shifts or overtime. Currently, there is no plan B if plan A fails.

LEAD NURSES WITH PATIENT ASSIGNMENTS CONT...

Obviously, scheduling and staffing in other depts. like critical care & emergency dept. also need attention.

For example, the ED does not have a reliable method for covering sick calls or for adequate staffing to care for patients held in ED for admission. At times, the lack of CCD Nurses causes the ED to have to hold CCD patients.

ACUITY STAFFING

It was reported to the Acuity Committee that approximately 15% of med-surg shifts were not staffed to acuity or no GRASP data was supplied for the shift for the month of August.

This is one of the lower % we've seen over the last few months.

The problems with the qualifications of registry care partners continues.

The SNA Board continues to press Hospital Adm. to staff to the Acuity Staffing Guidelines set by the Acuity Committee, and we understand that the DPH investigation and enforcement of the Hospital's plan of correction continues.

We understand that the Hospital Adm. will be contacting us to set up a meeting to discuss acuity staffing.

STANDARD WORKDAY

The SNA Board has been approached about meeting with members of Administration to discuss a Standard Workday and standard payroll practices.

That is the extent of our understanding thus far- more to come.

HOSPITAL FINANCIAL MARGIN

SRMH has reported a margin (revenue minus expenses) of \$6,216,677.00 for the six month period from 1/1/11 to 6/30/11.

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