

Dear SNA Member,

The Nursing Coordinating Council did not meet in Sept. because of the time conflict with the 3 day Acuity Workshop 9/18-20.

However, here are some updates on issues we're working on:

### **Meal Break Timing for 12 hr. shifts**

As a consequence of a question raised by a nurse, the SNA Board, in conjunction with SNA's attorney, is investigating the implications of the wording of meal break waivers on the time requirements for meal breaks for 12 hr. shifts.

As we dug through our files on meal break waivers, we were reminded that there have been at least 2 different waivers used over the years.

One waiver used in 2010 was electronic, part of a Healthstream module concerning Rest and Meal Breaks. That waiver states that the nurse is waiving 1 of 2 meal breaks.

The second waiver, used prior to the electronic version and again as of at least 2013 is printed and states that the nurse is waiving the second of two meal breaks.

The difference in wording could have implications for whether the nurse must have their meal break in the first 6 hrs. of work or the break be completed by 10 hrs.

It's possible that nurses are covered by 2 different waivers and therefore covered by different rules.

The SRMH Policy states that the 12 hr. shift nurse should have their meal break within the first 6 hrs. when practical but the break must be completed by the 10th hour.

The HR dept. is aware of our investigation and conducting their own as well.

### **Acuity**

Members of the SNA Board, Staff Nurse Acuity Committee reps, and members of Management and Administration met at various times during 9/18-20 with reps from INFOR, the company that administers the Acuity System for SJH N. Calif.

The in depth discussions that took place between nurses who know their patient population and their care needs and their Managers and Directors with the INFOR reps were very helpful.

Intervention lists were reviewed line by line for each dept., changes made to the interventions and to the value assigned as needed. These were last reviewed in 2013.

The Title 22 requirement to staff to acuity and the Hospital's failure to do so was discussed more than once.

The need for education of Lead and Staff nurses, Managers and Directors about how to use the acuity tool and how the computations work was identified.

The Acuity Committee is very important to the functioning of the Acuity System and the Committee has plans to empower themselves.

Nurse reps from PVH, Queen, SRMH and Eureka all learned from one another.

We feel that this 3 day event was an important step forward in outlining the work that needs to be done to move us forward.

Our thanks to Laura Hanson, 2E and SNA Board Member, all of the staff nurse reps. and Evan Lucido, Co-Chair of the Acuity Committee for all of their hard work and dedication.

As our Facebook post says - The SNA Board is determined to make acuity staffing a reality again.

### **Patients with Violent Behavior**

The SNA Board continues to discuss our concerns for staff nurses while they care for patients with violent behavior.

We are aware of the recent steps Hospital Admin. is taking to address this issue. We feel there are aspects they have failed to address.

Why aren't patients with a violent history. or with behavior that suggests the potential for violent behavior identified before they act out? And, then adequate steps taken to prevent the behavior or have the patient placed in an adequate care facility?

Where are these patients best cared for?

How can staff learn to deal with and respond to these patients in a therapeutic manner which is by the way, counter intuitive to acute care nursing?

These are just some of the points we will be discussing.....again.

Thank you, The SNA Board