SNA History Highlights, or . . . You're very senior if you recall . . .

The following is an accounting of significant moments in SNA's history. What is truly significant is the strength of our unity as Staff Nurses at SRMH. That unity and strength is what has made SNA's accomplishments possible.

We hope this will be a fun trip down memory lane for some and a revelation for those of you who've joined us recently. Be reminded as you read through this history that Staff Nurses have always made the difference for patient care at SRMH by standing strong and together.

You're most senior if you recall . . .

1974- When SRMH Staff Nurses were organized by California Nurses Association.

1975- When Staff Nurses decided to form their own independent union -"Staff Nurses' Association".

1977- Contract negotiations when the SNA team faced the Hospital team represented by an attorney.

1979 - SNA representatives lobbied in Sacramento for changes in state laws decriminalizing diversion of controlled substances.

1980 - Contract negotiations breakdown over wages and other issues. Bill Wright, attorney for the Hospital team (Littler, Mendelson, Fastiff & Tichy) tells the SNA team that "Nurses are servants of the Hospital and their professional issues be damned!" Those words became a rallying cry for Nurses who went on to strike for 11 days. The strike was resolved with a 19% wage increase over two years. SNII wage range was $8.69 - $10.56 hr/ days.

1982 - Contract negotiations were difficult. Attorney Karen Henry represented the Hospital. ETO, Step 6 wage increase, and increased pm shift differential were achieved.

SN II wage range $11.49- $14.66 hr/days.

You're very senior if you recall . . .

1983 - Regular discussions between SNA and Hospital Admin concerning layoff in one of many cycles in the supply of Staff Nurses.

"Essential Functions" for Relief Nurses were discussed with Lavina Sheetz, DON, and a Task Force of Staff Nurses.

June 1983 - The Alliance of Independent Nurses' Association (AINA) meets for the first time. AINA includes SNA, CRONA (rep. Stanford Nurses), RNPA (Valley Med Nurses), and PRN (El Camino Nurses). To this day, the alliance continues to meet two-three times yearly.

Staffing, including patient acuity, is a regular topic of discussion between SNA and Hospital Admin.

Association Representatives from each Nursing department begin attending regular meetings and stay updated on issues.

Autumn 1983 - a change in Hospital practice concerning on-call/call back was averted as SNA threatened an Unfair Labor Practice charge. Nurses scheduled to be on-call at the end of their shift continue to be paid call back rates if required to remain at work beyond their shift.

Dec. 28, 1983 - The National Labor Relations Board ruled that the Hospital must recognize that the SNA contract takes precedence over policies in the Employee Handbook if the two are in conflict.

March 1984 - SNA officers attended "RN days" in Sacramento and learned the legislative process and lobbying skills.

The first of many iterations of Health Insurance- EBA began as administrator and SNA monitored the transition to assure no change in benefits.

Negotiations 1984 - Reduction in hours, layoff and recall language. Major layoff was averted and one very junior nurse laid off for a few months.

Progressive steps for discipline, Personal Emergency Leave, PRNC (Professional Registered Nurses Committee), additional tax sheltered annuity, Assignment Under Protest (AUP).

SN II wage range $11.83- $15.10 hr/days.

Early 1985 - SRMH Staff Nurses march with SR Kaiser RN's in support of their contract negotiations.

SNA Board supports St. Rose RN's (SRMH purchased St. Rose in late 1984) as they address concerns about their facility, floating to SRMH, etc.

PRNC - has on-going discussions with Administration concerning staffing by acuity, replacing or covering Nurses on LOA's, increasing the Relief pool and RN-to-patient ratios.

Late 1985 - In response, to a petition from the CA Hospital Association to the State Industrial Welfare Commission to change Staff Nurses' eligibility for overtime pay, the SNA Board organizes a very successful three county postcard campaign against it. We also take a bus of Nurses to the IWC hearing

to testify against the petition. (This is the first of many attempts by CHA to eliminate overtime pay for Nurses).
And, SNA fights off an attempt by Hospital Administration to have Charge Nurses discipline Staff Nurses.

Negotiations/Strike 1986 - A very contentious negotiations led to a prolonged strike over the issue of removing Charge Nurses from SNA and replacing them with Assistant Nurse Managers.

SNA members elected to settle the strike by accepting the loss of Charge Nurses. The strike was very difficult, but Nurses emerged with new friendships amongst departments and a new sense of unity and support for each other.

The Hospital went on to lose $17 million 1986-1988 and by 1988 the Administration team was completely replaced.

Early 1987 - A shortage of Nurses, most acute in CCD, leads to the first of many recruitment campaigns and Registry Nurses are used at SRMH.

Unfair Labor Practice Charge - Concerning direct dealing with Nurses, filed during the 1986 strike, was ruled in SNA's favor.

Health Plan of America - The next version of health insurance requires SNA's intervention to assure that Relief Nurses have access.

A change in the Staffing Matrices causes Staff Nurses to pressure Administration to make Patient Care a priority over helicopters and real estate.

Late 1987 - Hospital payment for shifts on which Nurses were improperly cancelled, is established as the appropriate remedy for Nurses.

1988 - SNA organizes Staff Nurses to lobby against the AMA (American Medical Asso.), proposal for Registered Care Techs, who with limited training could practice Nursing. These efforts are successful.

Negotiations 1988 - Go very smoothly with a new Hospital Administration interested in avoiding the history of conflict.

SN II wage range $13.85- $17.68 hr/days.

1989 - The SNA Board & Nursing Administration begins researching Shared Governance/Collaborative Governance in a union setting.

Late 1989 - The Professional Practice Model for Nursing is designed collaboratively by SNA Board & Nursing Administration. Governing councils are established, including the Coordinating Council, that includes members of the SNA Board & Hospital Administration.

SRMH Nurses support nurses on strike at Community Hospital.

You're quite senior if you recall . . .

Early 1990 - Staffing in Critical Care becomes "critical", especially noc shift. Hospital Administration rejects several ideas/proposals for incentives to Nurses to work extra shifts.

OB Nurses floating to Med- Surg depts. Is discussed at length and guidelines developed. Negotiations 1990 -Goes smoothly with some important gains in wages and benefits:

23% wage increase over two years ACLS tuition/ attendance paid 20% differential for extra shifts Recognition for 15 years of service PM shift differential increase

Preventative care health insurance coverage

Pay for attendance @ council meetings

Relief Nurses eligible for Hospital retirement contributions

1991 - Members of the SNA Board and Nursing Admin present the Professional Practice Model at Nursing Conferences throughout the state. The model is considered groundbreaking. Later in 1991, Sue Gadbois, SNA President, Nancy Steiger, VP Nursing, and Robin Hagenstad, Director of Nursing co-author a chapter in a management nursing text published by Saunders.

Late 1991 - As the SNA Board continues to monitor health insurance benefits, a dispute arises regarding pay for ED coverage outside of a 50-mile limit.

1992 - The Reduction of Hours Policy continues to be refined.

Negotiations 1992- A difficult negotiations concluded with several additional benefits for Nurses:

Pay for attendance at department meetings Expanded protections for Leaves of Absence Long Term Disability coverage

SN II wage range $ 19.65- $25.07 hr/days

1993 - Payment for overtime hours worked is an issue requiring SNA's advocacy for Staff Nurses.

Title 22- (State regulatory law governing Hospital operations) is under review and SNA joins other Nurses in lobbying for staffing protections including Nurse/Patient ratios in Med-Surg, floating, and acuity. Efforts to amend regulatory law and the first Assembly Bill Mandating Nurse/Patient ratios are introduced.

ED Leave- The SNA Board requires that Nursing Admin reverse their decision not to approve ED Leave for Nurses (a measure taken to reduce costs).

Early 1994 - Long Term Disability - the SNA Board discovers that a difference in contract interpretation between Hospital Admin and SNA would make this newly negotiated benefit meaningless if the Hospital's interpretation is followed. Subtracting disability or worker's compensation payments from the benefit was never discussed at negotiations. When discussions fail to resolve the issue, SNA files an Association Grievance & proceeds to arbitration. The Arbitrator imposes a new Long Term Disability Plan that resembles market norms.

Health Insurance- Once again, the SNA Board monitors the change in Health Insurance from PCA to Provident.

Spring 1994 - Renewed concentration on the Nurse Practice Act reminds Staff Nurses that only they are licensed to assess, plan, and evaluate the plan of care for patients assigned to them, in addition to patients cared for by LVN's.

Summer 1994 - A U.S. Supreme Court decision raises the question of whether Staff Nurses are Supervisors and therefore ineligible for union representation. SNA organizes a letter writing campaign to change the National Labor Relations Act in order to protect union representation for Nurses.

The Hospital Employee Handbook is again an issue as it does not distinguish between union represented and non-represented employees. The Hospital is required to publish a statement that makes it clear that the SNA contract takes precedence.

Negotiations 1994 - a very difficult and contentious negotiation concludes by narrowly averting a strike. SN II wage range $20.74- $26.47 hr/days

Late 1994, Layoff of Staff Nurses - 18 Staff Nurses are either directly displaced or "bumped" by more senior Nurses. Two Nurses were actually laid off. The remainder accepted open positions. All Nurses are recalled by early 1995.

Spring 1995 - The SNA Board monitors the change in Retirement Plan Administrator from Lincoln National to the Western Group.

Changes in Title 22 Regulations - the SNA Board begins working to make certain that the new regulations are implemented at SRMH:

Nurses are not to be floated to departments where they are not qualified, without proper orientation, training, and supervision.

Each patient must be assessed by an RN.

Staffing must take patient acuity into account.

Summer 1995 - Patient Centered Care (PCC) is implemented and Staff Nurses are now expected to perform phlebotomy and respiratory therapy functions in addition to Nursing!

Staff Nurses and members of the SNA Board join a Task Force formed to evaluate PCC. After lengthy study and data collection, the conclusion is that PCC is not effective. This process takes approximately 1 1⁄2 years, but changes are made and phlebotomy and respiratory staff are re-established.

Autumn 1995 - The SNA Health and Welfare Fund is established with various fund raising events.

And, you're senior if you recall . . .

Spring 1996 - Overtime Pay, yet another attempt to deny Nurses eligibility for overtime pay failed. SNA joins other unions in a postcard and letter writing campaign as well as testimony at public hearings.

Negotiations 1996 - A successful negotiations results in these improvements: Recognition of Nurses as Patient Advocates

Pay for attendance at Committee/Task Force meetings

Improvements in health insurance coverage for mental health and preventative care SN II wage range $21.68- $27.67 hr/days.

1997 - The SNA Board continued to advocate for Nurses with the Industrial Welfare Commission concerning overtime.

The Task Force on Patient Centered Care concludes business. Their research documents the failure of PCC.

Health Insurance - yet another change (begins to sound familiar huh?) in health insurance is monitored by SNA as the Hospital contracts with a group of physicians to form a PPO.

Unlicensed Assistive Personnel - the SNA Board provides direction and education concerning licensure and which tasks can be delegated vs those that must be provided by an RN. This issue is further defined by a Roles Task Force formed mid-1998.

Early 1998 - The SNA Board and Hospital Administration confer on criteria defining the process for Nurses floating from "closed departments" in an emergency.

Hospital-wide Shared Governance- Representatives from many hospital depts. form the Service Council- a multidisciplinary group that engages all employees in problem solving.

Negotiations 1998 - successfully concludes with these contract improvements: Wage step 7 – a 2.5% increase for Staff Nurses with 20 years of service Lead Nurse differential increase to $12/shift

Increase in life insurance benefit

Pay for attendance at staff meetings

Retirement - 401(k) added to already existing 401(a) and TSA's

Health Insurance - PacifiCare HMO and Point of Service with no loss of coverage

However, Staff Nurses agree to pay a percentage of Health Insurance premiums.

SN II wage range $22.67- $29.65 hr/days

Early 1999 - SNA offers Staff Nurses a free financial planning benefit. Reduction in Force at Rohnert Park Urgent Care and EASE department is monitored by SNA.

Late 1999 - Health insurance becomes more complicated as PacifiCare is unable/unwilling to contract with enough physicians to provide care for SRMH employees and their families.

Staff Nurses responsibilities for patients who are also cared for by LVN's, are clarified by mandatory classes held by the Hospital.

AB 394 - Nurse/Patient ratios for Med-Surg and Specialty departments are mandated by January 1, 2001. This bill is signed into law by Governor Davis. All of our work, letters, testimony, etc. from Staff Nurses has paid off. Now we go to work to monitor the Department of Health Services as it defines the ratios.

Early 2000 - Back to the future - a prolonged nation-wide nursing shortage is evident at SRMH as short staffing & AUP's abound.

Floating Competencies - the PRNC takes major responsibility for assuring that each department formulates a list of competencies particular to their department per Title 22: a Nurse floating to a department must have documented competency.

Nurse/Patient Ratios- the CA Hospital Association recommends a Med-Surg Nurse-to- Patient ratios of 1:10! SNA continues to network with other unions and organizes a state wide letter writing campaign to the DHS advocating for safe ratios.

Negotiations 2000 - again, a successful negotiations result in many contract improvements: RPT-2 category established

Domestic Partner Health Insurance coverage Retiree Health Insurance coverage (at group rate)

Retirement Plan improvements- shorter waiting periods and increased contributions to 401(a).

Mandatory Overtime prohibited

Extra shift differential per shift

SN II wage range $24.29- $31.78 hr/ days

Early 2001 - Health insurance- SNA monitors the change from Pacificare to Health Net. Once again, the SNA Board does the line-by-line coverage comparison to assure no change in coverage.

Meal/Rest Breaks - the SNA Board educates Nurses again concerning their rights to breaks. AB 60 now imposes penalty pay on the Hospital for employees who are unable to take a break.

Mid 2001 - Health Net HMO is unable to contract with enough physicians to provide care for employees and their families. The SNA Board insists that Staff Nurses be given an opportunity to switch from the HMO to the PPO mid-year in order to obtain a physician.

Angio - pm shift differential for overtime hours - It's discovered that the Hospital has not properly administered contract language negotiated in 1990. The SNA Board advocates for these Nurses' right to "back pay" and the payroll dept begins the long task of calculating these wages.

OR - First Assistant vs. Scrub Tech- The roles and Scope of Practice of Scrub Tech and First Assistant in OR are discussed with SNA's participation.

Autumn 2001 - RN Case Managers vote to join SNA. Yeah!

Nurse/Patient Ratios- Members of the SNA Board attend statewide rallies to pressure the DHS to hold public hearings on ratios.

Retention/Recruitment- The Strategic Staffing Committee that includes members of the SNA Board formulates recommendations on the Clinical Ladder, scheduling, and tuition assistance, as the nursing shortage deepens.

Health Insurance - This time it's Blue Cross and whereas there is no change in coverage, PCA physicians balk at the Blue Cross contract - creating more physician network headaches.

New Clinical Ladder Program- The new SN III and IV program is finalized by the Strategic Staffing Group as a part of recruitment/retention.

The Hospital gives Nurses a retroactive 3% wage increase in an attempt to keep SRMH competitive with sharply rising wage rates in the Bay area.

Summer 2002- Retirement Plan- the 401(k) retirement plan is finally in place almost three years after it was intended. (Meanwhile the Hospital has been contributing increased percentages to the 401(a). Diversified Investments Advisors becomes new plan Administrator.

The SNA Board works closely with DIA and the Hospital concerning details of the plan. The Hospital's desire to "freeze" 403(b)'s TSA is of concern, but we eventually agree, based on improvements to the 401(a) and 401(k): decreased waiting periods, increased contributions, increased number of fund choices, and a "brokerage window" option allowing access to Fidelity.

Negotiations 2002 - A difficult but ultimately successful negotiations achieved these improvements:

Increase in paid certifications, increase in relief differential, increased extra shift pay, children of Domestic Partners covered by health insurance, Retiree Health with monthly stipend of $150/$200/month, Leaves of Absence improvements.

SN II wage range: $28.68-$37.52/hr days

Autumn 2002 - Nurse/Patient ratios - SNA Board members and Staff Nurses testify at Public Hearings and organize letter writing campaign regarding some of the ratios that concern us.

EP Lab- On-call at end of shift- Discussions between the SNA Board and Hospital Administration resolve the issue of EP Nurse requirement to continue working beyond the end of their shift.

Health Insurance - Effective 1/1/2003, the Hospital will be self insured for employee health insurance. SNA assists with educating Nurses about the P5 Administrator, physician network, and again assures that there is no loss of coverage.

Early 2003 - Staff Nurses at Fulton/Sotoyome vote to join SNA.

Critical Care Nurse/Patient Ratios- the SNA Board discovers that the Nurse/Patient CCD ratios of at least 1:2 are not maintained at all times as required by Title 22. When CCD Nurses are on break or on a "road trip", another Nurse with a two patient assignment "watches" the absent Nurse's patients.

Based on documentation gathered by CCD Nurses of the shifts when ratios were not maintained, the SNA Board files a complaint with the Dept. of Health Services. The DHS investigates and upholds the complaint, citing the hospital for breach of Title 22 regulations. Nurses are to be specifically assigned to cover breaks and "road trips".

Psych Dept. Issues- Communication between Managers and Staff Nurses, staffing matrices, ROH's and sudden policy changes all issues that the Board begins to follow up.

April 2003 - Pay and benefit issues for Staff Nurses at Fulton/Sotoyome are resolved with the SNA Board's intervention.

Late 2003 - The SNA Board follows up on Department Floating Competencies when we realize they're not used consistently.

We focus on the escalating number of work injuries for Staff Nurses while lifting, transferring, and transporting patients. A multidisciplinary Injury Prevention Committee is formed that includes a member of the SNA Board.

The Strategic Staffing Group has continued to work on recruitment and retention since 2001 and is now focused on developing a mentorship program.

January 1, 2004 - Nurse/Patient ratios are now the law in California, the first in the country! The SNA Board begins vigilant monitoring of when ratios are not maintained. A ratio documentation form is developed for SNA's website, enabling Staff Nurses to document the Hospital's failure to maintain ratios. The Ratio Implementation Task Force consisting of SNA Board members, Managers and Directors, monitors ratio implementation.

The Acuity Task Force - is also well under way, working to assure that eventually SRMH will comply with Title 22 regulations for staffing, based on acuity. This will be a long process since first; we must have a reliable and valid way to measure patient acuity.

March 2004 - Retirement Plan: SNA members vote to accept Hospital proposed improvements to the 401(a) portion of the retirement plan. These include additional steps based on years of service with higher percentage contributions.

May 2004 - SNA members join thousands of Nurses at a rally in Sacramento to support the Nurse/Patient ratios against a suit filed by the California Hospital Association that the ratios should not apply at all times. That CHA suit was denied.

OR Call - A longstanding OR policy was discovered that exempted Staff Nurses age 60+ from call responsibilities. The SNA Board prevails against Hospital attempts to unilaterally change this policy.

Negotiations 2004 - Once again, the strength and unity of Staff Nurses made a huge difference in the outcome of negotiations. Contract Improvements:

Departments staffed with Lead Nurses in addition to the Staff Nurses required to meet ratio requirements (some departments per shifts exempted)

Acuity - Acuity Committee, its responsibilities and power delineated in contract. Recognition that staffing must be modified by acuity.

Increased differential for Lead Nurse, PM, and Noc shifts Preceptor and float differentials established

Martin Luther King Holiday recognized

Nurses aged 60+ may choose to be exempt from call requirements

SNII Wage Range: $33.83-$44.25/hr days 9

Late 2004 - Governor Schwarzenegger's executive order delays the planned change in Med-Surg ratios from 1:6 to 1:5. Lawsuits are filed immediately.

Staffing - The SNA Board learns that Hospital Administration plans to cut care partners and secretary positions in order to offset the cost of Lead Nurses.

Early 2005 - Governor Schwarzenegger attempts to eliminate the BRN as an independent agency. SNA organizes an e-mail campaign. His attempt ultimately fails.

Skilled Ortho Unit (SOU) at Sotoyome- the SNA Board became aware of staffing issues at SOU; begins discussions with Hospital Administration and begins planning to make a difference there.

Nurse/Patient Ratios - We submit written testimony and appear at a public hearing to protest the Governor's attempt to delay the new Med-Surg ratios. His attempt is eventually foiled by a California Superior Court Judge - twice!

Acuity – "GRASP" is selected as the acuity system to be used at SRMH and the Committee begins adaptation of the computer program to fit each department.

Teletime - The SNA Board oversees corrections to this payroll program to be consistent with the SNA contract.

Mid 2005 - Members of the SNA Board attend a huge rally of Nurses in Sacramento to support ratios.

Retiree Health Benefit- SNA and Hospital reach agreement on a mid contract increase in retiree health benefit.

Psych Department - The SNA Board continues to cite and pursue upholding ratio staffing in the Psych Dept.

Palliative Care - Ditto-and the Manager posts more Staff Nurse positions in order to staff Palliative Care per ratio requirements.

Autumn 2005 - An Association Grievance is filed by SNA as we learn of the Hospital's intention to tax Legally Domiciled Member's health insurance benefits. We believe that this materially changes the benefit and we oppose this unilateral change.

Staffing ARU/SRU - The SNA Board pursues staffing issues in these departments including a lack of a Lead Nurse in ARU and sometimes no RN's in SRU! These efforts continue through late 2005. Floating policy and float differential pay are also clarified for Staff Nurses floating between these departments.

Early 2006 – Teletime: further intervention is required as discrepancies continue between Teletime and the SNA contract.

Psych Department - despite frequent management changes, the SNA Board insists on a plan of correction regarding the failure to staff to ratios in the psych department.

Ambulatory Surgery Center (ASC) - We became aware that mandatory overtime is frequently imposed on Staff Nurses. Staffing plans are amended to attempt to avoid mandatory overtime and the contract is amended to assure additional pay for Staff Nurses at ASC when required to work past their scheduled shift.

PACU - Call requirements in PACU nearly doubles as staffing requirements change. The SNA Board and Administration discuss and problem-solve this issue. Eventually an additional position is posted and filled.

NICU- Coverage for breaks/attendance at deliveries- Staffing in NICU does not always allow for Nurse/Patient ratios to be maintained when Nurses are on break or have to leave the department to attend a delivery. On-going discussions between the SNA Board and Nursing Administration continue to this day as various plans to correct the situation are found to be ineffective.

Lead Nurses with Patient Care Assignments - the SNA Board continues to collect data- especially in Perinatal, CCD, and Psych departments of shifts where the Lead Nurse is required to have a patient-care assignment. This is in violation of the SNA contract. Managers in Perinatal and CCD institute plans to correct staffing.

SRU- The SRU department is closed and SNA monitors to be certain that displaced Nurses are offered other positions.

Negotiations 2006 - Contract negotiations concluded successfully with these improvements:

Nurse/Patient ratios are established for SOU where state ratio regs do not apply Long Term Disability Insurance improvements.

Step 8 - 2.5% wage increase for 25+ years of service

Extra Shift Incentive (CES) of 50% differential

Retiree Medical - Nurse no longer required to be in benefitted position on retirement Increased Hospital contributions to 401(a) retirement plan

Clarified Clinical Ladder requirements

SN II wage range: $42.35- $56.79/hr. days

Late 2006 - The GRASP acuity system reaches an important landmark as 1E and 3W begin staffing with the influence of GRASP utilization percentage.

Extra Shift Incentive (CES) - Problems arise with extra shift scheduling as Managers attempt to avoid the 50% differential. The SNA Board and Nursing Administration begin discussions and enforcement of contract language.

Early 2007 – Travelers: The SNA Board holds Hospital Administration accountable for Staff Nurse positions occupied by travelers. It is agreed that travelers must be either covering leaves of absence or temporarily filling posted, unfilled positions.

Overtime- The SNA Board begins an on-going effort to assure that overtime laws are enforced and that Staff Nurses are not working “off the clock.”

Lead Nurse with Patient Care Assignments - As the number of shifts with Lead Nurses taking a patient assignment increase (especially in CCD, and Psych departments), the SNA

Board increases pressure on Hospital Administration to correct staffing. The efforts are only temporarily successful.

Overtime/Extra Shifts - SNA and the Hospital agree on double-time pay for extra overtime shifts worked over 40 hrs/wk (12 hr shifts) or 80 hrs/pay period (8 hr shifts).

Sutter Hospital proposes closure - As SRMH plans to absorb more patients, the SNA Board monitors proposed changes and effects on Staff Nurses.

Mid 2007 - SNA Bylaws- Bylaw changes are approved by SNA members to allow former Staff Nurses elected to the SNA Board, to become employed by SNA while remaining an SNA member. This assures that SNA will have the "person" hours to adequately represent Staff Nurses.

Acuity - We continue efforts to move the GRASP Acuity System forward to our ultimate goal of staffing influenced by acuity in every department possible.

SNA Association Grievance is filed due to the Hospital's continued failure to staff Lead Nurses in addition to Nurses required to meet ratio requirements.

Intimidation for overtime worked - The SNA Board pursues specific examples of intimidation of Staff Nurses, with Hospital Administration and guides Staff Nurses with complaints (e.g. time cards changes) to the California Labor Board.

Late 2007 - 3N/ Perinatal position irregularities are discovered and SNA monitors the process of Hospital investigation and correction of errors.

Acuity - Several more Med-Surg departments join 1E and 3W in staffing according to GRASP utilization percentage.

SNA's Grievance on staffing with Lead Nurse proceeds to arbitration. The grievance is heard by the arbitrator on 6/3/2008 and rules to uphold the contract language!

Patient Transport - Early 2008, PRNC completes a study of the time and staff required to transport patients.

Teletime Records - SNA discovers that Nurse's Teletime records have been changed without their knowledge or permission. Several Nurses file complaints with the Labor Board and Hospital Administration changes some of its internal practices.

March 2008 -

ARU, SOU and Psych departments are closed - 71 Staff Nurses are affected. The SNA Board monitors the layoff process, counsels Staff Nurses concerning options, and then monitors the recall process. Later, we learn that ARU will remain open and eventually move to the main Hospital.

Clinical Ladder - Continued confusion with the Clinical Ladder is exacerbated by Managers erroneously telling Nurses that they will not be paid for attendance at Committee meetings. The SNA Board addresses this with Nursing Administration and corrections are made.

Holiday Pay - the SNA Board discovers that Staff Nurses were incorrectly paid for Holidays, in some cases dating back to 2007. Turns out, the payroll department had changed their pay rules in ways inconsistent with the SNA Contract! Again, corrections made.

Lift Team- the Lift Team is laid off despite data indicating that injuries to Staff Nurses decreased during the Lift Teams tenure.

Overtime in Critical Care - CCD managers indicate they will discipline Nurses if they have overtime for 50% or more of shifts worked. The SNA Board challenges this action as unlawful. Turns out, the "budget watch" team who recommended such action was unaware of overtime labor laws!

Negotiations 2008 - These negotiations were difficult and contentious at times as we struggled with staffing, call pay, and other important issues. We finally reached agreement in the wee hours of October 1. Highlights:

Retirement - additional Hospital contributions level to 401(a) at 29+ years of service Increase in monthly stipend for Nurses retiring after 1/1/09

On Call/Call Back - a loss for Nurses affected by call requirements as OC/CB pay goes from 2X pay total to 1 1/2X pay with a 3hr minimum

Transport/Lift Team - scheduled hours and number of staff guaranteed

Staffing by Acuity - staffing must reflect effect of acuity as determined by GRASP Admit/PRN Nurses - scheduled hours and number of Nurses guaranteed

SNII wage range $44.06-$59.09/hr days

3hr Minimum for Call Back - Late 2008, Hospital Administration changes course and 20+ years of history as they insist that Nurses remain at the Hospital for all 3 hours they are paid for Call Back. This is exhausting for Nurses in departments who must take regular call.

The SNA Board argues against this new practice based on historical precedent. After meeting with Staff Nurses affected by this change and agreeing on a compromise proposal, the Hospital decides not to pursue the change.

Retiree Health Benefit - the Hospital shares the promised SJHS re-vamp of the Retiree Health benefit. After extensive analysis and comparison with the current benefit, the SNA Board rejects this new plan in early 2009, as it would not benefit the greatest number of Staff Nurses.

Prescription Drug Benefit- Our review of the health plan materials reveals that the Hospital implemented one of their negotiation proposals on prescription drug co-pays which SNA did not agree to. HR makes a correction and Staff Nurses and their dependents now have a separate Express Scripts account.

Feb/Mar 2009

Staff Nurse Layoffs -, Hospital Administration announces Staff Nurse layoffs in five departments: PACU, Outpatient, EASE, Endo, and Urgent Care. The SNA Board monitors the process and works with affected Staff Nurses considering their options. We continue to monitor the recall process.

Seniority dates - During the layoff process, it was discovered that the Hospital had not calculated seniority dates correctly. Often, they had failed to adjust dates for leaves of absence. HR has since reviewed every Staff Nurse's seniority date and made appropriate corrections.

Nurses working off the clock - The SNA Board continue to pressure Hospital Administration concerning Nurses feeling forced to work off the clock in order to complete work. This practice is dangerous. An audit conducted by the Hospital comparing Teletime and electronic charting records reveals that, in fact, this practice is more widespread than initially thought.

April 2009 - The change in department staffing matrices for Care Partners and Unit Secretaries has profound negative effects on Staff Nurse's ability to provide safe patient care.

Care Documentation - the SNA Board develops a tool on our website giving Staff Nurses the opportunity to anonymously document the patient care they are unable to give.

September 2009 – The Board presents a report to Hospital Administration with a summary of the data collected thus far from the documentation forms.

Kathy Hardin, CNO, indicates that she is discussing the report with Nursing Directors and they are taking some measures to improve staffing.

The SNA Board continues to strategize next steps as we are concerned that these measures will not be adequate.

Wage Freeze Proposal - Hospital Administration proposes that Staff Nurses agree to freeze their wages for the next year. In a vote held on 8/11/09, Staff Nurses vote by a 99.4% margin to reject this proposal.

We later learn, when OSHPD data becomes available, that the Hospital had a $7 million "margin" for the financial quarter ending 6/30/09- the largest margin since at least 1/05! Since then, they have posted $5+ million and $4+ million margins.

Acuity/GRASP - The Acuity committee has finished its yearly revision of the patient acuity scoring tool and indirect care acuity numbers for departments using GRASP. A week of testing in December finishes this process. Since we have re-validated the reliability and validity of the GRASP acuity system at SRMH, the SNA Board will be collecting data of when the Hospital fails to staff according to the GRASP utilization percentage criteria. Failure to staff according to the percentage is a violation of the contract, and SNA will pursue that violation.

Stay tuned for the next exciting chapter as the SNA Board does its best to advocate for Staff Nurses' rights and for Safe Patient Care at SRMH.

And the beat goes on..... 2010

Performance Evaluations- SNA files an Association Grievance in response to the Hospital's unilateral change of performance evaluation dates that are individual for Nurses, to common evals done in May/June for everyone. In making this unilateral change, the Hospital ignores at least 6 different areas in the contract that specify or refer to each Nurse's eval date.

This grievance is heard by an arbitrator on 8/11/10. He later rules in our favor indicating that the Hospital is required to negotiate.

This will become a common theme.....

White Boards-The SNA Board has multiple discussions with Hospital Admin. Concerning the requirement they impose on Staff Nurses for completing and updating white boards for each patient. The "white board police" don't seem to consider the actual demands of patient care when citing Nurses for white board negligence.

Umm, did patient satisfaction really increase?

Travelers- Your Board discovers that the Hospital is hiring travelers to fill needed Staff Nurse positions without posting those positions.

This is an alarming and fundamental violation of the contract.

Hospital administration corrects this situation over a period of 2-3 months as positions are filled and traveler contracts expire.

Now there is a "gate keeper" in administration who assures that travelers are only used to cover leave of absence, posted positions that are not easy to fill or, for coverage for educational needs (e.g. long term orientations, Meditech changes/upgrades etc.).

Lead Nurses as Teletechs- Lead Nurses on 4W/4N are routinely expected to be Lead while "sitting tele" resource LVN's and provide break relief-impossible while lawfully maintaining Nurse/pt ratios and a risk to Nurse's licenses.

This issue is referred to the Dept. of Public Health who investigates and indicates the Hospital must provide enough staff to lawfully do break relief etc.

The continuing struggle to staff to acuity- Hospital Administration attempts to unilaterally change the Acuity Staffing Guidelines set by the Acuity Committee in violation of both Hospital Policy and the SNA Contract that give the Acuity Committee the power to set those guidelines.

After several rather heated discussions and a meeting between Kathy Hardin, CNO and the Acuity Committee, the Guidelines were not changed!

Contract Negotiations 2010

Laura Hanson from 2E Neuroscience joins the SNA Team for the first time.

A very difficult negotiations ends with a narrowly averted strike. We reluctantly accept an improved PTO/Disability Reserve and only 1% wage increase in exchange for improved Admit/PRN/SPRN and PICC assistant hours, and float care partners from 1p-5a every day.

2011

ED- The SNA Board in strategizes and advocates for ED Nurses and patients on issues that remain unresolved for months and years. For example- Leads with patient assignments and CCD patients held in ED without the appropriate Nurse/patient ratio. The Dept. of Public Health will investigate this issue later in the year.

PTO/Disability Reserve- implementation is monitored.

Acuity Staffing- The Dept. of Public Health investigates the Hospital for failure to staff to Acuity. The complaint is upheld and the Hospital is required to submit a plan of correction.

Lead Nurses with Patient Assignments- The SNA Board continues to pressure the Hospital to staff so that Lead Nurses will not end up with a patient assignment and to live up to the contract requirements.

We threaten to return to arbitration and require a penalty when the contract is violated.

A study of med-surg depts. staffing where this problem is most common, reveals that med-surg depts. do not have enough staff to staff to CORE!

Hospital Leadership develops a plan to:

1. Post benefitted med-surg staff nurse positions to bring staffing to CORE and

2. Relief Pool is established to be able to cover sick calls, increased census etc.

Perinatal dept.- The SNA Board supports Staff Nurses in antenatal testing, NICU and L&D regarding re-organization of hours and staffing issues.

Acuity Committee- In fall 2011, the Acuity Committee submits a recommendation for Acuity Staffing when sitters are required and when an additional RN maybe required for acuity staffing rather than a care partner.

Workday- Late in 2011, Hospital Administration begins to outline their plans to change the defined workday for employees- including Staff Nurses.

They refuse to negotiate the definition of workday or it's effects on Nurses overtime pay. They deny any responsibility to recognize a 35+ year payroll practice.

Hospital operating margin- For calendar year 2011 = over $25 million- a record!

2012

Acuity Staffing- Acuity Staffing improves but is not 100% with shifts that continue not to be staffed with Care Partners to meet matrix requirements, let alone acuity requirements.

A Care Partner Pool is established with Registry Care Partners for a two-month trial. The SNA Board monitor whether the pool meets the need.

OPP/PACU Merge- As Staff Nurses struggle with merging these departments- cross training issues, safe staffing issues etc, the SNA Board provides support, consultation and advocacy.

Workday- In response to the Hospital's implementation of the new workday definitions and Nurses not paid appropriately for overtime- SNA files both an unfair Labor Practice Charge and an Association Grievance that will proceed to arbitration.

Contract Negotiations Aug. 2012 – Sept. 2015

The Hospital, represented for the first time by St. Joseph System opened with 72 takeaway proposals. Staff Nurses fought back with amazing solidarity and strength – including five strikes. Most of the takeaway proposals were withdrawn over time including for example, the proposal to eliminate LOA language, impose huge increases in nurses' contributions to health insurance, elimination of PICC, PRN, Admit nurses, travel nurses to work while SRMH nurses cancelled for regular shifts, and patient assignments imposed on Lead nurses.
However, proposals to decrease on-call pay and limit shift diff. pay remained.
In late 2014, the Hospital proposed 4 major benefit losses: elimination of Retiree Health and Disability Reserve, decreased PTO accrual for some nurses and decreased Retirement Plan contributions for senior nurses.
With the "merger" with Providence looming, a contract with successor language became very important.
In Sept. 2015, Staff Nurses voted overwhelmingly to ratify a new contract. The contract included:

- The benefit losses with delayed implementation that gave eligible nurses an opportunity to use them
- Decrease in on-call pay to $26.50/hr. from 50% pay
- Limitations on shift differential pay
- Substantial wage increases over a 2 yr. contract. SNII wage scale now $51.03 - $68.43 (days) with additional wage increases on 9/25/16 and 3/26/17
- Sign on bonus of $3,000 or $5,000 depending on category
- Additional increase for nurses required to be on-call to offset the losses in on-call pay

Nov. 2013 – Unfair Labor Practice Charge

The SNA Board filed an Unfair Labor Practice Charge with the National Labor Relations Board against SRMH for giving patient assignments to Lead nurses in violation of the contract. (When a contract expires, the Hospital is required to maintain the "status quo" until a new contract is agreed.)
The NLRB upheld our charge and filed a complaint against the Hospital. In 2015, the Hospital signed a Settlement Agreement with the NLRB agreeing to uphold the "status quo". Within months, the Hospital began violating that Agreement.

Overtime Pay Victory – Spring 2015

SNA won an Arbitrator's Award on our grievance filed against SRMH. In Feb. 2012, the Hospital unilaterally changed the payroll work clock, depriving Staff Nurses of overtime pay when they worked in excess of 8, 10, or 12, continuous hours. The Arbitrator ruled that the Hospital had violated both the Contract and the National Labor Relations Act.
The Arbitrator's Award required that the Hospital pay back pay with 10% interest to all nurses who had not been paid overtime per contract. An outside firm examined every nurse's time record from Feb. 12, 2012 to Sept. 15, 2015. This was a lengthy process and many nurses received back pay in early 2016.

Lead Nurse Grievance – June 2016

The SNA Board filed a grievance against SRMH for their violation of the Contract by assigning patients to Lead Nurses. Both SNA and the Hospital have agreed to extend the grievance time limits to assess the effects of the Hospital's efforts to remedy the staffing situation that results in Leads with patient assignments.

Benefit Administration Companies

Conexis, Cigna, Benefit Wallet and The Reed Group as well as others have failed to administer nurses' benefits according to Contract and policy. The St. Joseph System has also contributed to the errors.

The SNA Board has assisted many nurses to understand their benefits, how to navigate through all of the steps and have registered complaints on behalf of nurses with HR. As of 8/30/16 we are awaiting the intervention of the System HR.

Employment Dates

Step Entry (step increase date), Seniority Date and Benefit Date are all adjusted for unpaid portions of an LOA per Contract. The SNA Board discovered that Staff Nurses' dates have been adjusted incorrectly over the past few years for all LOA time.

HR has indicated that the person overseeing LOA's "treated everyone the same". The SNA Contract governs how nurses are to be treated. Treating all employees the same, or even all nurses does not recognize the Contract.

As of 8/30/16 we are waiting for HR to research and make corrections.

Staffing Assistive Personnel

Staffing of Care Partners, Unit Secretaries and Sitters has not been sufficient to meet patient's needs and to deliver safe patient care.

New Med-Surg staffing matrices as of 7/1/16 are a great improvement. However, the Hospital cannot staff to matrix due to a personnel shortage. Members of Administration assure us they will be hiring. The SNA Board has worked with NUHW on this issue.

Acuity "System"

The Acuity "System" isn't and hasn't functioned for years. The SNA Board and the CA Department of Public Health are focusing attention on this issue. DPH has recently cited SRMH for failure to measure and staff to acuity in Stepdown.