

**Dear SNA member, here's an update on issues and some helpful information:**

Just a reminder that you can find the 2017-2020 contract on our website [www.snanews.com](http://www.snanews.com), along with other information. Remember you can reach us by e-mail [snanews@sonic.net](mailto:snanews@sonic.net). We also have a private Facebook page and if you would like to join just e-mail us with your request. Our office phone number is 575-8853 we pick up calls around 8am daily but we answer e-mails more frequently.

The SNA Representative/Membership Meeting are at the office, 200 Montgomery Dr. Suite B, Representative 1:30 and Members 3:30.

June 6<sup>th</sup>

October 10th

**Legal Implications of Unsafe Patient Care**

Staff nurses who attended the Legal Issues class by Laura Mahlmeister, Phd. on Tues. 4/16 learned steps that Staff Nurses should take to meet their obligations to their patients and their license when they cannot deliver safe patient care. These same steps have been recommended by the SNA Board:

File an AUP

Complete an RL

Report to CADPH (576-6775)

Use the Chain of Command (House Supervisor, Manager, Administrator on Duty (AOD), CNO)

And, if a particular patient requires more staffing than is available, after asking for more staff, make a note in the chart that you have asked (name and position) for more help.

Laura Mahlmeister will return for another SNA sponsored class on 10/7/19

**Assignment Under Protest (AUP) Process**

The AUP is used to document that Staff Nurses have informed Hospital Administration of an unsafe situation.

Therefore, before filing an AUP, inform your Manager and House Supervisor of the unsafe situation. If the situation is not corrected, the AUP documents that you have met your duty to your license to inform the Hospital.

The Manager/House Supervisor should sign the AUP.

**Don't forget to leave a copy for your Manager.**

The SNA Board uses the AUP's to document continued staffing issues.

For example: at NCC on 4/18

AUP's from ED nurses documented that nurse/pt. ratios were not maintained for both CCD patients held in ED and for regular patients treated in ED for at least 12 shifts since early March. In addition, Lead nurses had patient assignments for some of those shifts.

In CCD, AUP's documented lack of sufficient staff to care for 1:1 patients and that Break Relief and Rapid Response Nurses were pulled and assigned to patients.

SNA has strongly suggested that the Hospital ask for nurses to volunteer to be on call for shifts when staffing is tight in both the ED and CCD.

Med-Surg filed 25 AUP's since 3/21 to document the Hospital's failure to staff to Matrix with Care Partners and Resource Nurses. The layoff of Care Partners months ago sure didn't help.

**It is very helpful to have this data.**

**Care Partner Staffing**

Although Administration reports that 15 Care Partners have been hired, they haven't all reported to their departments. The Hospital's attempts to use an agency for Care Partners has not been successful. We also discussed the increased need for Sitters. The Hospital staffs 5 Sitters /shift but that is often not enough.

**Central Scheduling**

At NCC, the SNA Board shared Med-Surg nurses' concerns with the Short Sheet circulated for all departments rather than individual Med-Surg departments. Nurses are more likely to sign up for extra shifts for their own department.

**Part Time Positions**

We are awaiting the Administration's final decision on how many Part Time positions they feel they can post.

Thank You, The SNA Board