

Dear SNA member,

Here are some updates on issues we've been working on:

But first, if you are having difficulty with your **Clinical Ladder application for this year**, let us know. Remember, for your application in **2020** you will need documentation of committee attendance and contribution to the committee during 2019 and a record of sharing your committee work with nurses in your department. You can also contact Helen Cortopossi about issues with **this years** application. The updated guideline will be on coming soon and they will have all the information of what needs to be done for the 2020 application process. We will let you know once they are up on Policystat.

OB Lead Nurse MROH

This issue has been resolved between SNA and Hospital

Administration after Administration investigated and studied the issue over months. Hospital Administration has acknowledged that Lead Nurses are subject to Mandatory Reduction of Hours consistent with the SNA Contract and Hospital policy when there is a Relief Lead scheduled. The Contract and the policy do not distinguish between Lead Nurses and other benefited (Regular) staff nurses for MROH when it is their turn to receive a MROH.

Shortage of Care Partners

At our Nursing Coordinating Council meeting on 2/21, we discussed the shortage of Care Partners (as documented by the many AUP's SNA has received) with members of Administration. It was agreed that a shortage of Care Partners had been identified and that new positions have been posted.

Thank you for filling out those AUP's - it's helpful to the SNA Board to be able to document short staffing.

Weekend Schedules

Again, at NCC, we discussed the weekend schedule changes made by Administration just prior to posting the final current schedule. We shared our concern for the effect on the 12 nurses' lives as they were scheduled for every other weekend rather than every 3rd.

Whereas, the Contract allows this for 2 schedules/yr., we feel that there are other measures that could have been implemented to "balance" schedules and we suggested those. For example, Relief nurses could have been contacted about whether they might be willing to pick up a shift where med-surg as a whole was short. Also, Short Sheets could have been posted for those shifts.

It's apparent that despite schedulers' best efforts, there continues to be wide swings in the number of nurses scheduled from day to day in med-surg. Part of the reason is related to whether shifts are scheduled to CORE due to lack of adequate staff.

Behavioral Health Plan

The SNA Board continues to document and discuss situations when patients with behavioral issues are admitted/transferred to the Hospital. These patients often present safety issues for nurses and other caregivers attempting to deliver care.

There is a very detailed plan set forth by Hospital Administration with steps to be taken before the patient is admitted or transferred to another department

Nurses have been instructed by Vicki White, CNO, not to accept patients with behavior issues without the steps of the plan completed.

We continue to be very concerned for patient and nurse safety when the plan is not followed.

Acuity Committee

The Acuity Committee has been working on steps to improve the documentation of patient acuity. That includes updating the scoring tools, educating Lead Nurses and Managers about how the Acuity System works and educating nurses about scoring patients.

Both Title 22 and the SNA Contract require staffing to acuity. Therefore, we need to work together and support the process of having accurate data to which we can hold Hospital Administration accountable.

Thank you,
The SNA Board