

Dear SNA Member, here are some updates on issues:

Part Time Positions

These positions are to be posted on line so you can apply, please keep an eye on the postings they should be up soon. We meet approximately every quarter with Administration to discuss posting of part time positions. Administration determines the number of positions they are willing to post.

We work with Administration to identify departments and shifts where positions should be posted based on the departments with the greatest number of Full Time positions and nurses responses to SNA's Survey Monkey asking who is interested in a part-time position.

These positions are available only in the dept./shift where they are posted, not house-wide.

If you do receive one of these positions, be sure to check that your portion of Health Insurance contribution is correct. The System has made errors by charging RPT-4,12 hr. shift nurses the RPT-3 rate.

ASI/ASC/ASC Endo

The SNA Board continues to monitor the transition of ASI to ASC. Management informed us that the ASC/Endo move that was to be to ASI is no longer going to take place and ASC/Endo will remain at the ASC campus.

Members of Administration have assured us that nurses will retain the present schedule. But, all future schedules the two schedulers from ASI and ACS will be blending the staff to meet the needs of the staff and the department.

CCD/SDU Staffing and Safety

Kevin, Director of CCD was not present at Nursing Coordinating Council (NCC) meeting on 5/16.

However, we continued to express our concerns that CCD staffing is short on a number of shifts, especially night shift. Management only allows for 1 empty bed to be staffed for admissions to CCD.

That's often not realistic and then Break Relief are pulled for patient care. In addition, staffing does not allow for the mentor-ship of newer CCD nurses resulting in unsafe situations.

ED Staffing

The SNA Board again discussed our concerns at NCC with ED staffing shortages. There are night shifts for example that are 4-5 nurses short. This is unsafe and causes ED to be in violation of nurse/patient ratios. Thank you to the nurses who document these situations.

Members of ED Management Team indicated that they have recently hired some new nurses and are seeking traveling nurses.

In addition, we discussed the impact on staffing of the requirement that nurses accompany monitored patients as they transfer to other departments.

Care Partner Staffing

This is another regular topic for NCC. Administration indicates that 15 new Care Partners have been hired and they are reviewing the need for more Relief Care Partners.

Behavioral Health Plan

We are frustrated that the elements of the Behavioral Health Plan are not consistently implemented for some patients. It seems that the information has not been widely disseminated to all departments so that the Plan is implemented to all patients whose history or behavior indicates the likely need for intervention.

We continue to bring this to the attention of Administration.

Acuity

Time constraints did not allow a chance to discuss this very complex subject in full at NCC.

We meet with Vicki White, CNO next week to continue to hash out and resolve differences (eg. the role of the Acuity Committee in decisions). **We are determined.**

A valid, working Acuity System that recognizes when extra staff is necessary is absolutely crucial and the effective way to respond to staffing needs.

Both the Contract and Title 22 support this process and we are fighting for it with your help. **Please "score" your patients accurately and make sure your charting supports your acuity choices.**

Thank you, The SNA Board