

Hello SNA Member, here are some updates on issues we have been working on:

### **Clinical Ladder**

The Clinical Ladder Committee (composed of Staff Nurses, Managers, Director, SNA Board Rep and HR Rep) met again on 6/14.

The Committee determined that nurses who were approved for renewal are eligible for retro pay back to the first full pay period after 2/28/19 if their approval was delayed.

Nurses may apply for SNIII, SNIV or SNV at any point during the year once they have met the criteria for those levels for 6 mos. This includes increases from one level to the next (e.g. SNIII to SNIV). Retro pay, if necessary will date back to the first full pay period after the application is submitted.

Damian Gulbransen, Dir. Med-Surg, is clarifying the process for retro payment.

For CCD Nurses, the Clinical Ladder Committee also discussed the role of Stepdown Rapid Response Team for C.Ladder credit. The resolution of these issues is in process or, by now completed.

Clinical Ladder Classes for nurses held in April and May were helpful and will be repeated in the future.

### **Care Partner Staffing Med-Surg**

The SNA Board and members of Admin. continued to discuss the failure to consistently staff Care Partners to Matrix at the Nursing Coordinating Council mtg. on 6/20.

The Hospital has recently hired Care Partners but it is clear it is not enough. Next steps are to post positions for a Care Partner Float Pool. We also discussed the impact of sick calls on Care Partner as well as nurse staffing.

**Thank you** for continuing to document when you are not staffed to matrix. We use that data in our discussions with Admin.

### **ED Staffing**

We continue to be concerned about the shifts in ED which are not staffed to maintain nurse to patient ratios for CCD holds, Med-Surg holds and patient visits.

When discussed at NCC, the ED Manager indicates that she has been able to hire several ED nurses and has contracted for traveler nurses to cover posted, unfilled positions.

**We appreciate** the documentation from ED nurses of these short staffed situations.

### **CCD/SDU**

CCD nurses continue to face shifts that are short staffed and or staffed without the ability to admit patients at all or only by using the break relief nurse or RRT nurse.

A plan to place nurses on voluntary call in particular situations is under consideration.

### **Behavioral Health Plan**

Thank you to the staff nurse members of the PRNC whose questions of Vicki White, CNO and Damian, Dir. of Med-Surg, early this month, led to dusting off and re-emphasizing the Plan for the Care of Patients with Behavioral Health issues that was issued last October but had fallen by the wayside.

Thank you, The SNA Board