

From: Staff Nurses Association snanews@sonic.net
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April 2020

NCC Monthly Meeting Report

We wanted to report to our membership about our most recent NCC meeting between SNA and Hospital Management. This is generally a monthly meeting between the Hospital Management and the Union to discuss our concerns and current issues. With the Covid 19 crisis, we have been meeting with management weekly. Our meeting was held this week on Thursday April 16th, 2020 from 11:30 AM to 1 PM.

Covid 19 Update

Vicki White CNO reported that the Command Center remains open at this time. They continue to adjust workflow in the hospital as we are dealing with changes from how we enter the hospital, the routes we must take to navigate a patient through the hospital between Units, delivering food and supplying the units. The estimated Surge for Sonoma County was predicted for April 15th of this week. We are relieved that the timeline has been flattened but this could change quickly when “Sheltering in Place” is lifted. Statistics may change significantly as testing becomes more available. Providence St. Joseph Memorial Hospital was chosen to receive the lab equipment for rapid testing. The actual test kits are allocated throughout the state based on need. Sonoma County has maintained low cases of Covid 19, and a small number of tests have been allocated to the hospital. They are being used at this time based on an algorithm. For example: Mom in labor with risk of going to surgery for C-section, urgent admit into the hospital etc. The end game would be that a patient does not move from the ED into the hospital without knowing their status and potentially exposing more staff or patients to the virus.

We reminded the hospital that even with this crisis, that the contract is still to be followed in relation to reduction in staff. This includes Labor Pool assignments. We addressed reported cases of travelers working while regular staff have been called off. Vicki said that she and Leah Gerhi are monitoring this. They ask that our nurses escalate immediately any question of being called off inappropriately from your assigned unit or the Labor Pool. Give them the opportunity to fix the problem in the moment. If your issue is not resolved by the hospital at that time, please contact your manager and the Union with as much documented evidence as you can.

Quality/Safety, Throughput

Leah Gerhi reported that they had cut back on Collaborative Care Rounds and who is required to attend, all in an effort to maintain social distancing. Other than that, Throughput is on the back burner during Covid 19.

Violence in the Workplace/Safety

In lieu of the mecha event reported in the Press Democrat, we took the opportunity to

In lieu of the machete event reported in the Press Democrat, we took the opportunity to remind the hospital that SNA has constantly asked when they would start to provide better security in the hospital. We have documented reporting the need for metal detectors and bullet proof glass between staff in the ED and visitors to the emergency department. Justin from Security reported for the hospital that they have a metal detector wand but only use it when the hospital is in shut down. He pointed out that the man was only a risk to himself. But what if his intent was to harm others? He made it through our current triage and gained admittance to our Emergency Department with a large machete in his jacket. We shudder at the what ifs?

Tammie Keithley from the SNA board took lead in questioning Justin:

1. When will SNA be provided the hospitals Security Assessment that we requested? Justin reported that it has not been completed. In lieu of the machete event he has requested a walk-through metal detector. He has also requested panic buttons being placed throughout key units throughout the hospital. He promised SNA a copy of the report when these two things have been addressed.
2. Tammie referred to the laws governing Behavior Health/Safety in hospitals and it requires the hospital to have a committee that also includes nurses. Does this committee exist because we have never heard of it we and are not aware of any nurses on it? Justin reported that it is called the Environment of Care Committee and they have nurse “managers” on it. We will pursue this issue, as our understanding and desire is that bedside nurses should be on that committee. How about nurses from the Behavior Health Unit for a start??
3. Why is Sotoyome often left without security? Justin said that they were having to pull security from Sotoyome when they have a high demand in the primary hospital. He assured us that they had resolved the problem. We pointed out that Sotoyome was not mentioned when they talked about panic buttons. He said it will be considered in his proposal.
4. Justin committed to SNA that he will accept further written questions and will answer SNA’s concerns.
5. Lastly, Justin reassured the SNA Board a full security report when it is completed.

Shared Governance

Shawna Sewell reported that she has been working on the bylaws of the Shared Governance Committee. She thanked Sue Gadbois, SNA President for pointing out that some of the language still requires correction.

CCD/SDU Staffing and ED Annex

Staffing update

Kevin Craven stated that progress was being made in March but has come to a standstill due to Covid 19, with converting the Step-Down Unit (SDU) to a 4 West managed Tele unit. They will be upgrading monitors and technology as well as converting budgeted hours from the ICU to 4 West to hire staff. He estimates these additional beds will become available to 4 West in August.

The same is true of the ED Annex that will be managed by 4 North. Upgrading monitors and technology as well as converting budgeted hours to 4 North to hire additional staff.

A three-month Telemetry Academy has been established to train new telemetry nurses in preparation of staffing these two new telemetry areas. Classes were set to start May 8th.

He said ICU leadership and Telemetry leadership are currently working together in this planned transition.

Break Relief

They attempted to divert this question to a Covid 19 issue. Our interest was focused on information given to SNA last fall that they had requested budget increases for the hiring of break relief nurses. At that time it was in relation to the throughput program. We still advocate for the need of designated hired break relief nurses on the units.

This did evolve into a conversation about the Labor Pool. They indicated that there is extra help available due to the Labor Pool. We were able to point out that those in the Labor Pool have been specifically told that they could not help on the units with any kind of patient care. They promised an improvement in the allocation of help.

We will continue to pursue the need for break relief nurses.

Some Bullet Points

- Benefited nurses **do accrue PTO** while working in the Labor Pool.
- Benefited nurses that are in the Labor Pool and sent home early are considered to be sent home on administrative leave and will be paid for the full shift. You do accrue PTO if sent home on Administrative leave. You do not get paid if you volunteer to go home early. In this situation you would have to use your PTO to get paid the full shift, starting from the time you choose to go home.
- If you become sick or a family member becomes sick, we strongly encourage you to use MLOA or Family Leave in lieu of using all your PTO. The regulations have been simplified during the Covid Crisis. Employee Health and Sedgwick have been trained to help advise you in this process.
- Relief nurses also have easier access to Unemployment Benefits and access to the Labor Pool. At this point, we are still advocating for a better response from Providence towards our Relief staff.

We would like to thank our members for working so closely with the SNA Board. Many of your reports, AUP's and documentation shared with us have guided us in our strategies to best support you during this crisis. We are amazed at your strength in facing the many challenges of the past several weeks. We are always stronger together. In Solidarity.

Thank you, The SNA Board

