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**Subject:** July NCC Meeting Update  
**Date:** July 22, 2020 at 8:59 PM  
**To:** undisclosed-recipients;



## July 2020

### NCC Monthly Meeting Report

We wanted to report to our membership about our most recent NCC meeting between SNA and Hospital Management. NCC is a monthly meeting between the Hospital Management and the Union mandated by our contract. We had been contacted that the hospital was going to cancel the NCC due to the NUHW strike. We informed the hospital that we had pressing issues that needed addressing now. They agreed to meet with SNA and we agreed to keep our agenda to those issues that we felt were most urgent. Vicki White, CNO did attend this meeting, Leslie Pereira HR, as well as Directors Kevin Craven, Leah Gehri, and Damian Gulbransen.

Before I proceed, I would like to say how impressive you, the SNA Nurses have been in supporting our co-workers represented by NUHW. They are conducting an enormously powerful strike and it has been heartwarming to stand next to my peers in support of their cause. They have expressed so much appreciation to all of you that have reported to the picket lines.

### Security for Nurses at Sotoyome

A member of the SNA Board had asked Security when they would be staffing a Security Guard at Sotoyome, now that ARU has been moved there? They informed us that there were no plans to staff Security at Sotoyome. We brought this information forward to the management represented at this NCC. We reminded them that having a security presence at Sotoyome was agreed upon when it was opened as a med/surg unit 19 months ago. Vicki White said that she was not aware that there were no plans to provide Security and she would follow up. I personally followed up with Security and as of last Friday, they had scheduled 4 nights this week with security at Sotoyome. I was informed that they had to hire more guards to fully staff every night at Sotoyome. Sotoyome nurses, please keep us informed of progress in this area or lack thereof. Also, please let us know if you have any other safety concerns with lack of a security presence. FYI, the contract has no language to address the Ghost on the South Wing.

### COVID 19 patient assignments to Pregnant Nurses

SNA was contacted by four expecting nurses on 4 West, whom had been told by their manager that they would be expected to float to and take COVID 19 positive or rule out patients on 3W or 1C. We immediately contacted HR with our concerns. We had confirmed with 1C that they never assign an expecting nurse a COVID 19 assignment, and that was supported by their manager. We provided CDC and other recommendations, which all indicate that it is not a good idea. We addressed this directly to Vicki White. She stated that she had a meeting with IP at noon that day and it would be addressed and she stated that it was her opinion that expecting nurses should not be assigned to COVID 19. That afternoon, SNA received a letter from HR that Pregnant women in any position in the Hospital should

not be assigned positive/rule out COVID 19 patients.

### **3W New COVID 19 Unit**

We addressed reports to SNA by Nurses of the insane, unsafe conditions on 3W and 1 Center. We had the AUP's to back up your reports. We wanted answers to the Hospitals position toward these two units and current plans to improve it. We told them we were aware of DPH investigations into the many calls from Nurses related to these unsafe conditions. We were addressed by Kevin Craven, Director over ICU, Tele units and the new 3W COVID unit. SNA was aware that many of these new standards did not take place until after DPH's visit. Kevin reported that on 3W: (1) they will have a designated lead, (2) a resource nurse, (3) EVS support for cleaning, (4) will be provided clean scrubs each day to change in to and out of before going home, (5) they have 8 CAPR's, (6) proper PPE and N95 mask provided, (7) the acuity tool had been updated to capture support staff need. He did state that at this time, they are not assigning CP's to 3W, in an attempt to decrease employee exposure. That is a comment that helps them sleep better at night. Not so much for nurses. Tammie Keithley, ICU nurse and SNA Board member pointed out that ICU desperately needs more CAPR's. Kevin stated that they just received 1/3 of a CAPR supplies order that they placed back in March of this year.

### **1 Center now COVID 19 Rule Out Unit**

Director Damian Gulbransen addressed our questions about the insanity that is now 1 Centers burden, along with being the designated behavioral unit etc. She said that one of the solutions she is working on is managing the expectations on the 1 Center Nurses, related to this fast turnover COVID group. First off, she is changing what interventions would be expected of the nurse that has the patient for only 1 hour, 1-4 hours, 4-8 hours etc., secondly hand-picking nurses that function well with rapid change and are highly skilled, and lastly she said, if a hard tele patient is there it would be 1:2 ratio of-1 tele and 1 med/surg patient. We will need you guys to keep us updated on any improvements, or once again, lack thereof.

### **Addressing the Behavior of two-House Supervisors**

Two nurses from 1 Center, a designated lead and a relief lead nurse reported to SNA, that they experienced extremely deplorable behavior from two different House Supervisors directed aggressively towards them verbally. These extraordinarily strong nurses have made internal reports, as well as written letters directly to Vicki White and to their manager Abigail Harvey. SNA reported the behavior of these two Supervisors directly to all the management present during this call. Sue said that SNA expects that the same Code of Conduct that our nurses are held to, should also apply to management, if not more so. We pointed out that if a nurse acted this way towards management, it would be, and in fact has resulted in, immediate discipline. This was a formal verbal complaint to HR. Vicki White said that the Standards of Conduct apply to everyone. Damian Gulbransen said; "I will not tolerate that behavior".

### **AUP's**

We reviewed the AUP's we had received from nurses. We pointed out that we had 33 AUP'S since our last meeting with them related to CP staffing being inappropriate, 27

related to not being staffed to matrix, and 7 AUP's of not being staffed to acuity. Sue pointed out that 18 of those were from July, and 17 of those July AUP's were for not being staffed to matrix. These are powerful numbers and strengthens SNA's position. Thank you.

### **ED lack of adequate staffing**

We presented horror stories from the ED woefully being staffed for any kind of safe patient care. We asked why possible COVID 19 patients are being left to huddle around the ED entrance while they have a tent set up without it ever being used. We had a list. Director Leah Gehri addressed SNA concerns. She stated that staffing has been a moving target and the difficulties from exceptionally low census, to now high census. She referenced staff on LOA's, staff leaving ED for other positions in the Hospital as well as increasing census. She said she is making efforts to improve the current situation in the ED. She said she has gotten approval to hire 3 new ED technicians, requisitions approved to bring in travelers and requisitions approved to hire regular staff.

### **Negotiations**

We are happy to inform our membership that the SNA Negotiating Team is prepared to present our proposals at negotiations starting the first week in August. The proposals are written. We are currently preparing our presentations. The next couple of weeks you will be getting more information directed toward the negotiations. Information will be made public to all of you of the results of our surveys, research, and the proposals. Timing the release of this information of our proposals is sensitive and must be presented across the negotiations table to the Hospital first. To do otherwise could create a situation for a ULP (Unfair labor Practice) being filed against SNA.

Okay, time to buckle up and ride this Bronco!

In Solidarity,

Peter Brackner VP SNA

And the SNA Board