

February Membership Update

2021

Hello all,

We are working and preparing to start the pilot program to prove the need for **designated break relief nurses at SRMH**. The pilot program **starts June 1st, 2021**. Please make sure to claim your no rest periods or missed meal break starting now. This will be a data driven pilot program. You are to get a 10-minute break for every 4 hours worked. The hospital established during negotiations that you have 15 minutes to go and be back on the floor for those breaks. For a 12-hour shift, that would be three 15-minute breaks and one 30-minute undisturbed meal break. If you do not get to take all 3 rest breaks, then you should claim no rest period. You must get all three! If you do not get the meal break, then that is a separate penalty and claimed as well. When you clock out, it asks for your attestation that you were provided all your rest periods. After you say no, then you must finish the process by going into Kronos, drop down a new row for that workday, choose **No Rest Period** and add 1 hour. The same for **No Meal Period**. We are collecting the data now to show that the number of missed breaks will decrease when these break relief nurses are provided.

SNA will be holding our **Quarterly Membership Meeting** this coming Thursday Feb. 25, 2021 via zoom. To make this meeting available to all, the meetings are being held 3 times that day: **0830, 1530, and 2030**. We invite you to join us. Here is a link to join the zoom meeting:

<https://us02web.zoom.us/j/2514678097?pwd=WFZ0S21DZ244UGdBa0VMWUNHQkZz09>

Meeting ID: 251 467 8097

Passcode: 9344

If you are **having pay issues** i.e., not paid correctly, did not get step increases, Sedgwick... Our new contract has language for expedited corrections of pay issues. You must submit a ticket with Ask HR requesting the correction. The Ask HR ticket starts the seven business days allotted to the hospital to correct the problem. Make sure to document the ticket number and the date. SNA will need this information if our involvement is necessary to get the issue corrected.

Reminder: If you are calling off for work, **you must call in by 2.5 hours before the beginning** of your shift.

The SNA Board Meeting was held on February 18, 2021. We also met with Hospital Administration that day for our contract mandated NCC Meeting. The following are the high lights from the meeting.

- **CP Staffing:** Director Chi Chi reported that 2E is the only M/S floor with a CP position not filled. She states that CP's are returning from LOA's which is reducing the burden. They reported to us that there are currently 6 float CP positions posted. We asked them what the expectations of SRMH when it comes to CP to patient ratios. Chi Chi stated that there are no expectations for ratios and her experience at a Keiser Hospital was 24:1. We pointed out that Kaiser Terra Linda has a ratio of 7:1 for their CP's. We have already had conversations with them this year about pulling all the CP's from the floors to be sitters. We also reminded them that not so long ago they had hired sitters, and that was done away with to save money.

- **ED Staffing:** SNA presented information from ED nurses of High Acuity not supported by staffing, the MROH of nurses and techs while leaving them severely understaffed two hours later, planned changes to the ED matrix that would decrease their staff, and 17 positions that have not been replaced. The RN's in the ED have concerns that they would not have enough staff to run a code safely. Director Leah acknowledged that though the census has been lower, the raw data that she is collecting is showing that the acuity has been higher. The patients are sicker, more 5150's and length of stays are well beyond what should be expected in any ED. She believes she has the ear of regional admin in the Providence System that are looking at her data and will make decisions based on raw data that makes sense for the current situation in our ED. SNA did establish with Leah that they do have a way to look at acuity, though it is not in live time but rather hindsight. Yet they can see the trend in the SRMH ED has been higher acuities over the past several months. Leah stated that any change in the ED matrix is on hold while they review the data she has collected. Leah also asked SNA and nurses to escalate issues in the ED to her in real time i.e., holding critical patients out of the 1:2 established ratios.
- **Workplace Violence and Safety:** Leah and Chi Chi said that they are committed to work with the PRNC. They want to hammer out a 1st Quarter 2021 project that is nurse driven and evidence based. Though we pointed out that we expect this committee to look at issues like bullying from management, we all agreed that we should break this topic down and start with admittance and care of Behavior Health patients. We pointed out that the new Through-Put Initiative did away with the established right patient to the right bed the first time. We pointed out that the Lead nurse has been removed from any opportunity to make recommendations about safe patient placement. The house supervisors are overly aggressive with this process. This led to a conversation about the code of conduct and the House Supervisors should be expected to follow it. SNA expects that House Supervisors be held to the same standards that are expected of nurses. Leah states that she has not heard of House Supes being an issue lately and she believed that their conduct has been modified. She asked to be notified if there are problems and that we must all be respectful of each other.
- **Security:** The 2021 Annual Security Assessment should be complete in March and the report will be made available to SNA.
- **Safe Nurse Staffing:** We asked about the Hospital Flexing staffing on Saturday February 13th, after the CDPH had canceled expedited flex orders on Feb. 8th. I told them I had looked for any extended orders that are required to be posted near the Hospitals License to operate. It seems they had an extension that gave them until the 19th. We were able to point out once again that this administration fails to communicate in an effective manner with their employees.

For the month of January, SNA received 108 AUP's (Assignments Under Protest). Med Surg =76, Tele = 25, ED = 3, ICU = 4, and Ease = 1. One hundred of the AUP's indicated Not staffed to matrix, 101 not staffed to acuity, 49 mentioned ratios flexed, 58 no resource nurse, 67 no break nurse, 17 no meal breaks and 2 AUP's about the nurse not trained or oriented to be the lead RN.

In February, SNA met with the Hospital for a CV19 meeting on the 3rd, we had a solidarity zoom meeting with NUHW on the 4th, we had 4 SNA Board members attend the JWW (Jobs with Justice) Steering Committee on the 11th, we also had two board members attend the Health Care for All Working group on Feb. 15th, on the 16th we had a meeting with the CNO Vicki White to establish our agenda of acuity and Part time positions for our 2021 quarterly meeting with her, we will meet again with Hospital Admin. for CV19 huddle on the 24th, and then on Feb. 25th there will be our Membership Zoom Mtgs set for 8:30 am, 3:30 pm and 8:30 pm.

We stand with you. We stand together to demand a safe and equitable place to work and practice our skills as advocates for safe patient care. We are currently looking for SNA representatives from each floor that can bring the individuality and needs of your unit forward to the SNA Board. Just contact us at snanews@sonic.net

Thank you,

Peter Brackner President SNA
The SNA Board