

March SNA Newsletter 2021

Hello all,

Providence and the local management at SRMH continue to keep the SNA Board occupied with manning the fire hoses. The place is on fire and they seem oblivious. We so appreciate the emails and phone calls. You guys have truly stepped up the communication from bedside nurses to the SNA Board. Thank you.

- **AUP'S:** We received 36 AUP's for the month of February, compared to the 108 in January. Med Surg =22, Tele = 5, ED =7, Ease =1, Peri Op =1. We addressed to management during NCC that the AUP's showed at least 30 times that they did not staff to matrix, 21 times not staffed to acuity, 2 times flexed outside of ratios on 2/13 in ARU and 3E, 15 times with no resource RN, 15 times with no break RN, 3 times for missed rest/meals, 17 times short CP's, 1 incident of nurse not trained to assigned area, 3 times that a nurse with less than 6 months was orienting new grads, 1 time for a nurse being assigned as a lead without training.
- **Clinical Ladder:** If you feel that your binder has been declined in error based on current guidelines and you have already spoken to your manager without satisfactory results. Please contact SNA at snanews@sonic.net and bring forth your concerns. We do have an SNA Board Member on the Clinical Ladder Committee that was present during negotiations and wants to hear from you.
- **Dialysis nurse vs techs:** SNA is aware of proposed changes, though we have not been formally contacted by the Hospital. We are having discussions and doing research now on this topic. Reviewing title 22 law etc. More to come.
- **Department Representatives:** March 15th was the first zoom SNA Department Rep meeting this year. A big thanks to those who showed up. It is going to take each one of our voices to stand up to Providence. It is important to be sharing information with each other and we look forward to hearing from your unique department. Our next Department Rep check-in will be April 12 at 10:00AM.
- **Part time position Survey Monkey:** Please take the time to answer the questions about wanting PT positions if that applies to you.

The SNA Board Meeting was held on March 18th from 9am to 5pm. Part of our day was holding our contractual NCC meeting with Hospital Administration at 11:30am until 1:00pm. The following is a review of the NCC meeting.

- **Lack of CP's:** SNA pointed out that from 2/18 to 3/15 we had AUP's stating unsafe circumstances and delay of pt. care due to not staffing CP's as dictated by the unit matrix. Using 1E matrix as a reference point, we established that the Hospital has declared that it is appropriate and safe to have a 1 to 18 ratio of CP help. Then to further add to that ridiculous expectation, the interim Director Chi Chi has started implementing pulling that 1 CP from the floor to be the sitter. In total disregard of Acuity. We pointed out that Title 22 law declares that the Hospital must staff to acuity regardless of budgetary concerns. Chi Chi had the gall to make the age-old statement that the Nurses were not doing acuity correctly. All I can tell you is that one statement alone brought some SNA Board members to their feet. It was a heated topic, one that SNA did not back down on. We have a strong Acuity Co-Chair that also serves on the SNA Board. Laura is up to the task.
- **RN Staffing and Part Time Positions:** The Board presented that an alarming number of Nurses are leaving, have left, or talking about leaving, mostly due to stressful working conditions and lack of help. Nurses are demoralized knowing that patients have not gotten baths, teeth brushed, ambulated etc. SNA has presented evidence that the Hospital has lost 100+ bedside Nurses per year for the past 3 years. The Hospital acknowledged that they hear us, they are looking at doing exit interviews (we suggested that 4 years ago) and they have some ideas in progress. They have no answers to the PT positions, though we pointed out again that is another reason they are losing Nurses.
- **ED Staffing and Ratios:** We had an increase in AUP's from the ED. We had 7 for the month of February, we had already received 22 AUP's from the ED filed to date as of 3/15/21 that we shared with the Hospital. Most reporting being down from 3 to 6 RNs at a time in the ED. We gave specific examples of the ED out of ratios, ED RNs with ICU patients in a 4:1 ratio in the red zone for 6 hours, on 3/11 there were 3 ICU patients in 4:1 assignment, on 3/2 an ED RN at any given time had 7-8 patients, on 3/6 an ED RN had a critical cardiogenic shock/intubated pt titrating multiple IV medications while also having to care for other patients. There were many more examples, just as horrific. Thank you, ED, for giving our words the power of examples that you provided through your AUP's. It had them squirming in their chairs. How do you hear those specific examples and justify any of it? Vicki acknowledged that there are huge issues. She reported that a joint meeting including the ED leads was held to think creatively on long term plans and at staffing models. She felt it would bring about positive change. We will continue to bring the plight of the ED Nurses to the forefront.

- **ICU Staffing/Experienced Nurses:** SNA pointed out, as we did with the ED, disturbing situations and unsafe decisions made by House Supervisors. SNA was appalled to hear of patients that were admitted to ICU beds from the PACU, while trauma and intubated patients remained in the ED. We questioned Administration if this was financially motivated without consideration to patient safety, to send home PACU nurses while leaving more critical patients in the ED. Then we questioned another similar occasion that an ICU CABG recovery patient was sent to PACU. We pointed out that House Supervisors have stopped listening to the leads and are totally mismanaging patient placement and care. The Hospital states that they have met with House Supervisors to make sure they are not put in a situation where they do not have clarity. Chad/Vicki are having meeting with leaders to find better practices. We would like to encourage our ICU team members to please fill out the AUP's. Having the first hand information has been a major game changer in our presentations for the ED's poor working conditions.
- **Lactation Accommodation:** SNA was notified of several issues regarding pumping at work. Issues included not knowing where to find the designated spaces for pumping, rooms being occupied, lack of sufficient, private spaces to clean all equipment, feeling time shamed and no one to cover your break. We also heard of several cases where nursing mothers chose to stop nursing because their milk supply dwindled due to lack of support or ability to take time to pump sufficiently while on shift. We asked for a review and for education of both Management and Nurses. The Hospital is sending Ricci (L&D Manager) to review the lactation room on the East Wing. She said she will find out why it had been stripped down. Ricci is a true advocate for the nursing mother and invited nursing mothers to come to 3N and use their lactation room. The Hospital will review with EVS for daily cleaning as well as revisit it's policy and re-education plan. Thank you for bringing this to our attention.

For the Month of March. On March 9th, the SNA Board held two Zoom meetings for new hires of the past 6 months, on March 10th we met via zoom with Hospital Admin to review current CV19 issues, March 11th SNA representatives met with Jobs with Justice Steering committee, on March 17th, SNA and NUHW held a joint meeting to address mutual concerns and actions with Providence, on March 18th was our Board Meeting and NCC meeting, March 19th there was a zoom meeting with Terry Winter with HPEACE and Health Care for All, and on March 24th there was a CV19 meeting with the Hospital at which time we addressed concerns of 3W and now Covid Corner on 1C. We called out the lack of communication by administration to the 1C staff about changes to isolation and demanding the doors to the Covid Corner remain open, a complete 180 degree turn from the past year. Lack of support for the 1C lead, acuity staffing and so forth. Our biggest punch is when they told us that the stakeholders came together and made the decisions for changes. SNA pointed out that the Nurses, in this case, the 1C Nurses *are* the stakeholders to the changes that have come to 1C. They were not consulted or educated to the changes. There was an acknowledgement of this fact by CNO Vicki White.

Hats off to you amazing Nurses. You hold the respect of the current SNA Board. We know you're struggles, heartbreak and let downs with the current Administration. We will continue to add our voice to yours. We are committed to the never-ending struggle of our Nurses and lifting our common goals.

Stronger together,

Peter Brackner SNA President

The SNA Board