

SNA April 2021 Monthly Update

Quarterly Membership meetings will be held next week on Thursday May 6th via zoom. There will be three meetings to make this opportunity to speak with the SNA Board available to most of our membership. The zoom schedule will be 8:30 am, 3:30 pm, and 8:30 pm. Please join us.

Meeting ID: 251 467 8097 Passcode: 9344

<https://us02web.zoom.us/j/2514678097?pwd=WFZ0S21DZ244UGdBa0VMWUNHQkljZz09>

Break Relief Pilot Program will start June 1st, 2021. The program is being managed by SNA Board members Gloria Frederick and Laura Hanson. They have begun to send information out to our membership and educating the leads and relief leads of the importance of sending the daily questionnaire to SNA. It will be imperative that everyone, even on the units that are not part of the first wave of the pilot program claim all their missed rest periods and missed meal breaks.

The 2020 to 2023 Contract has been finalized and signed by both parties. The draft copy has been proofed and the green light has been given to start printing. Each member of our Union will have a hard copy of the contract mailed to them. Please make sure that SNA has your correct address. The digital copy is available now on our website at snanews.com

Changes to the Hemodialysis Process. The SNA Board has been inundated with questions of how we can stop this change. The truth is, there is no way to stem the tide to the changes that the Hospital has planned. Unbeknownst to SNA and our Nurses, SRMH gave a 90-day notice to our current provider of dialysis, that they were cancelling their contract months ago. They have contracted with Sanderling that will take over as the new provider of dialysis starting May 14th. After our meeting with hospital administration on April 26th, the SNA Board has shifted our strategy and focus to making sure our nurses are getting proper education, competency and looking at every angle of patient safety involved in this new process. We as Nurses will have to ally with the Department of Public Health more than ever before to report any and all safety issues. Of course, we are pushing for ratio changes and ways to capture the acuity of taking care of a patient on dialysis. You will be receiving separate emails on this ongoing process of change. SNA will meet again with Hospital Administration May 3rd.

The NCC meeting April 15th, 2021

The NCC is a contractual monthly meeting between SNA and Hospital Administration. The productivity of this meeting was minimized due to the absence of CNO Vicki White, Director Leah Gehri, and HR Leslie Pereira. Director Shawna Sewell took the lead in representing Hospital Admin. The following are the topics brought forward by SNA. (At this point SNA had not been officially notified of the Dialysis Process Changes)

- **Update on Emergency Covid 19 status:** As of this meeting we knew that the emergency orders that gave leeway to the Hospital to open Covid units i.e., 3W, ARU to Sotoyome etc. were set to expire on April 21st. We are finding it difficult to confirm if these orders have been extended by

the State. The Hospital has received an extension to keep ARU at Sotoyome along with several other temporary changes.

- **RN Staffing and Part Time positions:** We pointed out that SRMH has already lost 50 nurses in the first quarter of 2021. Here is some shocking information to our membership. From Jan 2017 to April 25th, 2021, the hospital has lost 487 bedside nurses. That is in 4 years my friends. One of our nurses recently relayed to me that he asked a member of management about all the Nurses we are losing every year. The response was disturbing as they replied that this was a normal attrition rate. I beg to differ. An exceptionally good friend of mine is the HR director of another organization. I asked her about that, and she just stood that with her mouth open. This Administration is the proverbial ostrich with its head buried in the sand. We used this opportunity to segue the tremendous loss of bedside nurses into our research into Part time position and the recent Part Time Survey Monkey we administered. We were able to show that a number one reason that nurses are leaving is the lack of per diem and part time positions. We will be addressing the creation of more part time and relief positions next Monday during a Quarterly meeting with Vicki White. Thanks to everyone that participated in the survey, we feel prepared to make a strong case.
- **ED Staffing and ratios:** One of the most egregious situations continues to exist within our Level II Trauma Center Emergency Department. These Nurses are working 6 or 7 Nurses short almost every day. They have flooded the SNA office (hallelujah) with AUP's documenting the lack of this Administration to provide proper staffing to allow these very skilled practitioners to provide the safest and best nursing care available. Rapid Response Nurse and SNA Board member Rosalyn Exley was present in the ED during a recent horrific multiple patient Traumas in which she was able to describe firsthand, during our meeting, the conditions of our amazing ED Nurses trying to save lives while not enough staff to enter emergent orders, retrieve supplies etc. All the while, the other patients in the ED go without a nurse because they were already severely understaffed. In the SNA office, we often jest "does someone have to die around here to get things changed", but seriously, does someone have to die? Fortunately, the ED staff has gotten the attention of DPH. I was interviewed for 45 minutes by DPH along with other SNA Board Members, ED Nurses and ICU Nurses. DPH reached out to SNA this time, asking for AUP's and documentation of these failures of SRMH. Because the ED nurses raised their united voices, SNA had a wealth of AUP's documenting the multiple times that nurses were working out of ratios and unsafe conditions, ultimately leading to risk of harm to our patients.
- **ICU Staffing/Competencies:** The ICU has also been working short staffed and out of ratios for over a year or more. The Covid 19 emergency orders had given the hospital some freedom in sidestepping some of the Title 22 regulations. With that now coming to an end, fingers crossed. The ICU finds that they have had a large turnover of Nurses. They have limited number of mentor Nurses for the influx of new staff. Their department struggles with the dependence on travel nurses, many that have not demonstrated the competencies to work in a Trauma Center Intensive Care Unit. The ICU director Kevin Craven said that he just got 6 ICU positions approved for hire. He will depend on traveler in the interim.
- **Request for update on Nursing Mothers /Lactation space:** We were happy with the update to the lactation room on the East Wing of the Hospital. It is very nicely done. The manager of L&D Ricci Ros took on this project per SNA's request. She will also continue to educate other

managers. She said that she would also address Nursing Mothers in Fridays Notes to help educate everyone on the Mother's right for lactation breaks.

- **Workplace Violence and the PRNC:** Not sure you are aware, but the PRNC Committee is a contractual committee. Two members of the SNA Board sit on that committee. Tammie Keithley and Laura Hanson. The committee feels more supported from management with the appointment of Director Leah Gehri to represent Administration. There is currently a sub-group of nurses from different departments working on behavioral health issues. It is very encouraging to see this good work going forward.
- **Staffing to Matrix vs Acuity:** This part of the meeting was not pleasant. The SNA Board is always insulted by the Hospitals claims that they do staff to acuity. Do they not realize that 4 of our 8 Board members currently or recently served as Relief leads within SRMH? All I can say, is SNA will never let them rest over this topic. They shall find no reprieve in their neglect to follow Title 22 law. SNA Board Member Laura Hanson that sits as Co-Chair of the Acuity Committee is refocusing SNA on learning how acuity will work in Epic documentation and how we will know when the numbers call for extra staff. These changes are expected to take place this Fall.

Assignment Under Protest

This information is always from the previous month, as we have not completed April at the time of this writing. The following information collected and reported by Rosalyn Exley. **March: Total AUP's = 93 (Medical Surgical=35, Telemetry=11, Emergency Department=44, and the ICU=3).** The breakdown of information goes as follows: Not staffed to Matrix=83, **Not staffed to acuity=81**, No resource RN=29, No break RN=36, No meal break=18, Not adequately trained=2, No Care partners=31. ***Rosalyn pointed out that the order to flex patient ratios expired in February. The increase in AUP's in March is not a reflection of Covid 19 patients or flexed ratios. Rather it demonstrates the Matrix changes in the ED and the staffing shortages throughout the hospital as nurses continue to leave at an alarming rate. Can someone tell us the best way to poke an Ostrich?

No doubt my friends, we have battles to wage. We have a 40-year history of uniting under the Staff Nurses Association Banner. Providence will have no easy task pushing around SNA Nurses because our collective strength is a power to be reckoned with. I will close April with this quote, "Unions are about the collective leverage, the power of numbers versus the power of Capital." Kevin O'Leary

In Solidarity,

Peter Brackner RN

President

The SNA Board