

SNA Monthly Update June 2021

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Hello all,

We are starting to see some form of normalcy in our home lives. Not so much in our work lives. I do not think we can remember what normal looks or feels like. In part, it seems that Providence has taken notice of the current situation and employee satisfaction scores in the low fifties. They have hired a Regional Chief Nursing Officer and moving him to Santa Rosa. His name is Daniel Kelly, and his office will be across the street from the Hospital. He is moving into his office mid-July. Everything that we have learned about him is that he is a true nurse advocate. Wow, what will that be like. We have high hopes for this change.

HR Issues

We asked about HR resolution times and the lack of attention that many caregivers experience with their HR transactions. SRMH is expecting a new Sonoma HR Director by the name of Wesley Gwisdala and he is to start in July. We understand that he will oversee some regional issues, but his focus will be SRMH. Please continue to open and track your AskHR issues by opening a ticket. If you run into roadblocks after asking your manager and HR partner, please include your ticket number and issue to SNA and we will add our voice to yours to seek resolution. A primary contact in the HR office is Leslie Pereira at Leslie.pereira@stjoe.org

COVID-19

SNA asked what is the current policy for testing in-patients and how is it communicated to staff? Director Shawna Sewell says they are currently working on a new algorithm, and it is not finalized yet. She said they needed RN input on the workflow and hope to have something in a week or two. SNA continues to stress the importance of nurse input and collaborating when looking at issues that need resolution.

Policy Changes

How are policy changes being communicated to staff? Email, huddles, and Friday Notes is not working. Admin reports this is currently under review and HR is looking at publishing changes in different ways so that caregivers can stay up to date. If you have any ideas, this may be a good time to share them with your leaders.

Code of Conduct

SNA has heard reports of leaders behaving badly and nurses feeling intimidated or singled out at times. **Regarding Code of Conduct- Integrity line should be called first- 1-888-294-8455.** This is a form of Work Place Violence so an RL would also need to be filed. It is important to report this behavior to HR and copy SNA. We often hear from Admin that they wish incidents would be reported in real time and that they have not had any reports of such behavior lately. We have relayed many complaints and sometimes it feels like nobody is listening. We want you to know that Providence appears to be paying attention to employee satisfaction and employee complaints right now. If you feel like you are being mistreated, please report it to HR and copy SNA.

Please speak up and email your concerns to your leaders. Ultimately, if they do not respond, email your HR partner, and copy SNA. It is unacceptable that a leader does not respond to their email.

Security Assessment

SNA is still waiting for the annual Security Assessment. We think you should know that this safety assessment is supposed to include input from frontline employees. We really wonder how many nurses were involved in this assessment. SNA inquired "again" about Panic buttons. Head of Security is to give an update in 1 ½ weeks.

General Membership Updates

Compensation for Extra Shifts (CES)

During negotiations, the hospital took action to remove CES incentive pay (1 1/3 times your base pay) altogether. SNA strongly opposed this move and was able to preserve CES with the caveat that the hospital could post short sheets prior to the schedule being posted and that they would have to expressly authorize the 'extra shift' being labeled as CES or not.

What this means for you: If you sign up for an extra shift that is not labeled as CES, you will be paid regular just like any other shift, (of course State overtime laws always apply).

IF nobody signs up for the 'extra shifts' (core staffing holes), the hospital will be forced to offer those same shifts as CES shifts. The only way we see the hospital offering CES shifts from now on is if they are unable to get RNs to sign up for the extra shifts when offered at straight time. This is where our unity comes into play. We will present with a stronger front if we all take the same position.

Penalty Pay for Lead with Patient Assignment

SNA has received several queries in regard to the additional pay a Lead is to receive when they have a patient assignment. If criteria are met as defined in Article XVI Patient Advocacy, section D, Issues Pertaining to Nurse Staffing (page 78), penalty pay in addition to your regular Lead shift pay is due to you. The penalty pay was the stipulation the Arbitrator placed on the hospital when they violate our contract and give a patient assignment to the Lead. The penalty pay is always at the current rate of a Staff Nurse II Step 5 (which is currently \$72.65/hr) in addition to your regular pay for each hour you had a patient assignment. It only starts after one hour of having a patient assignment. If the hospital does not relieve you of the patient assignment within that first hour, then you are retro paid from the time you took the assignment. There is no code in Kronos for this, you must do a payroll adjustment form, "Lead with a patient assignment" = \$72.65 per hour and the number of hours due.

Please keep in mind that if you are Lead with a patient assignment, you cannot provide break relief during that time. Please contact your manager and/or house supervisor to report that you still have X number of nurses that require breaks. Please encourage all RN's to claim the No Meal Period or No Rest Period penalty pay if unable to provide each nurse with their proper breaks. The hospital will rely on the missed break penalty reports to determine the need to supply actual break relief coverage.

Lead sitting Tele Tech, can I provide breaks?

A Lead sitting TeleTech cannot provide breaks during that time. If you are breaking a TeleTech, that is time counted towards break relief. Please contact your manager and/or house supervisor to report that you still have X number of nurses that require breaks. Please encourage all RN's to claim the No Meal Period or No Rest Period penalty pay if unable to provide each nurse with their proper breaks. The hospital will rely on the missed break penalty reports to determine the need to supply actual break relief coverage.

Break Relief Pilot

Med/Surg Leads and Relief Leads, please fill out the SNA Questionnaire for each shift. Remember that you are not required to provide more than 3.75 hours of Break Relief. (We all know that in order for most units to have all RN's get their breaks, the Lead will be covering more than the 3.75 hours.) Once you have reached the 3.75 hours, please contact your manager or house supervisor to report that you still have X number of nurses that require breaks, and ask who are they sending to help? Of course if you are able to cover the breaks, we want all nurses to get their breaks, but we want to give Admin the chance to do what they said they would and provide appropriate Break Relief as needed.

Are you feeling pressured by leaders to do Lead duties while covering breaks at the same time? The truth is that you are duty bound by your license, blame it on the BRN, you are duty bound to meet the patients' needs first, above any other (Lead) duties while covering for a nurse on a break. The patients' needs must come first. Please RL the situation and email SNA and HR to report any resistance to you voicing your priorities.

Please encourage all RNs to claim the No Meal Period or No Rest Period penalty pay if unable to provide each nurse with their proper breaks. The hospital will rely on the missed break penalty reports to determine the need to supply actual Break Relief coverage.

Part time positions

We continue to work hard to push for PT positions. We met with Vicki White CNO on June 1st and again on June 22nd. We provided the SNA survey monkey data from our membership that we had collected earlier this year. The Human Resources department has provided the demographic of each department of how many FT, PT, and relief nurses they have now. Currently the data that was collected from each manager's survey of their nurses is being put into a spreadsheet that will indicate the desire for PT4, PT3 and relief positions that are desired on their units. We will compare this to our survey monkey data. We are scheduled to meet with the hospital again Tuesday June 6th.

Sanderling Hemodialysis

The SNA Board has been in overdrive with this issue. We have read Title 22, The Nurses Practice Act, and every policy prior and currently being written. We have been keeping in touch with our Nephrologist as well as working with Petaluma's Union PSNP. We have spoken to the State Pharmaceutical Board, and just this week got our final answer from the BRN. Both State Agencies do not see that Providence has violated any current laws or state regulations with the new dialysis process. The CDPH has made several hospital surveys within the hospital this past month. They are focused on policy and safety and investigating the problems and concern that have been brought forward to them from SNA and your individual calls. All that being said, the Sanderling HD process has a green light currently from all regulating agencies. Our biggest concern now is making sure the hospital's policies are protecting our nurses with the whole passing off Heparin to the Technician. Our best understanding from the BRN is that the nurse would be protected by Hospital Policy.

We are honored to serve with you. It has been a stressful past 18 months for all of us. All I can say, is there must be some light at the end of this tunnel. Just being able to see our families again is amazing. I went in a store the other night without my mask on. It was incredibly stressful and a strangely anxiety producing experience. I felt like I needed to go to confession to expel the guilt.

Happy 4th of July from the SNA Board!!

In solidarity,

Peter Brackner RN

President SNA