

SNA Monthly Update July 2021

Hello SNA Nurses,

It seems I spoke to soon last month, saying that things seemed to be returning to normal in our lives. When it comes to our work lives it is anything but normal. Sadly, it is getting worse it seems by the day. SNA has been sounding the warning bells to administration for the past 5 years, that we were losing 100+ bedside nurses yearly. We suggested they start doing exit surveys in 2017 and they did not see the wisdom in doing so. We decided as a Board to start doing exit surveys ourselves in 2017, so we have five years of data that we have offered to the new regional leaders. We have also made Management aware that we have already lost 101+ bedside nurses in the first 6 months of 2021. We not only have a COVID crisis, but a staffing state of emergency.

Leads with Patient Assignment

SNA won the arbitration with the Hospital in 2017 that a Lead at SRMH cannot be given a patient assignment. In the arbitrator's decision, it allows for the unforeseen chance that a nurse may get sick, leaving the floor short a nurse. The Hospital is given 1 hour to correct the situation without being liable to pay the nurse a penalty. If the lead has a patient assignment for longer than 1 hour, then the hospital must pay the penalty in addition to the lead's regular pay. Once the time exceeds 1 hour that the lead has a patient assignment, then the time is retro back to the time the lead took the assignment. The penalty is to be paid at Staff Nurse II, level 5, which is currently \$72.65/hr in addition to the lead's regular pay. You cannot enter this in Kronos yourself. It must be entered by your unit business coordinator. You need to let them know when you took the patient assignment and when it ended. I was recently informed that it will show up on your paystub as "reg extra dollars" and it is not listed on the first page of your paystub. What can I say, it's not like we can read or understand our paystubs like it is anyway.

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.

CES Pay

Compensation for Extra Shift (CES) is in the contract. The contract designates that CES is to be paid at 1 and 1/3 of your base pay. State law overtime would always trump CES pay, so don't worry that you are forfeiting OT pay when you get CES approved. For example, anything over 40 hours in a week is paid at time and 1/2. If you are a FT 12-hour nurse, you work 36 hours per week. If you pick up an extra shift, the first four hours would be at your regular rate of pay until you exceed the 40-hour mark in a designated week. That's why you still need to get CES approved so those first 4 hours are paid at a higher CES rate. CES is very beneficial to Part Time and Relief nurses, that have the ability to work extra shift without going into OT. The CES pay was designed to make sure our nurses get recognition for picking up these extra shifts. **So, make sure you always ask for CES before you accept extra shifts.** The CES work rule is entered into Kronos by the nurse.

Hemodialysis

SNA contacted and spoke with CDPH, The Pharmacological State Board, and the BRN. All three of these organizations have signed off or did not have any legal recourse to stop the new hemodialysis process. We did countless hours of research, studied the Nurse Practice Act as well as Title 22. and sought legal advice. We read the old policies and did point out discrepancies in the practice that was being implemented with this new process. The BRN has told us, that if there is hospital policy in place, and the nurse is following policy, then that nurse is protected. For example, the new policy allows for the nurse to provide heparin to the HD tech. SNA really fought this practice, but we have been assured that our nurses are safe and covered by policy. We are still in communication with CDPH, they have informed us that they are still looking at the Heparin Process and have not made a decision on the topic as of yet. For now, we encourage you to follow current Hospital policy until CDPH makes a final

determination. We are pushing for more education and better ratios for the HD process. Currently, we have determined that the SNA will not be filing a grievance or Unfair labor Practice against the hospital at this time.

Part-Time Positions

We have been pushing for the creation of Part-time positions for our membership since negotiations concluded this past December. We had our first focused part-time positions meeting with Vicki White on May 3rd, again on June 22nd, and most recently on July 6th. Each of you had the opportunity to participate in the SNA Survey Monkey that allowed us to present to the hospital the magnitude of nurses desiring part-time positions. You may also recall managers contacting nurses directly on the units to gather information on the hospital's behalf. We have continuously pointed out that nurses are leaving the hospital due to the lack of available part-time positions. I can't say that we were impressed with our last meeting in the efforts to create part-time positions, because we definitely were not. We were led to believe that the new part-time positions could be posted sooner, but not to take effect until the end of September or later. We will continue pushing for this on behalf of all those needing to switch to part time.

Break Relief Program

Please continue to fill out the SNA Break Relief Pilot Form every day. Remember that the Pilot Program is an agreement between SNA and the Hospital. The SNA can file a grievance and take the issue to arbitration if the hospital does not provide adequate break relief as specified in the letter of agreement. We know that the hospital has put very little effort into the pilot program. This has been discouraging not only to us, but to many of you. It seems that their plan is simply to run a report of missed meals and rest periods and then proclaim, "see, we have done the pilot program and nurses are still claiming that they don't get their breaks, it failed, so let's return to the status quo". What administration didn't count on is that the SNA, with the support of our lead nurses are documenting the real information of the Pilot. We are documenting if they sent a break relief nurse at all, did they rob Peter to pay Paul by pulling the resource nurse from 1C or 2C, and did the lead have to provide breaks for more than 3 nurses? Without this information we have no chance of winning an arbitration and moving towards designated break relief nurses. So don't devalue the importance of filling out that form **every day**. It is vital to our goal of getting designated break relief. One big positive, the culture around claiming no meals and no rest periods has changed. Nurses are much more inclined to claim the penalty pay compared to this time last year, or even 6 months ago. Please do not give the hospital a pass, by not claiming when you do not get your breaks. Lead nurses, please stay vigilant in this process of documenting the Break Relief Pilot form and faxing to the SNA office.

Flex Orders

We sent out a letter this past week with an update on the emergency flex orders. The State has granted the Hospital the legal right to flex out of established safe ratios until September 1st, 2021. The hospital is obligated to do all they can to avoid flexing out of set ratios. This would include seeking to retain nurses from outside sources as well as approving nurses for over time pay. Please advise CDPH if you observe the hospital choosing to flex out of ratios, when for instance a nurse is offering to stay over and help their unit. Report any such activity that seems to be financially motivated. Please do not think that the flex orders devalue the importance of filling out an Assignment Under Protest (AUP), documenting unsafe situations, not staffed to acuity, not staffed to matrix, excessive float staff, and yes, the fact that you are flexed out of ratios.

Leads sitting Tele Tech

Yes, the lead can be made to sit as the tele tech. The guiding principle in these situations is that the BRN expects that you put patient care first. You become responsible to those 20+ patient that are being monitored first and foremost. You cannot provide rest periods or meal breaks while you are sitting tele. Do not take on another nurse's assignment while sitting tele. You cannot respond to patient care that would require you to leave those monitors. Your responsibility is to respond to the alarms, before you respond to the lead phone. There is no penalty pay for Lead sitting Tele. Be sure that all staff document that they did not get a rest period and or no meal periods in Kronos to get paid.

Nurse Retention/Survey Monkey

The retention survey closes on August 2nd. We have well over 350+ responses. We will be sharing those results with you. The HR department has already requested the results of our survey, as they are in the process of establishing a nurse retention program. They are eager to hear what the top 5 things that would make you stay at SRMH are. They have indicated to the SNA that they are interested in any and all suggestions from the Union and individual nurses. We are also excited that the new Regional Chief Nursing Officer Dan Kelly, that has been relocated with his office in Santa Rosa, has agreed to meet with the SNA. We will be sending him the results of the survey this week as well. My friends, it is not a rumor that the hospital has lost over 100 nurses in 2021! Over the extensive 40-year history of the SNA, we have never seen this type of exodus among the rank and file of bedside nurses. Thank you for taking the time to fill out the survey and giving a voice as to why nurses are leaving this hospital. I can tell you that the preliminary results of the survey are very powerful. If it doesn't raise eyebrows with eyes wide open, nothing will.

June AUP's Results

Total AUP's in June = 132

ED=47

M/S=55

Tele=23

ICU=6

L&D=1

Acuity=118

Matrix=109

Resource=61

Break=89

Meals/rest=66

CP=71

Not trained=7

Out of ratio=2 (not counting ED)

Lead with assignments=11

We have shared many of these numbers with CDPH, along with some specific AUP's that have been filed by our nurses. Especially those coming out of the Emergency Department, where their working conditions have been dire. I hope you can see the power of your reporting through the filing of AUP's and the statement it makes when we bring them forward in meetings with hospital administration. Remember that these numbers are for June, before the new COVID Flex orders. Very strong documentation of the failure to staff to matrix, much less to acuity. Thank you for your diligent efforts.

With the influx of the Delta Variant, it is hard to know what the next few months will be like. Whatever it brings, we will weather it together.

In Solidarity,

Peter Brackner RN1E
SNA President