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## SNA Monthly Update August 2021

Hello SNA Nurses,

### Pay Raise October 3rd 2021

Let's start this update with something positive. There will be a 3% across-the-board pay raises for all nurses in the SNA. This pay raise will show up on your paycheck of October 22, 2021. This is the first full pay period after October 3rd. Our last pay raise was only 10 months ago on December 12, 2020. If you want to see what your new pay per hour will be, you can look at the Pay Scale in the contract on page 99. You can also find it on our website snanews.com in the searchable electronic copy of the SNA Contract for 2020 - 2023.

### Leads with Patient Assignment

I am resending this information again, especially now that we are seeing a rise in Leads with a patient assignment. The 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 one hour to correct the situation without being liable to pay the nurse a penalty. If the lead has a patient assignment for longer than one hour, then the hospital must pay the lead the penalty pay in addition to their regular pay. If it goes over 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 pay is to be paid at Staff Nurse II, level 5 which is currently \$72.65/hr in addition to the leads regular pay. **After October 3rd, the penalty pay will be \$74.83/hr starting the paycheck of October 22nd.** You cannot enter this in Kronos yourself. It must be entered by your unit business coordinator. You need to let them know what date and time you took the patient assignment and what time it ended.

### CES Pay vs Incentive Pay

The new incentive pay program is a stand-alone program of the Hospital. Every effort we have made to have input into this program has been fruitless. It remains a constantly changing, contradictory and convoluted program that is interpreted differently by every member of management that you talk to. Because of that, the SNA will not be able to help you with the incentive pay issues that are certain to arise. Your best bet is to get any promise of incentive pay in writing. We did establish with the hospital from the beginning, that they had to change their stance stating that all other incentive programs were canceled during the new incentive pay program. They cannot unilaterally void contractual CES pay in our contract. You can still insist on CES to pick up extra shifts. They can and have approved CES and incentive pay for nurses on a single shift. Don't sell yourself short. You have the right to insist on both before you say yes to working an extra shift. But please get those commitments in an email or a text. Do not just take it on the word of a person in the staffing office. We have established the following as we looked at the incentive pay program vs CES pay that our nurses may want to consider.

**A 12-hour nurse who makes a base rate of above \$88.36 will lose money if they take the incentive pay for an extra shift vs CES pay.**

**A 10-hour nurse who makes \$76.28 or above will lose money if they take the incentive pay for extra shift vs CES pay.**

**An 8-hour nurse at any step, takes a loss of wages if they take the incentive pay no matter what step they are at vs CES pay.**

The loss becomes larger with the 3% raise on October 3. If you want to figure out the difference of incentive pay

vs CES, multiple your hourly rate x 33%, x the hours you work in a shift.

### **Part Time Positions**

We were promised by Vicki White, CNO that there would be two (2) part time positions posted in each unit by this past week and the positions would be available to start by the end of September. As of today, September 1st, we are now being told that they are targeting next week to complete the process with each unit manager. Sorry to deliver this very disappointing news. They told us that they are working with the CFO in balancing FT and PT positions to meet daily/weekend core needs, including break relief. We continue to point out that the lack of PT positions is contributing to a continued exodus from SRMH. Break Relief Program All I can say is that the leads have done an amazing job sending in the daily Break Relief audits to the SNA. Our last meeting with Vicki White, she said that Break Relief Nurses are being budgeted for in 2022. Proof is in the pudding, but great strides have been made by you guys. We have heard that it is costing them approximately \$120,000 per month in missed meal/break rest period penalty pay. We know that so much is going on at the hospital and the break relief audit report is just one more thing. Please know that your efforts in sending in this data to the SNA is not in vain and strengthens our position if we need to file a grievance and go to arbitration. Please keep the break relief binder on top of the stack and keep sending in those reports daily, especially now that we seldom see a break relief nurse at all.

### **AUPs**

We sent a report today to upper administration chronicling 2021 AUPs, year to date. I cannot begin to tell you the power of your AUPs this year and the strength they added to our voice at the Union monthly meetings with the Hospital. It was so powerful when the California Department of Public Health requested the AUPs from the SNA. We gladly provided all AUPs they requested. The picture that the AUPs painted for CDPH of the horrific state of our Emergency Department this past year alone was mind boggling as well as sad. Every AUP tells the story of our plight as nurses at SRMH. Do not think that they have no power.

In July we received 125 AUPs. The ED - 18, Med/Surg - 80, Tele – 25, and the ICU 2. If you are having problems in your department and you do not see yourself listed here, then your story is not be written or recorded. The information from the AUPs in July showed that units not staffed to acuity 110, not staffed to matrix 110, units had no CP help 59, staffed out of ratios 52, no break relief nurse 71, no resource nurse 51, lead with a patient assignment 8, No rest or meals 39.

### **Nurse Retention**

We have currently lost 121 nurses since January 1st, 2021. We are keeping this in the forefront of our conversations with the Hospital, highlighting issues like no CP help, no breaks, and lack of support from management as top reasons that nurses are not staying at SRMH. My friends, it is a difficult time right now at SRMH. I wish I had the wisdom to understand how an organization can't grasp that it would not take much to make us happy. Having the proper amount of help, often just one extra CP, so that we can know our patients are well cared for, would save them more money than the continued bleeding of nurses out the front door and paying for the onboarding and orientation of new nurses. It can be 50 or 60 thousand to onboard one nurse. They have 121 to replace as of today. It boggles the mind. In the meantime, we band together and fight for a work environment that is safe for us and those we take care of.

“There are no problems we cannot solve together, and very few that we can solve alone.” – Lyndon Johnson

In Solidarity,

Peter Brackner President

The Staff Nurses Association





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