



UNION NURSE



NATIONAL NURSES ORGANIZING COMMITTEE-TEXAS • NATIONAL NURSES UNITED

JANUARY 2013

NEWS YOU NEED TO KNOW

WHAT TO DO WHEN STAFFING FALLS **BELOW** THE APPLICABLE (MATRIX) LEVEL

First, of course, is look to your contract. Here is what has been negotiated and agreed to:

“The Hospital will make reasonable efforts to return the unit to staffing that meets the applicable nurse-to-patient staffing levels when deviations from the staffing plan occur, including but not limited to utilizing PRN, agency, on call, and overtime hours.”

(In most contracts this is Article 32, Section E)

How do you know if staffing is below the “applicable level”? By checking the staff matrix that is available by contract to RNs in all patient-care departments (see Article 32, Section B.) If the matrix is not posted in your unit, make sure to ask your nurse rep or a PPC member for a copy. Keep it handy.

So, what to do when this happens:

1. You and your colleagues fill out and sign an ADO, and give it to your manager;
2. Ask your nurse rep to meet with the supervisor to enforce Article 32, Section E, and to make sure that the hospital has called upon either PRNs, agency nurses, or those on the on-call list. Also, note that the hospital must use overtime hours if necessary.
3. **DO THIS NOW**—*Create your own list of nurses that you know will come into work or accept overtime assignments. Make sure that these nurses are called by management when staffing falls too low.*

Good Work by the Del Sol Committee on RN Staffing

RN POSITIONS ADDED; MATRICES ADJUSTED AND PROVIDED

The NNOC contract creates a special union-management staffing committee—*“The Hospital and the Union shall establish a Committee on RN Staffing... The mutual goal of the Committee is to review, monitor, and where appropriate, recommend adjustment(s) to the applicable staffing plan/matrices for each nursing unit...”* (See Article 32, Section D)

The way this works is that first, the PPC reviews the matrices and filed ADOs, and then makes proposals to the staffing committee. At the January committee meeting at Del Sol in El Paso, the joint committee took up a number of union proposals and good progress was made.

- Two RN positions were added to ASU to account for increased patient census;
- The ICU matrix at Del Sol now conforms to that at Las Palmas, calling for a ratio of 1:2 in most cases;
- The hospital provided the union with matrices for 11 units which previously were missing from the inventory of matrices. Nurse reps will be circulating these to the units involved and the PPC will classify them as to be reviewed, monitored or adjusted.

FEBRUARY MEETING SCHEDULE

TENET NATIONAL BARGAINING COUNCIL:

Jan. 24 • Houston

FULL LEADERSHIP TRAINING for DSMC & LPMC:

Jan. 31 • 3:00 pm

NEXT NNOC-TEXAS STATE MEETING:

April • likely in El Paso

CCMC: Feb. 19 • Leadership Council 7:30 am and 7:30 pm • PPC 8:30 am

CFMC: Feb. 12 • Leadership Council 7:30 pm • Feb. 22 PPC 8:30 am

DSMC: Feb. 13 • Leadership Council 5:30 pm • Feb. 6 PPC 7:00 pm

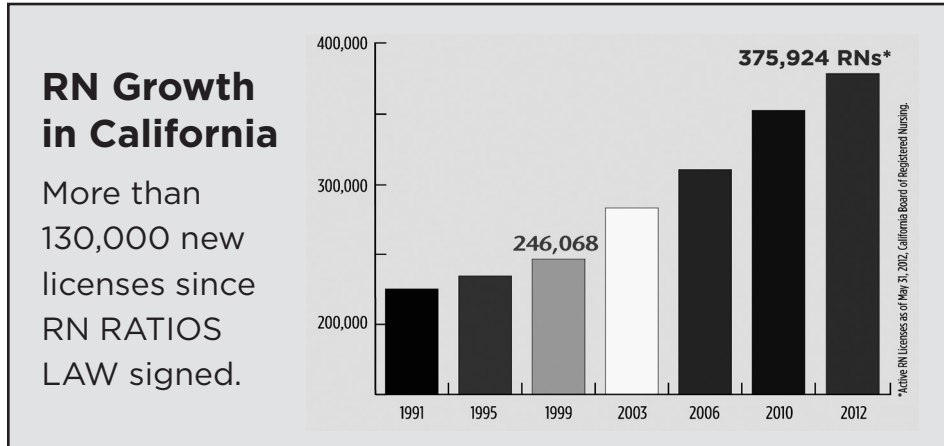
LSMC: Feb. 12 PPC 7:00 pm • Feb. 19 Leadership Council 5:30 pm

PMH: Jan. 28 Membership 5:00 pm & 8:00 pm • Jan. 29-31 Bargaining • Jan. 31 FBC 5:00 pm & 8:00 pm

VRMC: Feb. 8 PPC & Leadership Council 10:00 am, Membership Noon

Help Win Ratios and Safe Patient Handling in Texas

The Texas state meeting in December decided to continue the NNOC's campaign for this legislative year to pass The Texas Hospital Patient Protection Act. This would mandate staffing ratios, protect whistleblowers, and clearly establish an RN's right to advocate for patients. Staffing ratios are the proven way to save patients' lives and to return nurses to the bedside.



The state meeting also decided to begin a new campaign—to win safe patient handling legislation that has strong enforcement. Here is a key provision of our proposed Texas law: *“...safe patient handling means a policy that requires the replacement of manual lifting...with powered patient transfer devices, lifting devices, and designated trained lift teams...”*

Texas RN Ratios

Intensive/Critical Care/CCU/Burn	1:2
Neo-Natal Intensive Care	1:2
Operating Room	1:1
Post-Anesthesia Recovery	1:2
Labor and Delivery	1:2
Antepartum	1:3
Transitional Care Baby Unit	1:2
Nursery Born Nursery	1:6
Postpartum Couplets	1:6
Postpartum Women Only	1:4
Pediatrics	1:3
Emergency Room	1:4
ICU Patients in the ER	1:2
Trauma Patients in the ER	1:1
Step Down & Telemetry	1:3
Medical/Surgical	1:4
Other Specialty Care	1:4
Psychiatric	1:4
Rehabilitation Unit & SNF	1:5
Observation Unit	1:3

All proposed ratios are minimums. Hospitals must increase staffing based upon individual patient needs.

“...manual handling of patients is a serious risk to healthcare workers...”

—From testimony before the US Senate by Capt. James Collins, Centers for Disease Control and Prevention, US Dept of Health and Human Services, May 11, 2010.

“Our efforts have shown that there are effective alternatives to manual patient handling that are safe and cost effective to implement.”

Leadership councils, PPCs and facility bargaining councils will be arranging for nurses to personally contact state reps and senators during January, February, and March. If these issues are important to you, help out.

NNOC Opens Negotiations for First Contract at Providence-Tenet in El Paso

Negotiations opened with the RN committee laying out its main goals and then making a series of proposals about safe patient care, including ratios. On the second day, committee members presented seniority, filling vacancies, and layoff/recall proposals.

