

WSH RN Newsletter

March 19, 2014

The Joint Nurse Staffing Committee (JNSC) came about as a result of the Legislature. Law mandates that WSH, ESH, and CSTC have staffing committees that are comprised of an equal number of Administrative appointments and SEIU appointments. This committee is intended to work in collaboration to create an annual staffing plan that shall serve as the basis of future staff funding. Duties include the oversight and review of existing staffing plans, review of staffing complaints, and providing recommendations pertaining to special assignments. The JNSC is not designed to be a political body. Its recommendations are intended to come from a collaborative point of view... The CEO can approve or disapprove the recommendation. The Union can approve or disapprove the recommendation also in the Demand to Bargain that must occur whenever there is a change in working conditions, as any change in work conditions is a mandatory subject under our contract.

This July our funding for overtime will drop. We need to determine how best to provide base staffing needs with decreased levels of overtime utilizing existing resources until additional positions can be requested from the legislature in the JNSC annual staffing plan. The Joint Nurse Staffing Committee is working on such a recommendation at this time.

Currently at WSH we do not have enough RN2 positions to provide for a minimum of two RN2's per ward per shift for all wards. Even with two RN2's per ward there is insufficient staffing to provide seven day per week coverage when scheduled and unscheduled absence are taken into consideration. To provide proper seven day coverage with minimal or no overtime will require three RN2 FTE's per ward, this will provide sufficient unit coverage for scheduled and unscheduled absence and this will be part of the annual staffing plan that will be recommended to the CEO. If the CEO accepts this recommendation, then it will go to the legislature for funding approval of the newly requested positions.

A review of existing staffing has been conducted. It was noted that scheduled days off had changed over the years, resulting in unequal distribution of ward personnel during the week. The JNSC created a "leveling" plan to address this. Taking seniority into account and creating the minimal change possible were the guiding principles of creating a leveling plan for non-RN nursing personnel. Days off were reviewed for all wards and a recommendation was created to level staffing through the week by changing minimal numbers of staff days off.

RN2 scheduling practices were reviewed. Statistics indicate that rotating day off RN2's utilize a disproportionate amount of unscheduled absence. Studies indicate that rotating schedules make family time unpredictable resulting in increased absence and studies also indicate that there are greater amounts of chemical dependency issues statistically associated with these types of schedules. Therefore a recommendation has been discussed for the employer to move towards set days off for RN's in order to stabilize the schedule and reduce unscheduled absence.

With regard to the current number of RN's, a review was conducted of all nursing department positions, RN's outside of the nursing department will also be reviewed. As stated, we are short of RN2's by more than one third. RN3's have been acting as adjunct RN2's covering for RN2 absences since January 2014 on a regular basis. This is the same situation that resulted in the HR department having to do emergency hiring this past year when the RN3 supervisory class was prevented from doing its normal supervisory function. It became evident that the RN3 classification required an updated definition and defined duties that were specifically supervisory. It was determined that if RN3's were allowed

to perform supervisory duties ONLY, then it would be possible to reduce the amount of RN3's to cover two wards or a single admission ward effectively. We are now in the process of defining what an "admission ward" is. When this is determined, we can determine how a reduced RN3 supervisory-duty-only structure will look, including which wards will be "sister wards," or under the supervision of a single RN3. As it looks now, depending on the admission ward definition, fourteen to sixteen additional RN2's could be created. Evening and night shift will have minimal impact as most already supervise two wards or a single admission ward (on evening shift). It is thought that this change in working conditions could result in the following:

- Increase the number of RN2's to reduce the need for overtime, provide coverage for scheduled and unscheduled absence, and provide greater client care. (Reduce the chief's to create more Indians.)
- Create an RN3 job class that would be strictly supervisory to allow for greater performance coaching and counseling, as well as assuring that the hiring process remains efficient. In short, supervisory efficiency would be enhanced beyond the current model and thus allow the supervision of up to two wards per RN3.

As stated, the possible net outcome of a reduction of RN3's converting to RN2's would be between fourteen to sixteen additional RN2's that could be assigned to direct client care. The JNSC realizes that this number is insufficient to produce a very significant reduction of overtime. But this would result in an improvement of supervisory efficiency, greater RN2 coverage as well as improvements in direct client care.

Initial discussions regarding how an RN3 conversion process to RN2 might occur included the following:

1. First option was attrition, as RN3's leave their positions the RN3 position is frozen for consideration of placement to a ward as an RN2. (CEO had ordered such a freeze on RN3 positions in November of 2013.)
2. Another option could be to y-rate wages of RN3's to RN2 positions per voluntary request.
3. Another option could be seniority-based determination of who would be y-rated to RN2 from RN3.
4. After the moves were done (by whatever process), there would have to be a determination of which wards the remaining RN3's would supervise. This could be done based on seniority selection by the RN3's.

We are now in the process of creating our final recommendations for "leveling" staffing using existing resources. There are still many steps to take. The CEO may approve or disapprove the recommendations of the JNSC. All Unions will be involved in Demand to Bargain meetings where the fine details will be worked out with full membership participation regarding the changes in work conditions that would result if the recommendation was approved.

The JNSC is combination of Administration, SEIU, and WFSE appointees who are voting members that make recommendations independent of their Unions. If the CEO approves a recommendation, then a Demand to Bargain meeting MUST be set up with all affected Unions. It is at the Demand to Bargain meetings that all the fine details are worked out regarding implementation, OR at the Demand to Bargain the Unions may choose to oppose the recommendation.

There is much work to do. If you are interested in becoming a voting member of the Joint Nurse Staffing Committee, please let me know. There will be more newsletters that will follow on a regular basis.