

MARCH NEWSLETTER

OFFICE HOURS - NOW WEEKLY!

- Tues 3/18 (8 am 12 pm)
- Tues 3/25 (8 am 12 pm; 4 pm 8 pm)

We hold open office hours at the RUNAP office, **367 Titus Ave**, just a few minutes from the hospital. Starting March 25, the office will be open every **Tuesdays from 8 am-Noon and 4-8 pm.** Stop by for a new RUNAP t-shirt or copy of the contract, or talk in person about a workplace issue or writing a grievance regarding a contract violation We're often working from the office throughout the week, so reach out to **info@runap.org** to schedule a different time if needed! Plus: Come meet **Elle**, RUNAP's new Office Administrator!

MARCH HAPPY HOUR



Join your coworkers and fellow union members **Tuesday 3/18: 5-8pm**(date changed due to conflict)

Genesee Brew House (25 Cataract St)

Appetizers, non-alcoholic refreshments, and first drink are covered for members.

Families welcome! RSVP:

tinyurl.com/RUNAP0325



Happy Hour RSVP

Volunteer opportunity: Join RUNAP nurses in running the Irondequoit Youth Lacrosse Tournament medical tent, May 31 - June 1. Contact Brett Park (Cath Lab):

jcjba123@yahoo.com

HAND THIS FLYER TO DNV: RRH Refusing to Take RGH Staffing Crisis Seriously

This week, as the hospital prepares for an upcoming visit from DNV, we began circulating a petition calling on RRH administrators to stop trying to force through staffing cuts, to stop trying to force RNs away from the bedside (and out of the staffing grid) to off-site "virtual" sites against their will as they've proposed, to stop consistently floating units below grid, and to start taking their obligations to staff **at minimum** to the grids the Staffing Committee has filed with New York State, as well as to take seriously nurses' demands for free charge on all relevant units and a comprehensive retention program. The petition, once complete, will be sent to the relevant decision-makers at RRH as well as to DNV, Magnet, and state and other authorities.

To sign the petition, talk to your unit rep!

We are still running the numbers for February, but based on the staffing data provided to us by RGH administration in January, the hospital was severely understaffed. We are preparing a detailed report for the full quarter to go out in early April, but as a sample, based on the four-hour time blocks recorded in the data:

Adult ED was understaffed in 183 out of 186 total shifts i.e. 98.39% of the time. L&D was understaffed in 130 out of 186 total shifts, i.e. 69.89% of the time. NICU was understaffed in 163 out of 186 total shifts, i.e. 87.63% of the time. 7800 was understaffed in 149 out of 186 total shifts, i.e. 80.11% of the time. 4400 was understaffed in 141 out of 186 total shifts, i.e. 75.81% of the time.

For the units we receive staffing data for (all in-patient units plus the EDs), the vast majority were understaffed at least 40% of the time, and most significantly more than that. (*Note: these numbers are based on data provided by administration and so may contain errors, such as when we discovered they were inappropriately counting 3800's virtual nurse as a bedside nurse.*)

Despite this, RRH/RGH administrators have maintained that they're adequately staffing most shifts. Well, in a meeting with them on Wednesday 3/5, we learned that they had redefined "shift" to mean an individual nurse's shift, meaning having 6 nurses when they should have 10 would be "most shifts staffed"--insane!

To DNV:

When administration knows there is a visit coming, they drop everything, including cancelling important Labor/Management meetings, so they can run around sprucing up the hospital. Areas are cleaned, staffing is increased, and staff are told to be on our best behavior for "DNV week." Little tips are shared, like "DNV doesn't come on Mondays" (so we don't have to worry about conditions on Mondays). Things get a makeover, but just for a few days. Then, once you leave, it's back to their lack of interest in safe patient care.

What can you do to hold RRH administration accountable for the real, long-term problems at RGH? Accreditation shouldn't just be a rubber stamp. RRH must demonstrate that they are taking the concerns of staff seriously and putting real resources toward staffing and retention, **not** cutting our grids even further.

Report Back: Bullying/Harassment Survey

Last month, we launched a survey regarding bullying and harassment at RGH. We found that, of respondents:

74% experienced "Unequal treatment due to favoritism, bias, or discrimination from a supervisor/manager" **61**% experienced "Retaliation for raising concerns related to staffing, floating, scheduling, equipment, or other working conditions"

54% experienced "Retaliation for any form of "concerted activity" (advocating for your coworkers and yourself), whether explicitly related to the union or not"

54% experienced "Rude, inappropriate, or overly personal comments from a supervisor/manager"

48% experienced "Retaliation in the form of scheduling changes or undesirable assignments"

24% experienced "Discrimination based on race, ethnicity, gender, sexuality, religion, national origin, pregnancy, disability, age, immigration status, marital status, or other legally protected status"

24% experienced "Retaliation for requesting an accommodation"

7% experienced "Sexual harassment"

The most common perpetrators were Nurse Managers (61%), Off-shift Supervisors (33%), and HR (26%).

Further, 62% reported that either they or a coworker had failed to raise concerns related to the safety of patient care or working conditions due to fear of retaliation.

<u>These numbers are unacceptable.</u> We have long told administration that they need to deal with these issues, and they seem completely uninterested. Many nurse managers and supervisors are great to work with, but where there are problems, everyone suffers when it is not corrected.

If you experience bullying or harassment, **file a grievance using the form linked at the bottom of this page.** Under Article 33, Section 1 of our contract, "RGH agrees to maintain a safe and healthy workplace." For issues of sexual harassment, discrimination based on legally protected status, or accommodations, nurses may additionally have legal recourse through the courts. <u>We will continue to press administration on this.</u>

Modified Attendance Policy: FINAL and in effect!

Thanks to the tireless work of every nurse who filed a grievance on unfair attendance enforcement and every unit rep who participated in the negotiations, the new attendance and tardiness policy is now FINAL, SIGNED, and IN EFFECT! An earlier version was blown up by HR after we already had an agreement (but before it was countersigned), leading to an unnecessary delay. All attendance/tardiness disciplines have been removed and occurrences reset to 0 on 2/28! The new policy reduces the rate of occurrences, drops occurrences after six months, and creates a new benefit for emergency absences.



Scan the QR code to read the new language. This was emailed to members on Wed 3/5. If you didn't receive it, contact your unit rep or email **info@runap.org** to ensure that you're signed up for union-wide messages.

Open Issues: Virtual Care, ECMO & Preceptor Pay

While RGH pushes new initiatives that distract from safe staffing concerns--like continuing to push for the implementation of a virtual care platform on 5200--there are important issues that will meaningfully address retention and patient safety that remain open, including ECMO and preceptor pay negotiations. RUNAP representatives continue to work hard to advocate for the safe and fair working conditions nurses and patients deserve.

Links & Contact Information

<u>Use one of these forms to write and file a grievance</u> or scan this code:

Every nurse covered by our contract has the right to file a grievance any time they believe a contract violation has occurred. There should be grievance forms on each unit, and you can contact your unit rep or RUNAP Staff Rep Megan McRobert (megan@runap.org) for help completing a grievance.



We have a **WhatsApp group for RUNAP members** who want to participate in ongoing conversations with coworkers. Scan for a form to request the link:



Staff RNs across the hospital work as unit reps and meet regularly to address workplace issues and support members filing grievances. View an **updated list of reps here:**



View the **full RUNAP contract** at www.runap.org or scan for direct link:



Submit an **unsafe staffing form** anytime you are working without the appropriate staff or equipment (www.runap.org/unsafe-staffing):



 $\textbf{Executive Board:} \ board@runap.org \ | \ \textbf{President:} \ president@runap.org \ | \ \textbf{RUNAP Staff Rep:} \ megan@runap.org$