
This “C” grade was drop from a steady “B” grade for the previous three years. The last time FVRMC received an “A” grade was prior to spring 2016.

The report, issued by the independent organization Leapfrog Group, scored FVRMC below average on three measures related to infections, one measure related to surgery, and three measures related to practices to prevent errors.

The report further noted that FVRMC’s record on patient deaths is higher than the average in the industry. The report finds that the number of deaths from “treatable serious complications” such as pneumonia, heart attack, or kidney or liver function loss following surgery was higher than the industry average at FVRMC.

For more information, see The Leapfrog Group’s fall 2019 Hospital Safety Grades at hospitalsafetygrade.org.

Here is who has been elected:

**Cardiology**  
Caryn Breeze, Alex Hill, April Hughes, Jorge Sermeno

**Cath Lab**  
Gilbert Alvarado

**Central Supply**  
Salvador Ordaz, Dulce Sandoval

**Communications**  
Irene Martinez, Susan Nieblas

**C-T Scanner**  
Shawna Miller

**Delivery Room**  
Catherine Ewing, Gloria Hernandez, Ricardo Montano

**Et3 Telemetry**  
Sergio Arroyo, Michelle Riggins, Miguel Vargas

**Et4 Medical Acute**  
Jody Ponkilla

**Engineering**  
Mike Ramirez

**Float Pool**  
Mailinh Nguyen

**Laboratory**  
Phylis Eastman, Constance Montesano, Miloslav Vicek

**Lab-Cardiovascular**  
Constantine Banez

**Operating Room**  
Dawn Glinz, Ron Rosano, Blanca Torres

Our next step is to approve our bargaining platform, which will include our priorities for our negotiations. Stewards and bargaining team members will also begin working on our bargaining proposals for negotiations with management. Stay tuned for updates.
On November 6 we attended the arbitration to try to resolve the double time issue. NUHW members Glenn Cuesta, Ann Stonick, Rosa Espericueta, Cathy Ayala, Mattie Johnson, Tony Macwan, and Max Nathaniel were there to represent the union.

The arbitrator is tasked with deciding whether the Employer has the right to unilaterally eliminate the double-time pay practice. His decision will be final. If he decides in our favor, the hospital will continue to pay double time and workers will receive retroactive pay. If he decides against us, then the hospital will continue with only paying time and a half.

Our team presented evidence of how long this practice has been in effect, who is affected, and why the employer should continue paying double time. Management tried to justify changing the pay practice, claiming that paying double time is not legally required and was caused by a payroll error.

The next step is for our attorney and management’s attorney to submit their legal briefs to the arbitrator, who will review the case and the evidence and make a decision. We do not expect to hear anything before the end of the year because it takes arbitrators a while to review the evidence and make a decision.