

INVEST IN US

TENET HEALTH CARE NEEDS TO INVEST IN PATIENT CARE, STAFF, AND OUR COMMUNITY

72%

of staff surveyed say patient care is *delayed, rescheduled or postponed* daily or multiple shifts per week due to short staffing

CRISIS LEVEL STAFFING

Tenet is purposely and illegally understaffing our hospital. This negatively impacts our patients and our community.

UNIT	# OF BEDS	CALIFORNIA MANDATED RATIOS	CURRENT RN STAFF (*This may be inflated because it includes per diem staff and staff on LOA)	RNs REQUIRED TO COMPLY WITH RATIO
DOU	29	1:3	45	72
ER	24	1:4	60	66
ICU	25	1:1 and 1:2	72	108
L&D	17	1:2	37	66
M2	41	1:5	46	66
M3	36	1:4	45	66
M4	25	1:4	31	54
Main Tele	42	1:4	53	84
NICU	23	1:2	23	84
Obstetrics	32	1:4	56	60
PICU	11	1:2	16	48
Pediatrics	15	1:4	17	36
Surg/Ortho	51	1:5	53	84

This violates the law. We must hold Tenet accountable. We will regularly report this information to hospital administration and the state agencies that enforce Title 22.

"I was given a "tele" run, but all of my patients required a lot of attention with being incontinent and some of them in pain. Being out of ratio causes unnecessary stress and it puts me at risk of possibly committing an error and does not allow me to give the proper patient care."

RN/DOU

"Two nurses have five patients. Charge nurse has four. No unit secretary. Only one CNA on the floor. A nurse is willing to come in for extra but was told by staffing she has to float to another unit instead of staying on M4."

RN/4 EAST

REMINDER

Whenever you or your unit is out of ratio, fill out the form:



BARGAINING UPDATE

Nurses & Professionals Powerfully Address Staffing Issues in Negotiations



Here is what we reached agreement on:

Article 1: Union Recognition: Recognizing NUHW as the exclusive legal representative of the RNs and Healthcare Professionals.

Article 6: Compliance with non discrimination laws.

Article 7: Commitment to not tolerate harassment.

Article 9: Grievance and Arbitration Procedure: the right to contest/protest if the contract is being violated.

Article 20: Job Security: If hospital is sold, the new owner shall be required to hire existing employees, recognize the Union and maintain the Union contract.

Still waiting for response from management on:

Article 2: Rights of Stewards/Representation

Article 3: Employee Status

Article 4: Seniority

Article 11: Hours/Work Overtime

Article 19: Leaves of Absence

Article 28: COVID-19 Protections

Issues discussed, no agreement reached:

Article 10: Performance Improvement/Discipline: Management proposed to increase the time that the discipline remains in your file from the current 12 months up to 18 months.

Article 16: Management not agreeing at this time to add two additional holidays we proposed: Martin Luther King Birthday and Easter Sunday.

Article 17: Health/Safety: Management not agreeing to a set of clear requirements and commitments to protect staff including reducing exposure to communicable diseases, providing testing on the job, workplace violence prevention, and other related safety protections.

Management continues to ignore staffing concerns:

Article 5: Job Posting/Filling of Vacancies: Management not agreeing at this time to post positions when they are vacated; not agreeing to cross train for upgraded positions; or have an organized process to staff when coworkers are on LOAs.

Article 12: Floating: Management not agreeing at this time to not float if floating means we lose a break nurse or a charge has to take patients; not agreeing to \$100 per shift differential if floating out of our float pod.

Article 25: Notices: Delineates who the Union and/or the Employer should send any legal notices/communications.

Article 26: If any state/federal law invalidates any piece of the contract, the remaining contract remains in place.

Article 30: Technology: Hospital committed to providing hands-on skills training on any new technology.

Appendix A: Weekender Program: Continue existing practices/requirements. Wage rates will be incorporated when we present our wage proposal.

